QUARTERLY STATEMENT

OF THE

TO THE

Insurance Department

OF THE

STATE OF

Texas

FOR THE QUARTER ENDED

September 30, 2023

PROPERTY AND CASUALTY



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

Texas Windstorm Insurance Association

	4766 ,	4766	NAIC Company Code	30040	Employer's ID Number	74-6189303
Organized under the Laws of Country of Domicile	rent Period) Texa	(Prior Period)		State of Domicil	e or Port of EntryTX	
Incorporated/Organized	00/1	June 1, 1	971	Commen	ced Business June	1, 1971
Statutory Home Office	4801 Southw	vest Parkway Building 1, S (Street and		,Aust	tin, TX US 78735 (City or Town, State, Country and 2	Zin Cada)
Main Administrative Office	4801 So	Street and uthwest Parkway Building	,		(City or Town, State, Country and 2	.ip Code)
		, ,	.,	(Street and Number)		
	Austin, T		Country and Zip Code)	5 (Area Code	i12-899-4900 e) (Telephone Number)	
Mail Address P.O. E	3ox 99090		, , ,	,	tin, TX US 78709	
		(Street and Number or	,		(City or Town, State, Country and Z	
Primary Location of Books and	Records	4801 Southwes	t Parkway Building 1, Suite 200 Street and Number)	Austin, TX (City or Town, Stat		899-4900 Telephone Number)
Internet Website Address	https://w	ww.twia.org/	substant Hambor)	(Oily or Town, Old	(, and odd)	Tolophono Hambol)
Statutory Statement Contact	Allen	David Fulkerson			899-4988	
	afulk	erson@twia.org	Name)	(Area Code	e) (Telephone Number) (Extension 512-899-4952	on)
	aiuik		ail Address)		(Fax Number)	
			OFFICERS	3		
			OTTIOLING	•		
			Chandra Franklin \	Nomack		
		Name	Onandra i fanklin i		itle	
1	David Patrick D			General Manager		_
2.	Georgia Ruther	ford Neblett		Vice Chairman		-
3. 4.	Karen Guard Stuart Keith Har	rhour		Secretary-Treasurer Chief Financial Officer		-
	Otdart Notti Flai	ibodi	VICE-PRESIDE			-
Name		Т	itle	Name	•	Title
Michael Ledwik #		VP Underwriting		vid Scott Williams	VP Claims	
Camron Malik		VP IT		anita Deloris Lester		siness Operations
Jessica Crass #		VP Legal & Compliance		nes Murphy	Chief Actuary and	d VP Enterprise Analytics
						
						
		5	DIRECTORS OR TRI			
Karen Guard Georgia Rutherford Neblett		Ron Walenta Chandra Franklin Woma		ny Schrader ggy Gonzalez	Michael Frank Go Tim Garrett	<u>∍rik</u>
Esther Grossman #		Onandra i farikiiri vvoiria	<u> </u>	ggy Conzalez	Tim Carett	
						
State of Texas						
10.00						
County of Travis	SS					
The officers of this reporting entity	being duly sworn,	each depose and say that	they are the described officers o	f said reporting entity, and	d that on the reporting period stated above	, all of the herein described
assets were the absolute property	of the said reporti	ng entity, free and clear fr	om any liens or claims thereon,	except as herein stated, a	and that this statement, together with relat	ed exhibits, schedules and
					fairs of the said reporting entity as of the re	
			•		Instructions and Accounting Practices and practices and procedures, according to the	•
		=	· · ·	-	ing electronic filing with the NAIC, when rec	
(except for formatting differences du	ue to electronic filir	ng) of the enclosed statement	ent. The electronic filing may be re	equested by various regula	ators in lieu of or in addition to the enclosed	statement.
- N		+ 1				
)one	A Parist	2 June 1		Stu	art Keith Harl	LALLA.
	(Signature))		2000	(Signature)	
	David Patrick D	,			Stuart Keith Harbour	
	(Printed Nan	ne)			(Printed Name)	
	1. General Mana	ager			2. Chief Financial Officer	
	(Title)	ugu!			(Title)	
State of Nevada, Co.	, ,	rk 🖺 .			,	
Subscribed and sworn to before me	•	,			a. Is this an original filing?	[X]Yes []No
12th day of Octo	ber	, 2023by David Patr	ick Durden and Stuart Ko	eith Harbour	b. If no: 1. State the amendment numb	per
$\int_{\Omega} \int_{\Omega} \int_{\Omega$	Bonn	a -	61 OF	FUEDINE L CORTE	2. Date filed	
ather	enel em		-	THERINE J. CORTEZ OTARY PUBLIC	3. Number of pages attached	
)	()		TE OF NEVADA		

Appt. 21-3048-01 Expires August 7, 2025

ASSETS

2. Stocks: 2.1 Prefice 2.2 Commod 3. Mortgage log 3.1 First 3.2 Other 4. Real estate 4.1 Properties 4.3 Properties 1.0 Cash (\$		Current Statement Date				
2. Stocks: 2.1 Prefe 2.2 Com 3. Mortgage lo 3.1 First 3.2 Othe 4. Real estate 4.1 Prop 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco 15.2 Defe		1	2	3	4	
2. Stocks: 2.1 Prefe 2.2 Com 3. Mortgage lo 3.1 First 3.2 Othe 4. Real estate 4.1 Prop 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco 15.2 Defe		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets	
2.1 Prefe 2.2 Com 3. Mortgage lo 3.1 First 3.2 Othe 4. Real estate 4.1 Prop 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco						
2.2 Com 3. Mortgage lo 3.1 First 3.2 Othe 4. Real estate 4.1 Prop 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco						
3. Mortgage lo 3.1 First 3.2 Othe 4. Real estate 4.1 Prop 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco	ferred stocks					
3.1 First 3.2 Othe 4. Real estate 4.1 Prop 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco	nmon stocks					
3.2 Othe 4. Real estate 4.1 Prop 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco						
 Real estate. 4.1 Prop. 4.2 Prop. 4.3 Prop. 5. Cash (\$ investments. 6. Contract load. 7. Derivatives. 8. Other inves. 9. Receivables. 10. Securities let. 11. Aggregate v. 12. Subtotals, c. 13. Title plants. 14. Investment. 15. Premiums a. 15.1 Unco. 15.2 Defer. 	t liens					
4.1 Prop 4.2 Prop 4.3 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco	er than first liens					
 4.2 Prop 4.3 Prop 5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities let 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco 15.2 Defe 						
4.3 Prop 5. Cash (\$	perties occupied by the company (less \$ 0 encumbrances)					
5. Cash (\$ investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco	perties held for the production of income (less \$ 0 encumbrances)					
investments 6. Contract loa 7. Derivatives 8. Other inves 9. Receivables 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco	perties held for sale (less \$ 0 encumbrances)					
 Contract loa Derivatives Other inves Receivables Securities le Aggregate v Subtotals, c Title plants Investment Premiums a Unco Defe 	96,678,128), cash equivalents (\$ 486,532,560), and short-term	E02 210 600		583,210,688	483,869,657	
 Derivatives Other inves Receivables Securities le Aggregate v Subtotals, c Title plants Investment Premiums a Unco Defe 	s (\$ 0)				403,009,007	
 Other inves Receivables Securities le Aggregate v Subtotals, c Title plants Investment Premiums a Unco Defe 	ans (including \$ 0 premium notes)					
 Receivables Securities le Aggregate v Subtotals, c Title plants Investment Premiums a Unco Defe 						
 10. Securities le 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco 15.2 Defe 	sted assets					
 11. Aggregate v 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco 15.2 Defe 						
 12. Subtotals, c 13. Title plants 14. Investment 15. Premiums a 15.1 Unco 15.2 Defe 	ending reinvested collateral assets write-ins for invested assets					
13. Title plants14. Investment15. Premiums a15.1 Unco15.2 Defe	cash and invested assets (Lines 1 to 11)			583,210,688	483,869,657	
14. Investment15. Premiums a15.1 Unco15.2 Defe	less \$ 0 charged off (for Title insurers only)			503,210,000	403,009,037	
15. Premiums a 15.1 Unco 15.2 Defe		2,003,342		2,003,342	797,441	
15.1 Uncc 15.2 Defe		2,003,342		2,003,342	[<i>191</i> ,441	
15.2 Defe	collected premiums and agents' balances in the course of collection	5 242 040	329,951	4 012 009	2,879,907	
		5,243,049	529,951	4,913,098	2,019,901	
and	erred premiums, agents' balances and installments booked but deferred not yet due (including \$ 0 earned but unbilled premiums)	45,635,889		45,635,889	22,089,801	
	not yet due (including \$ 0 earned but unbilled premiums) rued retrospective premiums (\$ 0) and contracts	45,055,009		45,055,009	22,009,001	
16. Reinsurance						
	···					
	ds held by or deposited with reinsured companies er amounts receivable under reinsurance contracts					
	eceivable relating to uninsured plans leral and foreign income tax recoverable and interest thereon					
18.2 Net deferred						
	unds receivable or on deposit					
-	data processing equipment and software		12,832,012			
21. Furniture ar	nd equipment, including health care delivery assets (\$ 0)	12,002,012				
	nent in assets and liabilities due to foreign exchange rates					
	s from parent, subsidiaries and affiliates	4 000 040		1,062,943	1,215,014	
24. Health care	• • • • • • • • • • • • • • • • • • • •			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
	write-ins for other-than-invested assets	4 450 570	4,459,303	267	387	
00 0	s excluding Separate Accounts, Segregated Accounts and	1, 100,010	1, 155,555	201	337	
	2 4 (654,447,493	17,621,266	636,826,227	510,852,207	
	Jell Accounts (Lines 12 to 25) Irate Accounts, Segregated Accounts and Protected Cell Accounts					
28. Total (Lines		654,447,493	17,621,266	636,826,227	510,852,207	
	,	, , , , , , , , , , , , , , , , , , , ,	1 7 7 7		, , , , ,	

DETAILS OF WRITE-IN LINES				
1101.				
1102.	. .			
1103.	. 			
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Member Assessment Receivable	2,199,241	2,199,241		
2502. Prepaid assets	2,129,842	2,129,842		
2503. Security deposit - lease	118,220	118,220		
2598. Summary of remaining write-ins for Line 25 from overflow page	12,267	12,000	267	387
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	4,459,570	4,459,303	267	387

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Statement Date	December 31, Prior Year
	Losses (current accident year \$ 21,625,348)		39,511,834
	Reinsurance payable on paid losses and loss adjustment expenses	40,000,004	40.002.500
	Loss adjustment expenses		18,663,506
4.	Commissions payable, contingent commissions and other similar charges		5,678,649
5.	Other expenses (excluding taxes, licenses and fees)	5,218,014	5,890,292
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1.	Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
	Net deferred tax liability		
	Borrowed money \$ 0 and interest thereon \$ 0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of		
	\$ 71,452,057 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)		1
	Advance premium	15,356,471	6,731,801
11.	Dividends declared and unpaid:		
	11.1. Stockholders		
	11.2. Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	98,558,228	33,330,735
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
	Remittances and items not allocated	005 707	
	Provision for reinsurance (including \$ 0 certified)		
	Net adjustments in assets and liabilities due to foreign exchange rates		
	Doeffe existencial		
	Payable to parent, subsidiaries and affiliates		
	D 1 1		
22.	Payable for securities lending		
	Liability for amounts held under uninsured plans		
	Capital notes \$ 0 and interest thereon \$ 0		
	Aggregate write-ins for liabilities	123,626,675	81,178,566
26. 27.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities	610,896,326	472,209,348
28.	Total liabilities (Lines 26 and 27)	610,896,326	472,209,348
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	25,929,901	38,642,859
36.	Less treasury stock, at cost:		
	36.1. 0 shares common (value included in Line 30 \$ 0)		
	36.2. 0 shares preferred (value included in Line 31 \$ 0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	25,929,901	38,642,859
	Totals (Page 2, Line 28, Col. 3)	636,826,227	510,852,207
	DETAILS OF WRITE-IN LINES		
2501.	Statutory fund payable	117,184,048	74,961,815
2502.	Pension benefits liability	2,821,434	2,821,434
2503.	Lease incentive obligation	2,111,770	2,272,838
2598.	Summary of remaining write-ins for Line 25 from overflow page	1,509,423	1,122,479
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	123,626,675	81,178,566
2901.			
2902.	NONE		
2903.	NONE		
2998.	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
999	1.00 2.00 1.00		
3201.	NIANE		
3201. 3202.	NONE		
3201. 3202. 3203.	NUNE		
2999. 3201. 3202. 3203. 3298. 3299.	Summary of remaining write-ins for Line 32 from overflow page Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1	2	3
		Current Year	Prior Year	Prior Year Ended
		To Date	To Date	December 31
4	UNDERWRITING INCOME			
1.	Premiums earned: 1.1 Direct (written \$ 519,439,200)	427,815,500	315,783,388	443,490,204
	1.1 Direct (written \$ 519,439,200) 1.2 Assumed (written \$ 0)	427,013,500	313,703,300	443,430,204
	1.3 Ceded (written \$ 214,356,172)	142,904,114	87,577,970	132,095,174
	1.4 Net (written \$ 305,083,028)	284,911,386	228,205,418	311,395,030
	DEDUCTIONS:			
2.	Losses incurred (current accident year \$ 69,481,462):			
	2.1 Direct	74,765,474	17,821,369	28,872,966
	2.2 Assumed			
	2.3 Ceded	185	(21,821)	(21,284)
2	2.4 Net	74,765,289	17,843,190	28,894,250
3. 1	Loss adjustment expenses incurred Other underwriting expenses incurred	12,652,584 108,305,694	17,865,610 92,518,951	22,353,663 120.049.584
4. 5.	Aggregate write-ins for underwriting deductions	117,184,048	66,021,408	74,961,815
6.	Total underwriting deductions (Lines 2 through 5)	312,907,615	194,249,159	246,259,312
	Net income of protected cells			
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(27,996,229)	33,956,259	65,135,718
	INVESTMENT INCOME			
9	Net investment income earned	13,889,829	(5,552,336)	(3,385,898)
	Net realized capital gains (losses) less capital gains tax of \$ 0	10,000,020	(0,002,000)	(0,000,000)
	Net investment gain (loss) (Lines 9 + 10)	13,889,829	(5,552,336)	(3,385,898)
	OTHER INCOME			
40				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 125,834)	(125,834)		
13	\$ 0 amount charged off \$ 125,834) Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income	(2,416)		35,300
	Total other income (Lines 12 through 14)	(128,250)		35,300
16.	Net income before dividends to policyholders, after capital gains tax and before all other			
	federal and foreign income taxes (Lines 8 + 11 + 15)	(14,234,650)	28,403,923	61,785,120
	Dividends to policyholders			
18.	Net income, after dividends to policyholders, after capital gains tax and before	(44.004.050)	20,402,002	C4 70F 400
10	all other federal and foreign income taxes (Line 16 minus Line 17) Federal and foreign income taxes incurred	(14,234,650)	28,403,923	61,785,120
	Not income (line 10 minus Line 10) (to Line 20)	(14,234,650)	28,403,923	61,785,120
20.	* * * * * * * * * * * * * * * * * * * *	(11,201,000)	20,100,020	01,100,120
	CAPITAL AND SURPLUS ACCOUNT			
21.	Surplus as regards policyholders, December 31 prior year	38,642,860	(24,584,392)	(24,584,392)
	Net income (from Line 20)	(14,234,650)	28,403,923	61,785,120
23. 24.	Net transfers (to) from Protected Cell accounts Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0			
24. 25.	Change in net unrealized capital gains of (losses) less capital gains tax of \$ Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax			
27.	Change in nonadmitted assets	1,521,691	(1,352,414)	(1,632,566)
28.	Change in provision for reinsurance			
	Change in surplus notes Surplus (contributed to) withdrawn from protected cells			
30.	Surplus (contributed to) withdrawn from protected cells			
31. 32	Cumulative effect of changes in accounting principles			
32.	Capital changes: 32.1 Paid in			
	32.1 Paid in 32.2 Transferred from surplus (Stock Dividend)			
	32.3 Transferred to surplus			
33.	Surplus adjustments:			
	33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend)			
24	33.3 Transferred from capital			
34. 35.	Net remittances from or (to) Home Office Dividends to stockholders			
	Change in transport stock			
	Aggregate write-ins for gains and losses in surplus			3,074,698
38.	Change in surplus as regards policyholders (Lines 22 through 37)	(12,712,959)	27,051,509	63,227,252
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	25,929,901	2,467,117	38,642,860
	DETAILS OF WRITE IN LINES			

	DETAILS OF WRITE-IN LINES			
0501.	Statutory Fund Expense	117,184,048	66,021,408	74,961,815
0502. 0503.				
0598.	Summary of remaining write-ins for Line 05 from overflow page			
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)	117,184,048	66,021,408	74,961,815
1401.	Other Income (loss)	(2,416)		35,300
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	(2,416)		35,300
3701.	Pension unassigned funds - unrecognized liability			3,074,698
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)			3,074,698

CASH FLOW

		1	2	3
	Cash from Operations	Current Year	Prior Year	Prior Year
	оно попровинения	To Date	To Date	Ended December 31
1.	Premiums collected net of reinsurance	353,389,558	289,291,983	366,302,134
2.	Net investment income	12,697,121	(6,791,476)	(5,067,315)
	Miscellaneous income	6,132	202 502 503	203,348
4. 5.	Total (Lines 1 to 3) Benefit and loss related payments	366,092,811 71,938,805	282,500,507 37,962,617	361,438,167 47,047,223
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	71,936,605	37,302,017	77,077,223
7.	Commissions, expenses paid and aggregate write-ins for deductions	196,120,975	103,670,815	140,781,923
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			
	Total (Lines 5 through 9)	268,059,780	141,633,432	187,829,146
11.	Net cash from operations (Line 4 minus Line 10)	98,033,031	140,867,075	173,609,021
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds 12.2 Stocks			
	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			
13	12.8 Total investment proceeds (Lines 12.1 to 12.7) Cost of investments acquired (long-term only):			
10.	13.1 Bonds			
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	 Miscellaneous applications Total investments acquired (Lines 13.1 to 13.6) 			
14.	Net increase (or decrease) in contract loans and premium notes			
	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds		(184,301,250)	(184,301,250)
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders16.6 Other cash provided (applied)	1,308,000	(1,200,590)	734,999
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus	1,000,000	(1,200,330)	704,000
	Line 16.5 plus Line 16.6)	1,308,000	(185,501,840)	(183,566,251)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	99,341,031	(44,634,765)	(9,957,230)
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	483,869,657	493,826,887	493,826,887
	19.2 End of period (Line 18 plus Line 19.1)	583,210,688	449,192,122	483,869,657
Note: Sui	oplemental disclosures of cash flow information for non-cash transactions:			
20.0001	The state of the s			
20.0001				
20.0003				

20.0001	 	 l
20.0002		
20.0003		

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices, Impact of NAIC/State Differences

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

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

Net Income	SSAP#	F/S Page	F/S Line #	September 30, 2023	December 31, 2022
 Company state basis (P 4, Line 20, Columns 1 & 3) State Prescribed Practices that is an increase / (decrease) from NAIC SAP State Permitted Practices that is an increase / (decrease) from NAIC SAP 	XXX	XXX	XXX	(\$14,234,650)	\$61,785,119 - -
4. NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	(\$14,234,650)	\$61,785,119

Surplus	SSAP #	F/S Page	F/S Line #	September 30, 2023	December 31, 2022
 5. Company state basis (Page 3, Line 37, Columns 1 & 2) 6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP 7. State Permitted Practices that is an increase / (decrease) from NAIC SAP 	XXX	XXX	XXX	\$25,929,901 - -	\$38,642,859 - -
8. NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	\$25,929,901	\$38,642,859

B. Use of Estimates

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

C. Accounting Policies

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

In addition, the company uses the following accounting policies:

- 1. Short-term investments are stated at amortized cost, which approximates market value. Reverse repurchase agreements, when used, are recorded in cash equivalents if the repurchase date is less than 90 days. Reverse repurchase agreements represent the purchase of a security with an agreement to resell.
- 2. through 9. Investment and mortgage loan related, Not applicable.
- 10. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.
- 11. Loss and loss adjustment expense reserves are based upon claim estimates for (1) losses for claims reported prior to the close of the accounting period, (2) losses incurred but unreported prior to the close of the accounting period, and (3) expenses for investigating and adjusting claims. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liabilities may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- 12. The Association has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.
- 13. Not applicable as the Association does not write medical insurance with prescription drug coverage.

D. Going Concern

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

Note 2 - Accounting Changes and Correction of Errors

A. Material Changes in Accounting Principle

None

B. Correction of Errors

Not applicable

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

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

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Low-Income Housing Tax Credits

None

L. Restricted Assets

None

M. Working Capital Finance Investments

None

N. Offsetting and Netting of Assets and Liabilities

None

O. 5GI Securities

None

P. Short Sales

None

Q. Prepayment Penalty and Acceleration Fees

None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

A. Accrued Investment Income

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

B. Amounts Non-Admitted

None

Note 8 – Derivative Instruments

Not applicable

Note 9 - Income Taxes

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

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

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

A. Nature of Relationships

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

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

B. Significant Transactions and Changes in Terms of Intercompany Arrangements

None

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

None

D. Amounts Due to or from Related Parties

No significant change

E. Management, Service Contracts, Cost Sharing Arrangements

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

F. Guarantees or Undertakings for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

None

H. Amount Deducted for Investment in Upstream Company

Not applicable

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

Not applicable

J. Write-downs for Impairment of Investments in Affiliates

Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

L. Downstream Holding Company Valued Using Look-Through Method

Not applicable

M. All SCA Investments

Not applicable

N. Investment in Insurance SCAs

Not applicable

O. SCA or SSAP No. 48 Loss Tracking

Not applicable

Note 11 – Debt

A. Debt

The Association obtained a \$500,000,000 line of credit with two of its primary financial institutions effective June 1, 2023. The facility will terminate on March 28, 2024 if no funds are borrowed. There is an option for the borrower to terminate the facility early on December 27, 2023 at the borrowers option. The Association pays the lender a 0.475% commitment fee against the unused portion of the line of credit.

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable

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

No change

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

No change

Note 14 - Liabilities, Contingencies and Assessments

A. Contingent Commitments

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

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

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

No change

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. Other Contingencies

No change

Note 15 - Leases

A. Lessee Leasing Arrangements

No significant change

B. Lessor Leasing Arrangements

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

Note 20 - Fair Value Measurements

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

Not applicable

B. Other Fair Value Disclosures

Not applicable

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

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

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

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

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level	2	Level	3	<u>Net A</u> Value (1		Not Practica (Carry Value	ing
Cash, cash equivalents and short-term investments	\$ 96,678,128	\$ 96,678,128	\$ 96,678,128	\$	-	\$	_	\$	-	\$	-
Exempt Money Market Mutual Funds – as Identified by SVO	486,532,560	486,532,560	-		-		-	486,53	2,560		-
Total Cash, cash equivalents and short-term investments	\$ 583,210,688	\$ 583,210,688	\$ 96,678,128	\$	_	\$	_	\$ 486,53	2,560	\$	_

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

E. Instruments Measured at Net Asset Value (NAV)

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

Note 21 – Other Items

A. Unusual or Infrequent Items

No change

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

Not applicable

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

Not applicable

G. Insurance Linked Securities (ILS) Contracts

No change

Note 22 – Events Subsequent

The Association has evaluated subsequent events through November 11, 2023, the date of issuance of these statutory financial statements. There were no events occurring subsequent to the end of the third quarter 2023 that merited recognition or disclosure in these statements.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

No change

B. Reinsurance Recoverables in Dispute

None

C. Reinsurance Assumed and Ceded

No Change

D. Uncollectible Reinsurance

None

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

K. Reinsurance Credit on Contracts Covering Health Business

Not applicable

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A. Current year changes in estimates of the costs of prior year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. Current calendar year losses and LAE reflected on the Statement of Income of \$87,417,873 had \$1,612,071 of favorable prior year development. Increases or decreases of this nature occur as the result of claim settlements and receipt and evaluation of additional information regarding unpaid claims. Recent development trends are also taken into account in evaluating the overall adequacy of reserves. Due to the inherently uncertain process involving loss and loss adjustment expense reserve estimates, the final resolution of the ultimate liability may be different from that anticipated at the reporting date. The Appointed Actuary for the Association has opined that the loss and LAE reserves as of September 30, 2023 make a reasonable provision for the Association's claims liabilities.

Rollforward of unpaid losses and LAE	September 30, 2023	December 31, 2022
Balance as of January 1,	58,181,307	77,625,971
Less: Reinsurance Recoverable	5,967	40,877
Net Balance at January 1,	58,175,340	77,585,094
Incurred, net of reinsurance, related to:		
Current year	89,029,944	40,637,331
Prior years	(1,612,071)	10,610,583
Net Incurred	87,417,873	51,247,914
Paid, net of reinsurance, related to:		
Current year	(60,771,060)	(28,938,058)
Prior years	(28,584,575)	(41,719,610)
Net Paid Losses	(89,355,635)	(70,657,668)
Net Balance at end of period,	56,237,578	58,175,340
Plus: Reinsurance Recoverable	6,330	5,967
Balance at end of period,	\$ 56,243,908	\$ 58,181,307

B. Significant Changes in Reserving Methodology

Not applicable

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

No change

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

No change

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

A. and B. Not applicable

PART 1 – COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity experience any material transactions requiring the with the State of Domicile, as required by the Model Act?	sactions	Yes[]No[X]	
1.2	If yes, has the report been filed with the domiciliary state?			Yes [] No []
2.1	Has any change been made during the year of this statement in the charte settlement of the reporting entity?	er, by-laws, articles of incorporation,	or deed of	Yes[]No[X]
2.2	If yes, date of change:			
3.1	Is the reporting entity a member of an Insurance Holding Company System one or more of which is an insurer?	d persons,	Yes[]No[X]	
	If yes, complete Schedule Y, Parts 1 and 1A.			
3.2	Have there been any substantial changes in the organizational chart since	e the prior quarter end?		Yes[]No[X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.			
3.4	Is the reporting entity publicly traded or a member of a publicly traded gro	up?		Yes[]No[X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code iss	ued by the SEC for the entity/group		
4.1	Has the reporting entity been a party to a merger or consolidation during t	he period covered by this statement	?	Yes[]No[X]
4.2	If yes, provide the name of entity, NAIC Company Code, and state of dom entity that has ceased to exist as a result of the merger or consolidation.	icile (use two letter state abbreviation	on) for any	
	1	2	3	
	Name of Entity	NAIC Company Code	State of Domicile	
	If the reporting entity is subject to a management agreement, including thi general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved? If yes, attach an explanation. State as of what date the latest financial examination of the reporting entity	any significant changes regarding th	е	Yes[]No[X]N/A[]
			ieile er	
0.2	State the as of date that the latest financial examination report became average the reporting entity. This date should be the date of the examined balance completed or released.			12/31/2017
6.3	State as of what date the latest financial examination report became avail- the state of domicile or the reporting entity. This is the release date or co not the date of the examination (balance sheet date).	·		02/12/2019
6.4	By what department or departments? Texas Department of Insurance			
6.5	Llove all formatical attenuant - division and a division at the division of the division at th	office record have a second of the second		
0.5	Have all financial statement adjustments within the latest financial examin subsequent financial statement filed with Departments?	ation report been accounted for in a	l	Yes[X]No[]N/A[]
6.6	Have all of the recommendations within the latest financial examination re	port been complied with?		Yes [X] No [] N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or regis if applicable) suspended or revoked by any governmental entity during the	, , , ,	ation,	Yes[]No[X]
7.2	If yes, give full information			

8.1	s the company a subsidiary of a bank holding company regulated	Affiliate Name (City, State) FRB O senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or as performing similar functions) of the reporting entity subject to a code of ethics, which includes the following rds? set and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between sonal and professional relationships; fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; suppliance with applicable governmental laws, rules, and regulations; support persons identified in the code; and countability for adherence to the code.				Yes[]No[X]
8.2	If response to 8.1 is yes, please identify the name of the bank hold	ling company.					
8.3	s the company affiliated with one or more banks, thrifts or securities	es firms?				Yes[]No[X]
8.4	If response to 8.3 is yes, please provide below the names and loca	ation (city and state of the main offic	e) of any				
	Commission (SEC)] and identify the affiliate's primary federal regu	lator.					
	1	2	3	4	5	6	
			FD 0		- FD10	050	
	Name	(City, State)	FRB	OCC	FDIC	SEC	
9.1	Are the senior officers (principal executive officer, principal financia	al officer, principal accounting office	r or controlle	er, or			
	persons performing similar functions) of the reporting entity subject standards?	t to a code of ethics, which includes	the following	ng			
		ctual or apparent conflicts of interest	between				
		periodic reports required to be filed	by the repo	orting			
	•	ulations;					
	(d) The prompt internal reporting of violations to an appropriate pe (e) Accountability for adherence to the code.		Yes [X] No	[]			
.11	If the response to 9.1 is No, please explain:						
9.2	Has the code of ethics for senior managers been amended?					Yes[]No[X]
.21	If the response to 9.2 is Yes, provide information related to amend						
9.3	Have any provisions of the code of ethics been waived for any of the	he specified officers?				Yes[]No[X]
31	If the response to 9.3 is Yes, provide the nature of any waiver(s).						
.01							
		FINANCIAL					
0.1	Does the reporting entity report any amounts due from parent, sub	sidiaries or affiliates on Page 2 of the	nis statemer	nt?		Yes [X] No	[]
0.2	If yes, indicate any amounts receivable from parent included in the	e Page 2 amount:			\$_		
	Management the state to be sale as the state of the state	INVESTMENT					
ı.1	Were any of the stocks, bonds, or other assets of the reporting ent otherwise made available for use by another person? (Exclude sec					Yes[]No[X]
1.2	If yes, give full and complete information relating thereto:						
12	Amount of real estate and mortgages held in other invested assets	s in Schedule RA:			¢		
14.	minount of real estate and mortgages held in other invested assets	o in Outeuule DA.			Φ_		
13.	Amount of real estate and mortgages held in short-term investmen	nts:			\$		

Does the reporting entity have any inv	outhorite in paroni, cabolalance c	and anniatoo.		Yes[]No[X]
! If yes, please complete the following:		1	2	
		Prior Year-End	Current Quarter	
		Book/Adjusted	Book/Adjusted	
		Carrying Value	Carrying Value	
	Estate			
		\$	_ \$	
14.27 Total Investment in Paren		•	•	
	4.26)	\$	_ \$	
14.28 Total Investment in Paren		Φ.	•	
14.26 above		\$	\$	
Has the reporting entity entered into a	ny hedging transactions reported	on Schedule DB?		Yes[]No[X]
2 If yes, has a comprehensive description	on of the hedging program been r	made available to the domicil	ary state?	Yes[]No[]N/A[
If no, attach a description with this sta	tement.			
6. For the reporting entity's security lend	ing program, state the amount of	the following as of the currer	it statement date:	
or the reporting entity o security lend		Showing as of the build	statement dute.	
16.1 Total fair value of reinves	ted collateral assets reported on S	Schedule DL, Parts 1 and 2		\$
16.2 Total book adjusted/carry	ing value of reinvested collateral a	assets reported on Schedule	DL, Parts 1 and 2	\$
16.3 Total payable for securities	es lending reported on the liability	page		\$
7. Excluding items in Schedule E - Part				
Custodial or Safekeeping Agreements 1 For all agreements that comply with the			andbook,	Yes[]No[X]
complete the following:				
1			2	
Name of Cu	stodian(s)		Custodian Address	
I				
-		IC Financial Condition Exami	ners Handbook,	
For all agreements that do not comply provide the name, location and a con		IC Financial Condition Exami	ners Handbook,	
provide the name, location and a con	nplete explanation:	IC Financial Condition Exami		
provide the name, location and a con	nplete explanation:	IC Financial Condition Exami	3	
provide the name, location and a con	nplete explanation:	IC Financial Condition Exami		
provide the name, location and a con	nplete explanation:	IC Financial Condition Exami	3	
provide the name, location and a con	nplete explanation:	IC Financial Condition Exami	3	
1	nplete explanation:	IC Financial Condition Exami	3	
provide the name, location and a con	polete explanation: 2 Location(s)		3 Complete Explanation(s)	
provide the name, location and a con 1 Name(s)	polete explanation: 2 Location(s)		3 Complete Explanation(s)	Yes [] No [X]
provide the name, location and a con 1 Name(s) 3 Have there been any changes, including quarter?	Location(s) ing name changes, in the custodia		3 Complete Explanation(s)	Yes[]No[X]
provide the name, location and a con 1 Name(s)	Location(s) ing name changes, in the custodia		3 Complete Explanation(s)	Yes[]No[X]
provide the name, location and a con 1 Name(s) 3 Have there been any changes, including quarter?	Location(s) ing name changes, in the custodiation relating thereto:	an(s) identified in 17.1 during	3 Complete Explanation(s) the current	Yes[]No[X]
provide the name, location and a con 1 Name(s) 3 Have there been any changes, including quarter? 4 If yes, give full and complete informations.	Inplete explanation: 2 Location(s) ing name changes, in the custodian ion relating thereto:	an(s) identified in 17.1 during	3 Complete Explanation(s) the current	Yes [] No [X]
provide the name, location and a con 1 Name(s) 3 Have there been any changes, including quarter? 4 If yes, give full and complete informations.	Location(s) ing name changes, in the custodiation relating thereto:	an(s) identified in 17.1 during	3 Complete Explanation(s) the current	Yes [] No [X]
provide the name, location and a con 1 Name(s) 3 Have there been any changes, including quarter? 4 If yes, give full and complete informations.	Inplete explanation: 2 Location(s) ing name changes, in the custodian ion relating thereto:	an(s) identified in 17.1 during	3 Complete Explanation(s) the current	Yes[]No[X]

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, Including individuals that have the authority to make investments 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 of Firm or Individual	Affiliation
David Durden	I
Stuart Harbour	ı

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[]No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[]No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the

information for the table below.

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

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

18.2 If no, list exceptions:

- 19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 - Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

- 20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 - a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[]No[X]

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 - a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes[]No[X]

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting entity If yes, attach an expl	nge?	Yes[]No[]N	I/A [X]									
2.	Has the reporting en or in part, from any lo If yes, attach an expl	oss that may	-	-		-	ease such entit	y from liability,	in whole	Yes [] No [X]			
3.1	Have any of the repo	orting entity's	s primary rei	nsurance contra	acts been canc	eled?				Yes[]No[X]			
3.2	If yes, give full and c	omplete info	rmation the	reto:									
	Are any of the liabilitireserves (see Annua at a rate of interest g	al Statement preater than :	Instructions zero?	•						Yes[]No[X]			
4.2	ii yes, complete the i	lollowing sci	leddie.		TOTAL D	IOOOLINIT.		Ι ,					
	1	2	3		TOTAL D	ISCOUNT	I	DISCOUNT TAKEN DURING PERIOD					
	Line of Business	Maximum Interest	Discount Rate	4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL		
			TOTAL										
5.	Operating Percentag 5.1. A&H loss perc 5.2. A&H cost con 5.3. A&H expense	cent tainment pe		containment ex	penses						_ % _ % _ %		
6.1	Do you act as a cust	odian for he	alth savings	accounts?						Yes[]No[X]			
6.2	If yes, please provide	e the amoun	t of custodia	al funds held as	of the reporting	g date.			\$		_		
6.3	Do you act as an adr	ministrator fo	or health sav	vings accounts?	•					Yes[]No[X]			
6.4	If yes, please provide	e the balanc	e of the fund	ds administered	as of the repor	ting date.			\$		_		
7.	Is the reporting entity	y licensed or	chartered,	registered, qual	ified, eligible or	writing busines	ss in at least two	o states?		Yes[]No[X]			
7.1	If no, does the report	ting entity as	sume reins	urance busines	s that covers ris	sks residing in a	it least one stat	e other than the	e state				

Yes[]No[X]

of domicile of the reporting entity

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 2		3	4	5 Type	6 Certified Reinsurer	7 Effective Date of
NAIC			Domiciliary	of	Rating	Certified
Company Code	ID Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Reinsurer Rating
	+					
		Arry				
		Affiliates				
40452	42 5040075	Transatlantic Reinsurance Company	NN			
19453	13-5616275	Transauanuc Reinsurance Company	NY	Authorized		
		Pools and Associations				
		Pools and Associations				
	AA-3191298	Antares Reinsurance Company Limited	BMU	Unauthorized		
0	AA-3191239	Lumen Re Ltd.	BMU	Unauthorized		
· · · · · · · · · · · · · · · · · · ·	7.7-3131239	Lunen Ne Liu.				
		1				

9

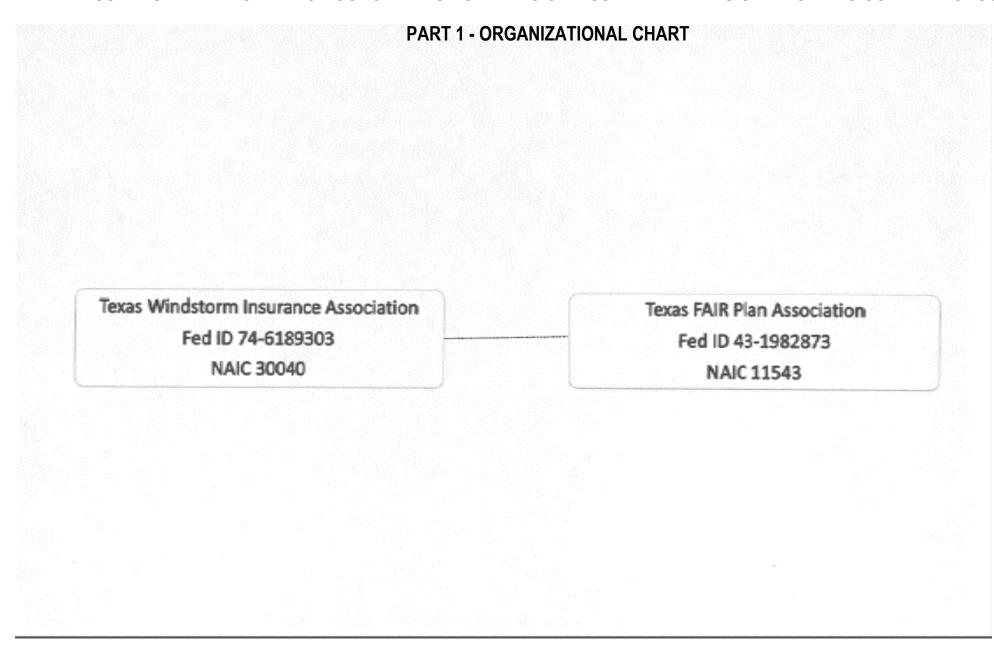
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year To Date - Allocated by States and Territories

			Direct Premiums Written		Direct Losses Paid	(Deducting Salvage)	Direct Los	ses Unpaid	
		1 Active	2	3	4	5	6	7	
	States, Etc.	Status (a)	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date	
1.	Alabama AL	. N.							
	Alaska AK	N							
	Arizona AZ Arkansas AR	N							
	California CA	N N							
	Colorado CO	N							
	Connecticut CT	. N							
	Delaware DE District of Columbia DC	N							
	Florida FL	N!							
11.	Georgia GA	N							
	Hawaii HI	N							
	Idaho ID III	N							
	Indiana IN	N !N							
	lowa IA	N							
	Kansas KS	N							
	Kentucky KY	<u>N</u>							
	Louisiana LA Maine ME	N							
	Maryland MD	N N							
22.	Massachusetts MA	N							
	Michigan MI	N							
	Minnesota MN Mississippi MS	N							
	Missouri MO	N !\\							
	Montana MT	N							
	Nebraska NE	N							
	Nevada NV	N							
	New Hampshire NH New Jersey NJ	N							
	New Mexico NM	N							
	New York NY	N							
	North Carolina NC	N							
	North Dakota ND Ohio OH	N							
	Oklahoma OK	N !N							
	Oregon OR	N							
39.		N							
	Rhode Island RI South Carolina SC	<u>N</u>							
41. 42.		N							
43.		N							
44.		L	519,439,200	410,331,606	71,938,805	37,962,617	42,343,452	37,549,793	
45.		N							
46. 47.	Vermont VT Virginia VA	N N							
48.	• • • • • • • • • • • • • • • • • • • •	N							
49.	West Virginia WV	N							
50.		N							
51. 52.	Wyoming WY American Samoa AS	N							
		N N							
54.	Puerto Rico PR	N							
	U.S. Virgin Islands VI	N							
	Northern Mariana Islands MP Canada CAN	N N							
58.		XXX							
	Totals	XXX	519,439,200	410,331,606	71,938,805	37,962,617	42,343,452	37,549,793	
	DETAILS OF WRITE-INS								
58001. 58002.		XXX		MAI	XII E				
58003. 58998.		XXX		NOI	V E				
58999.		XXX							
	(Line 58 above)	XXX							

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

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



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 Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affilates	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	Is an SCA Filing Required? (Yes/No)	*
0000	Group Name	Oouc	IVUITIDO	TROOD	Oiit	international)	Of Attitudes	Location	Litaty	(Name of Entry / Forson)	initiacrice, outer)	1 crocmage	Litary (103)/1 C13011(3)	(103/140)	\vdash
4766		30040	74-6189303				Texas Windstorm Insurance Association	TX	OTH	Unaffiliated	Service Contract			NO	
4766		11543	43-1982873				Texas FAIR Plan Association	TX	ОТН	Unaffiliated	Service Contract			NO	

	Asterik	Explanation
	,	ACCURATION AND ACCURA
-		Contract between Associations
-	2	Contract between Associations
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PART 1 – LOSS EXPERIENCE

			Current Year to Date		4
	Lines of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
	Fire Allied lines	427,815,500	74,765,474	17.476	5.64
	Multiple peril crop	427,013,300	14,703,474	17.470	3.05
2.2	Federal flood				
	Private crop				
	Private flood				
3.					
4.	Homeowners multiple peril				
5.1	Commercial multiple peril (non-liability portion)				
	Commercial multiple peril (liability portion)				
6.	Mortgage guaranty Ocean marine				
	Inland marine				
	Financial guaranty				
	Medical professional liability-occurrence				
11.2	Medical professional liability-claims made				
12.	Earthquake				
	Comprehensive (hospital and medical) individual				
	Comprehensive (hospital and medical) group				
	Credit accident and health				
	Vision only				
15.2	Dental only				
	Disability income				
	Medicare supplement				
	Medicaid Title XIX				
	Medicaid Title XVIII Long-term care				
15.7	Federal employees health benefits plan				
	Other health				
	Workers' compensation				
	Other liability-occurrence				
17.2	Other liability-claims made				
	Excess Workers' Compensation				
	Products liability-occurrence	I			
18.2	Products liability-claims made				
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability				
19.3	Commercial auto no-fault (personal injury protection)				
19.4	Other commercial auto liability				
21.1	Private passenger auto physical damage Commercial auto physical damage				
	At (1 /- 11 21-)				
	Eidolite				
	Surety				
26.					
	Boiler and machinery				
28.	Credit				
	International				
	Warranty				
31.	Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX
	Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.		XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	407 045 500	74 705 474	47 470	
<u> პ</u> ე.	TOTALS	427,815,500	74,765,474	17.476	
	DETAIL C OF MIDITE IN C				
3401.	DETAILS OF WRITE-INS				
J4U I.			L	1	I .

	DETAILS OF WRITE-INS		
3401 3402			
3403	•		
3498	. Summary of remaining write-ins for Line 34 from overflow page		
3499	Totals (Lines 3401 through 3403 plus 3498) (Line 34)		

PART 2 – DIRECT PREMIUMS WRITTEN

-	Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire			
2.1	Allied lines	218,970,554	519,439,200	410,331,600
	Multiple peril crop			
	Federal flood			
	Private crop			
	Private flood			
	Farmowners multiple peril			
	Homeowners multiple peril			
5.1	Commercial multiple peril (non-liability portion)			
5.2	Commercial multiple peril (liability portion)			
	Mortgage guaranty			
	Ocean marine			
	Inland marine			
10.	Financial guaranty			
1.1	Medical professional liability-occurrence			
	Medical professional liability-claims made			
	Earthquake			
	Comprehensive (hospital and medical) individual			
3.2	Comprehensive (hospital and medical) group			
	Credit accident and health			
	Vision only			
	Dental only			
5.3	Disability income			
5.4	Medicare supplement			
5.5	Medicaid Title XIX			
.6	Medicaid Title XVIII			
5.7	Long-term care			
5.8	Federal employees health benefits plan			
.9	Other health			
16.	Workers' compensation			
7.1	Other liability-occurrence			
7.2	Other liability-claims made			
	Excess Workers' Compensation			
3.1	Products liability-occurrence			
3.2	Products liability-claims made			
9.1	Private passenger auto no-fault (personal injury protection)			
ດາ	Other private passenger auto liability			
9.3	Commercial auto no-fault (personal injury protection)			
9.4	Other commercial auto liability			
1.1	Private passenger auto physical damage			
1.2	Commercial auto physical damage			
22.	Aircraft (all perils)			
23.	Fidelity			
	Surety			
	Burglary and theft			
27.	Boiler and machinery			
	Credit			
	International			
2N	Worrenty			
31	Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX
33	Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34	Aggregate write-ins for other lines of business			
35	TOTALS	218,970,554	519,439,200	410,331,6
===	10 mag	- 210,010,004	010,400,200	- +10,001,00
	DETAIL O OF MICHE 1110			
-	DETAILS OF WRITE-INS			
01.		1		

DETAILS OF WRITE-INS		
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page		
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)		

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
				2023 Loss and	2023 Loss and		Q.S. Date Known	Q.S. Date Known			Prior Year-End		
			Total	LAE	LAE Payments		Case Loss and	Case Loss and			Known Case Loss	Prior Year-End	Prior Year-End
	Prior Year-End	Prior Year-End	Prior Year-End	Payments on	on Claims	Total 2023	LAE Reserves on	LAE Reserves on	Q.S. Date	Total Q.S.	and LAE Reserves	IBNR Loss and LAE	Total Loss and LAE
Years in Which	Known Case	IBNR	Loss and LAE	Claims Reported	Unreported	Loss and LAE	Claims Reported	Claims Reported or	IBNR	Loss and LAE	Developed	Reserves Developed	Reserve Developed
Losses	Loss and LAE	Loss and LAE	Reserves	as of Prior	as of Prior	Payments	and Open as of	Reopened Subsequent	Loss & LAE	Reserves	(Savings)/Deficiency	(Savings)/Deficiency	(Savings)/Deficiency
Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Year-End	(Cols 4 + 5)	Prior Year-End	to Prior Year-End	Reserves	(Cols 7 + 8 + 9)	(Cols. 4 + 7 - 1)	(Cols. 5 + 8 + 9 - 2)	(Cols. 11 + 12)
1. 2020 + prior	9,483	25,414	34,897	15,056		15,056	3,225		15,888	19,113	8,798	(9,526)	(728)
2. 2021	7,268	4,312	11,580	3,783		3,783	2,847		1,406	4,253	(638)	(2,906)	(3,544)
3. Subtotals 2021 + prior	16,751	29,726	46,477	18,839		18,839	6,072		17,294	23,366	8,160	(12,432)	(4,272)
4. 2022	4,234	7,464	11,698	8,136	1,609	9,745	2,471	264	1,876	4,611	6,373	(3,715)	2,658
5. Subtotals 2022 + prior	20,985	37,190	58,175	26,975	1,609	28,584	8,543	264	19,170	27,977	14,533	(16,147)	(1,614)
6. 2023	XXX	XXX	XXX	XXX	60,771	60,771	XXX	9,013	19,246	28,259	XXX	XXX	XXX
7. Totals	20,985	37,190	58,175	26,975	62,380	89,355	8,543	9,277	38,416	56,236	14,533	(16,147)	(1,614

8. Prior Year-End Surplus As

Regards Policyholders ______ 38,643

-4.177

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

			Response
1. Will the Ti	rusteed Surplus Statement be filed with the state of domicile and the NAIC with this	statement?	NO
2. Will Suppl	lement A to Schedule T (Medical Professional Liability Supplement) be filed with this	statement?	NO
3. Will the M	edicare Part D Coverage Supplement be filed with the state of domicile and the NAI	C with this statement?	NO
4. Will the D	irector and Officer Insurance Coverage Supplement be filed with the state of domicil	e and the NAIC with this statement?	NO
	AUGUST FILING		
5. Will the	e regulator-only (non-public) Communication of Internal Control Related Matters Note	ed in Audit be filed with the state of domicile	
	ectronically with the NAIC (as a regulator-only non-public document) by August 1? To NO response resulting with a bar code is only appropriate in the 2nd quarter.	ne response for 1st and 3rd quarters should be	N/A
Explanation	n:		
Question 1:	Not required.		
Question 2:	TWIA does not provide medical professional liability coverage.		
Question 3:	TWIA does not provide Medicare Part D coverage.		
Question 4:	TWIA does not provide D&O coverage.		
	······································		
5 6 1			
Bar Code:			
	2004020224000020	2004020345500030	
111111111			

OVERFLOW PAGE FOR WRITE-INS

Page 2 - Continuation

ASSETS

		Current Year		
	1	2	3	4
			Net Admitted	
REMAINING WRITE-INS AGGREGATED AT LINE 25		Nonadmitted	Assets	Net Admitted
FOR OTHER THAN INVESTED ASSETS	Assets	Assets	(Cols. 1 - 2)	Assets
2504. Miscellaneous Receivable	12,000	12,000		
2505. Due from Depop Carriers - Assumption	267		267	387
2597. Totals (Lines 2501 through 2596) (Page 2, Line 2598)	12,267	12,000	267	387

OVERFLOW PAGE FOR WRITE-INS

Page 3 - Continuation

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current	December 31,
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR LIABILITIES	Statement Date	December 31, Prior Year
2504. Surcharge payable	681,398	261,193
2505. Deferred rent liability	556,434	
2506. Escheat Checks	271,591	861,286
2597. Totals (Lines 2504 through 2596) (Page 3, Line 2598)	1,509,423	1,122,479

NONE Schedule A, B, BA and D Verification

NONE Schedule D - Part 1B

NONE Schedule DA - Part 1 and Verification

NONE Schedule DB - Part A and B Verification

NONE Schedule DB - Part C - Section 1

NONE Schedule DB - Part C - Section 2

NONE Schedule DB - Verification

SCHEDULE E PART 2 - VERIFICATION

(Cash Equivalents)

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	261,863,803	316,389,491
2.		000 400 057	14,475,955
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	0= 400 000	69,001,643
7.			
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)	486,532,560	261,863,803
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	486,532,560	261,863,803

NONE Schedule A - Part 2 and 3

NONE Schedule B - Part 2 and 3

NONE Schedule BA - Part 2 and 3

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule DB - Part A - Section 1

NONE Schedule DB - Part B - Section 1

NONE Schedule DB - Part D - Section 1

NONE Schedule DB - Part D - Section 2

NONE Schedule DB - Part E

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4 Amount of	5 Amount of	Book Balance at End of Each Month During Current Quarter			9
Deposit	DIV	Code	Rate of Interest	Interest Received During Current Quarter	Interest Accrued at Current Statement Date	6 First Month	7 Second Month	8 Third Month	*
20000									<u> </u>
Open Depo									
Bank of America, N.A. Citibank, N.A.	Austin, TX Dallas, TX		4.070	423,161		49,950,439 196,521	67,167,750 196,360	41,631,780 196,198	
Citibank, N.A IMMA	Dallas, TX	0	1.750	509		115,227	115,399	115,565	
JP Morgan Chase Bank, N.A	San Antonio, TX					49,406,748	52,531,097	54,734,585	
0199998 Deposits in (0) do	epositories that do								
not exceed the allowable limit i	n any one depository		V V V						
(see Instructions) - Open Depo 0199999 Total - Open Depositories		XXX	XXX	423,670		99,668,935	120,010,606	96,678,128	XXX
Suspended De									
0299998 Deposits in (0) do	epositories that do								
not exceed the allowable limit i									
(see Instructions) - Suspended		XXX	XXX						XXX
0299999 Total Suspended Depositories		XXX	XXX						XXX
0399999 Total Cash on Deposit		XXX	XXX	423,670		99,668,935	120,010,606	96,678,128	XXX
0499999 Cash in Company's Office		XXX	XXX	XXX	XXX				XXX
Guarin Company a Onice									
						l	i		1
									1

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
4812C2-23-9 61747C-52-5 261941-10-8 38142B-50-0 31607A-80-2	JP Morgan US Treasury Plus Money Market Fund - Capital Shares 4110 Morgan Stanley Inst Liquidity FDS Treas Secs Dreyfus Treasury Securities Instutional Shares Goldman Sachs Fin'l SQ Treas - Inst Shares Fund 506 Fidelity Treasury Only 2643		09/30/2023 09/30/2023 09/30/2023 09/30/2023 09/30/2023	5.219 3.479 5.244 5.227 5.240	XXX XXX XXX XXX XXX	144,468,576 46,844,687 132,449,173 145,468,207 17,301,917	584,148 195,761 545,181 603,866 74,386	5,084,672 1,288,264 2,449,173 2,498,072 237,362
8209999999 Exempt Mo	ney Market Mutual Funds – as Identified by SVO					486,532,560	2,003,342	11,557,543
8609999999 Total Cash	Equivalents					486,532,560	2,003,342	11,557,543

NONE Trusteed Surplus Statement

Designate the type of health care providers reported on this page.



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

		1	2	Direct Lo	sses Paid	5	Direct Loss	ses Unpaid	8
				3	4		6	7	Direct
	States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Losses Incurred But Not Reported
1.	Alabama AL	0	0	0	0	0	0	0	0
2.	Alaska AK	0	0	0	0	0	0	0	0
3.	Arizona AZ	0	0	0	0	0	0	0	0
4. 5.	Arkansas AR California CA		0	0	0	0	0	0	0
6.	Colorado CO		0		0	0	0	0	
7.	Connecticut CT	0	0	0	0	0	0	0	0
8.	Delaware DE	0	0	0	0	0	0	0	0
	District of Columbia DC	0	0	0	0	0	0	0	0
	Florida FL	0	0	0	0	0	0	0	0
	Georgia GA Hawaii HI	0	0	0	0	0	0	0	0
13.	Idaho ID	0	0		0	0	0	0	0
14.	Illinois IL	0	0	0	0	0	0	0	0
15.	Indiana IN	0	0	0	0	0	0	0	0
16.	lowa IA	0	0	0	0	0	0	0	0
	Kansas KS	0	0	0	0	0	0	0	0
	Kentucky KY Louisiana LA	0	0		0	0	0		0
	Maine ME	0	0	0	0	0	0	0	
	Maryland MD	0	0	0	0	0	0	0	0
22.	Massachusetts MA	0	0	0	0	0	0	0	0
	Michigan MI	0	0	0	0	0	0	0	0
	Minnesota MN	0	0 0		NE	0	0	0	0
1	Mississippi MS	0	0			0	0	0	
1	Missouri MO Montana MT	0	0		0		0	0	0
1	Nebraska NE	0	0	0	0	0	0	0	0
29.	Nevada NV	0	0	0	0	0	0	0	0
	New Hampshire NH	0	0	0	0	0	0	0	0
1	New Jersey NJ	0	0	0	0	0	0	0	0
32.	New Mexico NM	0	0	0	0	0	0	0	0
1	New York NY North Carolina NC	0	0	0	0	0	0		0
	North Dakota ND	0	0	0	0	0	0	0	0
36.	Ohio OH	0	0	0	0	0	0	0	0
37.	Oklahoma OK	0	0	0	0	0	0	0	0
38.	Oregon OR	0	0	0	0	0	0	0	0
39. 40.	Pennsylvania PA Rhode Island RI	0	0		0	0	0	00	0
41.		0	0	0	0	0	0	0	
42.		0	0	0	0	0	0	0	0
43.	Tennessee TN	0	0	0	0	0	0	0	0
44.	Texas TX	0	0	0	0	0	0	0	0
45.	Utah UT Vermont VT	0	0	0	0	0	0	0	0
46. 47.	Vermont VT Virginia VA	0	0	0	0	0	0	0	0
48.	Washington WA	0	0	0	0	0	0	0	0
49.	West Virginia WV	0	0	0	0	0	0	0	0
50.		0	0	0	0	0	0	0	0
51.		0	0	0	0	0	0	0	0
52.	American Samoa AS	0	0	0	0	0		0	
53. 54.	Guam GU Puerto Rico PR	0	0	00	0	0	0		0
		0	0	0	0	0	0	0	0
	Northern Mariana Islands MP	0	0	0	0	0	0	0	0
57.		0	0	0	0	0	0	0	0
58.		0	0	0	0	0	0	0	0
59.	Totals	0	0	0	0	0	0	0	0

	DETAILS OF WRITE-INS								
58001.		0	0	0	0	0	0	0	0
58002.		0	0			0	0	0	0
58003.		0	0	0		0	0	0	0
58998.	Summary of remaining write-ins								
	for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	for Line 58 from overflow page Totals (Lines 58001 through 58003								
	plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended 2023

	NAIC Group Code	4766			NAIC Company Code	30040
	Company Name Te	xas Windstorm Insurance	Association			
	If the reporting entit	ty writes any director and	officer (D&O) business, please	provide the following:		
1.	Monoline Policies					
		1 Direct	2 Direct	3 Direct		
		Written Premium	Earned Premium	Losses		
		\$	\$	\$		
2.	Commercial Multipl	e Peril (CMP) Packaged l	Policies			
2.1	Does the reporting	entity provide D&O liabilit	Yes	[]No[X]		
2.2	Can the direct prem be quantified or est	nium earned for D&O liabi imated?	Yes	[]No[X]		
2.3		estion 2.2 is yes, provide to verage in CMP packaged	the quantified or estimated dire	ct premium earned amount		
			Amount quantified: Amount estimated using reas	onable assumptions:	\$ \$	
2.4			direct losses incurred (losses page provided in CMP packaged		\$	