



ANNUAL STATEMENT

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

WESTERN AGRICULTURAL INSURANCE COMPANY

NAIC Group Code00513	,00513 NAIC Company	Code 2/8/1 Employe	rs ID Number86-0259779
(Current Perio			
Organized under the Laws of	lowa	, State of Domicile or Port of Entry	lowa
Country of Domicile	LAMINETTO WHITE	United States	
Incorporated/Organized	10/15/1971	Commenced Business	01/01/1972
Statutory Home Office	5400 University Avenue	, West Des	Moines, IA, US 50266-5997
	(Street and Number)	(City or To	wn, State, Country and Zip Code)
Main Administrative Office	5400 University Avenue	West Des Moines, IA, US 50266-5	5997 515-225-5400
Afail Address	(Street and Number)	(City or Town, State, Country and Zip Cod	
Mail Address	5400 University Avenue		es, IA, US 50266-5997
Primary Location of Books and Rec	(Street and Number or P.O. Box) cords 5400 University Avenue		ate, Country and Zip Code)
Filmary Location of Books and Rec	(Street and Number)	West Des Moines, IA, US 50 (City or Town, State, Country and 2	
Internet Web Site Address	(=====,	www.fbfs.com	Lip data, (Talaphana Hambar)
Statutory Statement Contact	Connie Teresa Dresen		515-225-5400
,	(Name)	(Area Code)	(Telephone Number) (Extension)
	PBLFinancial.com	515-226	
(E-Mai	Address)	(Fax Nui	mber)
	OFFI	CERS	
Name	Title	Name	Title
DANIEL DAVID PITCHER	, Chief Executive Officer	MARTIN JOSEPH SCHWAGER	Sr. V.P. & Secretary
DONALD JOSEPH SEIBEL	Chief Financial Officer, Treasurer	- IN EXTINCOSE TI CONTINUOEX	,
	OTHER C	OFFICERS	2
	Vice President & Assistant	PFFICERS	
LORI KAY GEADELMANN	Secretary	JEFFREY ARNOLD WHITEHEAD	Chief Investment Officer
	Chief Operating Officer-Property	DEFINET ANNOLD WITH LINEAD ,	Ciliei IIIvestifietit Officei
JAY WILLIAM SEIBOLDT	, Casualty	KELLI ANN EDDY	Vice President-Property Casualty
		·	Vice President-Marketing & Agency
RONALD LEE MEAD	Vice President-Sales & Distribution	DANIEL MARVIN KOSTER,	Services
SANJEEV KUMAR SINGH	, Chief Information Officer		
	DIRECTORS (OR TRUSTEES	
		JEFFERY ALAN	
WESLEY KIM AUSTEN	RON BENNETT GIBSON	GROSSENBACHER	DONALD KENNETH KEMP
	STEFANIE ANDREA		
MARK ALLEN MCHARGUE	SMALLHOUSE	SCOTT EVERETT VANDERWAL	BRENT EUGENE JOHNSON #
WILLIAM R. FRAZEE #	DANIEL ALLEN HENRY	CTEVEN BRADI EV MOOLOUD #	
WILLIAM R. FRAZEE #	GLESSING #	STEVEN BRADLEY MCCLOUD #	·
State oflow	2		
Cate of Hamman and Hamman Cate	85		
County ofPoll	C		
The officers of this reporting entity, being	- duly	All and a control of the control of	
above, all of the herein described assets	g duly swom, each depose and say that they are s were the absolute property of the said reporting	e the described officers of said reporting entity, send the and clear from any liens or claim	s thereon, except as berein stated and
that this statement, together with related	exhibits, schedules and explanations therein co	ontained, annexed or referred to, is a full and	true statement of all the assets and
liabilities and of the condition and affairs	of the said reporting entity as of the reporting pe	eriod stated above, and of its income and dec	luctions therefrom for the period ended.
and have been completed in accordance	e with the NAIC Annual Statement Instructions a	nd Accounting Practices and Procedures ma	nual except to the extent that: (1) state law
may differ; or, (2) that state rules or regularizations and halief respectively. Further	lations require differences in reporting not relate	ed to accounting practices and procedures, as	ccording to the best of their information,
when required, that is an exact copy (ex	hermore, the scope of this attestation by the desi cept for formatting differences due to electronic	cribed officers also includes the related corre	sponding electronic filing with the NAIC,
regulators in lieu of on in addition to the	exclosed statement.	of the character and the character	/
11.11.11.11.	1 Lung	hall !	T Mark
DANIEL DAVID PITC	HED DONAL TO		CONNIE TERESA DRESEN
Chief Executive Office		Officer, Treasurer	Accounting Vice President
		a. Is this an original filir	
Subscribed and sworn to before me	Fab are at 0000	b. If no:	
this 7th day of	February, 2023	State the amendment Date filed	nt number
× //		2. Date filed 3. Number of pages att	ached
La Line	M_{α}	2	-
Lori Lynn Merkley, &C Accounting M	men		
August 9, 2025	allayer O		
J 1			



ASSETS

1				JOE 10		
Assets	Prior Year		Current Year			
1. Bonds (Schedule D) 3.017,840 3.017,840 3.017,840 2. Stocks (Schedule D) 2.1 Preferred actors 2.2 Common stocks 2.2 Common stocks 2.2 Common stocks 2.3 Stocks (Schedule D) 2.1 Preferred actors 2.2 Common stocks 2.3 Stocks (Schedule D) 2.1 Preferred actors 2.2 Common stocks 2.3 Stocks (Schedule D) 2.3 First little miss 3.2 Other than first liens 3.2 Ot	4	3	2	1		
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2. Stocks (Schedule D): 2.1 Perform stocks 2.2 Common stocks 3. Mortgage learns on real estate (Schedule B): 3.1 First liters 3.2 Other than first liters 3.3 First liters 3.4 Proparties occupied by the company (less S S encumbrances) 4.2 Proparties held for the production of income (less S encumbrances) 4.3 Proparties held for sale (less S encumbrances) 4.3 Proparties held for sale (less S encumbrances) 5. Cash (\$(1.435,244), Schedule E-Part 1), cash equivalents (\$		· · · · · · · · · · · · · · · · · · ·			Bonds (Schedule D)	1
2. Preferred slocks 2. 2 Common slocks 3. Mortgage kans on real estate (Schedule B): 3. I Pirst Itens 3. 2 Other than first liens 4. Real estate (Schedule A): 4. Properties neld for the production of income (less \$ encumbrances) 4. 2 Properties held for the production of income (less \$ encumbrances) 5. Cash (\$	510					
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3.1 First times 3.2 Other than first liene 4. Read estate (Schedule A): 4.1 Properties accupied by the company (less \$		l l				
3.1 First liens 3.2 Other than first liens 4. Real estate (Schedule A): 4.1 Proporties occupied by the company (less S S encumbrances) 4.2 Properties held for the production of income (less S encumbrances) 4.3 Properties held for sale (less S encumbrances) 5. Cash (\$ (1,436,244), Schedule E-Part 1), cash aquivalents (\$ S Schedule E-Part 2) and short-form investments (\$ S Schedule E-Part 2) and short-form investment i	390	2,900,090		2,900,090		
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4. Real estate (Schedule A): 4. 1 Properties occupied by the company (less \$ encumbrances). 4. 2 Properties hald for the production of income (less \$ encumbrances). 4. 3 Properties hald for sale (less \$ encumbrances). 5. Cash (\$ (1,436,244), Schedule E-Part 1), cash equivalents (\$ Schedule E-Part 2) and short-term investments (\$ Schedule E-Part 2) and short-term investments (\$ Schedule E-Part 2) and short-term investments (\$ Schedule DA). 6. Contract loans (Including \$ premium notes). 7. Derivatives (Schedule DB). 8. Other invested assets (Schedule BA). 9. Recolvables for securities. 1,938					3.1 First liens	
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14. Investment income due and accrued					only)	
15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of collection		i i				14
15.1 Uncollected premiums and agents' balances in the course of collection	110,000	, , ++0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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but unbilled premiums)					deferred and not yet due (including \$earned	
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16.1 Amounts recoverable from reinsurers 1,610,852 1,610,852 16.2 Funds held by or deposited with reinsured companies 40,072 40,072 16.3 Other amounts receivable under reinsurance contracts 212,057 212,057 212,057 17. Amounts receivable relating to uninsured plans 18.1 Current federal and foreign income tax recoverable and interest thereon 18.2 Net deferred tax asset 9,806 9,806 9,806 9,806 20. Electronic data processing equipment and software (\$					·	
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16.3 Other amounts receivable under reinsurance contracts						
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22. Net adjustment in assets and liabilities due to foreign exchange rates 23. Receivables from parent, subsidiaries and affiliates					Furniture and equipment, including health care delivery assets	21.
23. Receivables from parent, subsidiaries and affiliates 8,318,511 8,318,511 24. Health care (\$				_	(\$)	
23. Receivables from parent, subsidiaries and affiliates 8,318,511 8,318,511 24. Health care (\$					Net adjustment in assets and liabilities due to foreign exchange rates	22.
24. Health care (\$) and other amounts receivable		1				
25. Aggregate write-ins for other-than-invested assets						
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			16 250	/12// 270	Aggregate write-ins for other than invested assets	25
Protected Cell Accounts (Lines 12 to 25)	029	410,029		434,279		
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts						26.
Cell Accounts	91015,700,254	15,522,910	16,250	15,539,160		
					From Separate Accounts, Segregated Accounts and Protected	27.
no					Cell Accounts	
28. Total (Lines 26 and 27) 15,539,160 16,250 15,522,910	910 15,700,254	15,522,910	16,250	15,539,160	Total (Lines 26 and 27)	28.
DETAILS OF WRITE-INS	,,	. , , ,	.,	, , , , ,		
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			i	i		
1103.						1103.
1198. Summary of remaining write-ins for Line 11 from overflow page			ļ		Summary of remaining write-ins for Line 11 from overflow page	1198.
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)					· · · · · · · · · · · · · · · · · · ·	1
2501. 0ther Assets	029	/12 N20	16 250	121 270	<u> </u>	
		i i				1
2502.						
2503.		i		i		i
2598. Summary of remaining write-ins for Line 25 from overflow page					Summary of remaining write-ins for Line 25 from overflow page	2598.
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) 434,279 16,250 418,029	029	418,029	16,250	434,279	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2599.

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	90,449	114,850
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	774	2,266
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	59,755	56,276
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses))	251,717	
7.2	Net deferred tax liability.	1,064,796	1,329,816
8.	Borrowed money \$ and interest thereon \$		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$150,833,756 and including warranty reserves of \$		
	health experience rating refunds including \$ for medical loss ratio rebate per the Public Health		
4.0	Service Act)		
	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
4.0	11.2 Policyholders		
	Ceded reinsurance premiums payable (net of ceding commissions)		
	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
	Amounts withheld or retained by company for account of others		
	Remittances and items not allocated		
	Provision for reinsurance (including \$ certified) (Schedule F, Part 3, Column 78)		
17.	,		
	Drafts outstanding		
	Payable to parent, subsidiaries and affiliates		
	Derivatives		
	Payable for securities		
	Payable for securities lending		
	Liability for amounts held under uninsured plans		
	Capital notes \$ and interest thereon \$		
	Aggregate write-ins for liabilities		
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
	Protected cell liabilities		
	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)		1,049,650
	Less treasury stock, at cost:	999,020	1,049,000
50.	36.1shares common (value included in Line 30 \$		
	36.2 shares preferred (value included in Line 31 \$		
37	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	9,992,980	10,043,004
	Totals (Page 2, Line 28, Col. 3)	15,522,910	15,700,254
	LS OF WRITE-INS	10,022,010	10,700,204
2501	Deferred Compensation.	201 57/	105 704
	Other Liabilities.	·	· ·
	VIIII EIGHTTITO		
	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	201,574	213,704
	Totals (Lines 2001 through 2000 plus 2000) (Line 20 above)	,	,
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
	Summary of remaining write-ins for Line 32 from overflow page		
	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		
J_UU.	. State (Emiss SEO) till ough SEOO place SEOO, (Ellic SE above)		

STATEMENT OF INCOME

	STATEMENT OF INCOME	4	2
		1 Current Year	2 Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4)		
2.	Losses incurred (Part 2, Line 35, Column 7)		
i	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		i
i	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		I
1	Aggregate write-ins for underwriting deductions		
	Net income of protected cells		
i	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		i
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	32,637	53,604
1	Net realized capital gains (losses) less capital gains tax of \$(Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)	32,637	53,604
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount		
-	charged off \$		
1	Finance and service charges not included in premiums		
i	Aggregate write-ins for miscellaneous income		
	Total other income (Lines 12 through 14)		
.0.	(Lines 8 + 11 + 15)	32,637	53,604
	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	32 637	53,604
19.	Federal and foreign income taxes incurred	251,832	223,760
20.	Net income (Line 18 minus Line 19) (to Line 22)	(219, 195)	(170,156)
	CAPITAL AND SURPLUS ACCOUNT		
	CAFITAL AND SURFLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	10,043,004	7,001,983
	Net income (from Line 20)		
	Net transfers (to) from Protected Cell accounts		
	Change in net unrealized capital gains or (losses) less capital gains tax or \$(10,710)		
26.	Change in net deferred income tax	248,304	209,472
	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)		
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
	Change in surplus notes		
l .	Cumulative effect of changes in accounting principles		
i	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
33.	32.3 Transferred to surplus		
			2,679,535
	33.2 Transferred to capital (Stock Dividend)		
0.4	·		
i	Net remittances from or (to) Home Office		
i			
37.	Aggregate write-ins for gains and losses in surplus		
1	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(50,024)	3,041,021
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) LS OF WRITE-INS	9,992,980	10,043,004
1	LS OF WRITE-INS		
0503.			
1	, ,		
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		
1498.	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
1			
1	Summary of remaining write-ins for Line 37 from overflow page		
1	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

CASH FLOW

		1 1	2
		Current Year	Prior Year
	Cash from Operations	(255,000)	4 504 045
	Premiums collected net of reinsurance.		
	Net investment income		,
	Miscellaneous income		(128,520)
	Total (Lines 1 through 3)		1,511,606
	Benefit and loss related payments		(1,658,180)
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	1 1	
	Commissions, expenses paid and aggregate write-ins for deductions		(42,626)
	Dividends paid to policyholders		/2 052 752
	Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)		(3,853,753)
	Total (Lines 5 through 9)		(5,554,559)
11.	Net cash from operations (Line 4 minus Line 10)	(739,467)	7,066,165
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:	4 000 000	4 750 000
	12.1 Bonds		1,750,000
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate	1	
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		(1,500,000
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,513,062	250 , 000
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		2 , 522 , 726
	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)		2,522,726
14.	Net increase (decrease) in contract loans and premium notes		
	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(2,272,726
	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		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(1,307,171)	(10,341,418)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(10,341,418)
	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)		(5,547,979
	Cash, cash equivalents and short-term investments:		, , , ,
	19.1 Beginning of year	(1,902,668)	3,645,311
	19.2 End of year (Line 18 plus Line 19.1)	(1,436,244)	

Note:	Supplemental disclosures of cash flow information for non-cash transactions:	
20.0001.	Transfer of asset for capital contribution	 2,679,535
20.0002.	· · · · · · · · · · · · · · · · · · ·	
20.0003.		
20.0004.		

Part 1 - Premiums Earned NONE

Part 1A - Recapitulation of All Premiums

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

PART 1B - PREMIUMS WRITTEN 1 Reinsurance Assumed Reinsurance Ceded 6							
		Direct	2	3	4	5	Net Premiums
	Line of Pusings	Business	From	From	To	To	Written Cols.
1	Line of Business	(a)	Affiliates	Non-Affiliates 72,250	Affiliates72,250	Non-Affiliates	1+2+3-4-5
1.	Fire	11 420		1	12,230		
2.1	Allied lines	11,429227,346,066			·	227 246 066	
2.2	Multiple peril crop					227 , 346 , 066	
2.3	Federal flood	44.050.470				44 050 470	
2.4						14,256,173	
2.5	Private flood						
3.	, ,			i i	23,558,431		
4.	Homeowners multiple peril			T			
5.1	Commercial multiple peril (non-liability portion)			i i	27 , 406 , 765		
5.2	Commercial multiple peril (liability portion)				5,970,192	1,251,600	
6.	Mortgage guaranty						
8.	Ocean marine			i i			
9.	Inland marine	1 ,217 ,012			1 , 150 , 392	66,620	
10.	Financial guaranty						
11.1	Medical professional liability-occurrence						
11.2	Medical professional liability-claims-made						
12.	Earthquake			1			
13.1	Comprehensive (hospital and medical) individual			1			
13.2	Comprehensive (hospital and medical) group						
14.	Credit accident and health (group and individual)						ļ
15.1	Vision only						
15.2	Dental only						
15.3	Disability income						
15.4	Medicare supplement						
15.5	Medicaid Title XIX						
15.6	Medicare Title XVIII						
15.7	Long-term care						
15.8	Federal employees health benefits plan						
15.9	Other health						
16.	Workers' compensation	20,875,584			19,358,762	2,103,411	
17.1	Other liability-occurrence	6,540,272			5,927,499	612,773	
17.2	Other liability-claims-made						
17.3	Excess workers' compensation						
18.1	Products liability-occurrence						
18.2	Products liability-claims-made						
19.1	Private passenger auto no-fault (personal injury protection)	1,570,098			1,566,123	3,975	
19.2	Other private passenger auto liability	30,458,602		i i	30,458,374	72,777	
19.3	Commercial auto no-fault (personal injury protection)			1 1	127,265	346	
19.4	Other commercial auto liability	5,812,339		1	5,798,332	14,007	
21.1	Private passenger auto physical	i i				1,575,424	
21.2	Commercial auto physical damage				5,945,872	285,693	
22.	Aircraft (all perils)				5,010,012		
23.	Fidelity			1			
24.	Surety			1			
26.	Burglary and theft			1		•	
27.	Boiler and machinery			†			
28.	Credit			†			
29.	International						
30.				†			
31.	Warranty Reinsurance-nonproportional assumed property	i i		†			
							†
32.	Reinsurance-nonproportional assumed liability						
33.	Reinsurance-nonproportional assumed financial lines	XXX		†			
34.	Aggregate write-ins for other lines of business	400 457 700		704 000	007 055 705	004 500 440	
35.	TOTALS	468,457,780		731,388	207,655,725	261,533,443	
İ	S OF WRITE-INS						
3401.				+			
3402.							<u> </u>
3403.		ļ					<u> </u>
3498.	Sum. Of remaining write-ins for Line 34 from overflow page						
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	<u> </u>			1		

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

	PART 2 - LOSSES PAID AND INCURRED								
			Losses Paid I	Less Salvage		5	6	7	8
								Percentage of Losses	
						Net Losses			Incurred
						Unpaid	Net Losses	Losses Incurred	(Col. 7, Part 2)
			Reinsurance	Reinsurance	Net Payments	Current Year	Unpaid	Current Year	to Premiums Earned
	Line of Business	Direct Business	Assumed	Recovered	(Cols. 1 + 2 - 3)	(Part 2A, Col. 8)	Prior Year	(Cols. 4 + 5 - 6)	(Col. 4, Part 1)
1.	Fire		41,990	41,990					<u> </u>
2.1	Allied lines	8,350		8,350					
2.2	Multiple peril crop	199,118,798		199,118,798					
2.3	Federal flood								
2.4	Private crop								
2.5	Private flood								
3.	Farmowners multiple peril	15,783,681		15,783,681					
4.	Homeowners multiple peril	41,843,683		41,843,683					
5.1	Commercial multiple peril (non-liability portion)	34,924,591		34,924,591					
5.2	Commercial multiple peril (liability portion)	2,869,266		2,869,266					
6.	Mortgage guaranty								
8.	Ocean marine								
9.	Inland marine	547,434		547 , 434					
10.	Financial guaranty	·			-	-	·	-	
11.1	Medical professional liability-occurrence	·			-	-		-	
11.2	Medical professional liability-claims-made	ł		·····	-	-	·	-	
12.	Earthquake	·			-	-		-	
13.1.	Comprehensive (hospital and medical) individual	· [-	-		-	
13.2.	Comprehensive (hospital and medical) group Credit accident and health (group and individual)	 			-	-	-	-	
14.	Credit accident and health (group and individual)	-							-
15.1.	Vision only	-			-				-
15.2.	Dental only	†			-				-
15.3. 15.4.	Disability income								-
15.4.	Medicare supplement	·			-	-		-	-
15.5.	Medicare Title XVIII								-
15.0.	Long form care								-
15.7.	Long-term care	†							
15.0.	Other health	·							
16.	Workers' compensation	6,126,422	255.353	6,381,775					
17.1	Other liability-occurrence	539.127	200,000	539 . 127					
17.2	Other liability-claims-made								
17.3	Excess workers' compensation.								
18.1	Products liability-occurrence								
18.2	Products liability-claims-made								
19.1	Private passenger auto no-fault (personal injury protection)	779,142		779,142					
19.2	Other private passenger auto liability	21,856,794	48,573	21,905,367					
19.3	Commercial auto no-fault (personal injury protection)	8,570		8,570					
19.4	Other commercial auto liability	1,185,109		1,185,109					
21.1	Private passenger auto physical damage	22,996,336		22,996,336					
21.2	Commercial auto physical damage	4,797,182		4,797,182					
22.	Aircraft (all perils)	·					·		
23.	Fidelity	ļ							
24.	Surety	 			-	-	·	-	
26.	Burglary and theft	·			-	-		-	
27.	Boiler and machinery	ł		·····	-	-	·	-	
28.	Credit	·[-	-	·	-	-
29.	International	†							-
30. 31.	Warranty Reinsurance-nonproportional assumed property	XXX			-	· 	·	-	-
31.	Reinsurance-nonproportional assumed property Reinsurance-nonproportional assumed liability	XXX	417	417					-
32.	Reinsurance-nonproportional assumed liability	1 XXX	417	417			·		-
33.	Aggregate write-ins for other lines of business	†				·	1	·	-
35.	TOTALS	360,609,166	346.333	360.955.499	 	 	 	 	1
	DF WRITE-INS	500,009,100	340,333	300,300,433	 	 	1	 	1
3401.	// VVIII L-1140								
3402.		†				-	1	-	-
3402.		·					1		
3498.	Sum. of remaining write-ins for Line 34 from overflow page	·							
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	†		·····	·	·	·	·	
D488.	Totals (Lines 3401 tillough 3403 + 3480) (Line 34 above)				L		1		1

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

			Reported	Losses		Incurred But Not Reported			8	9
	Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1+2-3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4+5+6-7)	Net Unpaid Los Adjustment Expenses
	ire		12,423	12,423						
	Ilied lines						 			
	Nultiple peril crop	45,826,209		45,826,209		6,571,102		6 ,571 ,102		
	ederal flood									
	Private crop									
	Private flood									
	armowners multiple peril	5,055,580		5, 055, 580		3,238,000		3,238,000		
	lomeowners multiple peril	5,291,667		5,291,667		8,962,000		8,962,000		
	Commercial multiple peril (non-liability portion).	14,380,586		14,380,586		8,683,000		8,683,000		
	Commercial multiple peril (liability portion)	2,083,493		2,083,493		2,527,000		2,527,000		
	Nortgage guaranty									
	Ocean marine									
	nland marine	5,000		5,000						
	inancial guaranty						·····			
1 M	Medical professional liability-occurrence				· · · · · · · · · · · · · · · · · · · ·		·····			
					· 		·····			
E	arthquake						·····		(-)	+
1 C	Comprehensive (hospital and medical) individual				· · · · · · · · · · · · · · · · · · · ·				(a)	
2 C	comprehensive (nospital and medical) group						·····		(a)	
C	Credit accident and health (group and individual)						·····			
	ision only								(a)	
	Pental only								(a)	
	Disability income								(a)	
	Medicare supplement								(a)	
	Medicaid Title XIX								(a)	
	Medicare Title XVIII								(a)	
	ong-term care								(a)	
	ederal employees health benefits plan								(a)	
	Other health								(a)	
	Vorkers' compensation		626,614	14,441,083		9,748,000	407,590	10,155,590		
	Other liability-occurrence			710,500						
2 0	Other liability-claims-made									
3 E:	xcess workers' compensation									
1 P	Products liability-occurrence									
2 P	Products liability-claims-made									
1 P	Private passenger auto no-fault (personal injury protection)	470,168		470 , 168		37,000		37,000		
2 0	Other private passenger auto liability	15,002,670	92,672	15,095,342		7,401,000	30,971	7,431,971		
3 C	Other private passenger auto liability	(9,654)		(9,654)		78,000				
4 O	Other commercial auto liability	1,494,420		1,494,420	ļ	2,878,000	ļ	2,878,000		
1 P	Private passenger auto physical damage				ļ	1,081,000	ļ	1,081,000		
2 C	Commercial auto physical damage	212,612		212,612	ļ	184,000		184,000		
	sircraft (all perils)						ļļ			
	idelity									
S	Surety						ļļ			
В	Burglary and theft						ļ			
	Boiler and machinery									
	Credit						ļļ			
	nternational									
	Varranty									
	Reinsurance-nonproportional assumed property	XXX				XXX				
R	Reinsurance-nonproportional assumed liability	XXX	12,375	12,375		XXX	9,771	9,771		
R	Reinsurance-nonproportional assumed financial lines	xxx				XXX	ļ			
	ggregate write-ins for other lines of business									
	OTALS	105,351,127	744,084	106,095,211		52,262,102	448,332	52,710,434		
	WRITE-INS									
							[
							[
. S	Sum. of remaining write-ins for Line 34 from overflow page otals (Lines 3401 through 3403 + 3498) (Line 34 above)				.					
. To	otale (Lines 3401 through 3403 + 3409) (Line 34 above)	1			1					I

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	PARI 3	- EXPENSES			
		1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1.	Claim adjustment services:				
	1.1 Direct	6,723,831			6,723,831
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	6,727,326			6,727,326
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent		29,625,987		29,625,987
	2.2 Reinsurance assumed, excluding contingent		226,392		226,392
	2.3 Reinsurance ceded, excluding contingent				29,852,379
	2.4 Contingent-direct				
	2.5 Contingent-reinsurance assumed				
	2.6 Contingent-reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3	Allowances to manager and agents				
	Advertising				
	Boards, bureaus and associations				
	Surveys and underwriting reports				
	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries				İ
	8.2 Payroll taxes				
9.	Employee relations and welfare				
10.	Insurance				
11.	Directors' fees				
12.	Travel and travel items				
13.	Rent and rent items				
14.	Equipment				
15.	Cost or depreciation of EDP equipment and software				
16.	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express			28	28
18.	Legal and auditing				
19.	Totals (Lines 3 to 18)			28	28
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$				
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	Real estate expenses				
	Real estate taxes				
	Reimbursements by uninsured plans				
	Aggregate write-ins for miscellaneous expenses				
				20	(0)
	Total expenses incurred				
	Less unpaid expenses-current year				
	Add unpaid expenses-prior year				
	Amounts receivable relating to uninsured plans, prior year				
	Amounts receivable relating to uninsured plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)			40	40
DETAI	LS OF WRITE-INS				
2401.					
2402.					
2403.					
2498.	Summary of remaining write-ins for Line 24 from overflow page				
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				

(a) Includes management fees of \$ to	to affiliates and \$.to non-affiliates.
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EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected	Earned
		During Year	During Year
1.	U.S. Government bonds	(a)44,202	32,653
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)	1 ` '	
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)		
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate		
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments		4
7.	Derivative instruments	(f)	
8.	Other invested assets	\ `´	
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	44,214	
11.	Investment expenses		(g)28
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		32,637
DETAI	LS OF WRITE-INS		
0901.	MISCELLANEOUS	8	8
0902.			
0903.		i e	
	Summary of remaining write-ins for Line 9 from overflow page		
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	8	8
1501.	ζ		
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		
	(1
(a) Incl	udes \$	paid for accrue	d interest on purchases.
(b) Incl	udes \$accrual of discount less \$amortization of premium and less \$	paid for accrue	d dividends on purchases.
	udes \$ accrual of discount less \$ amortization of premium and less \$		
	udes \$for company's occupancy of its own buildings; and excludes \$ interes		,
	udes \$accrual of discount less \$amortization of premium and less \$		d interest on purchases.
	udes \$accrual of discount less \$amortization of premium.	•	•
	udes\$investment expenses and \$investment taxes, licenses and fees, exc	luding federal income taxes	, attributable to
	regated and Separate Accounts.	5	•
(h) Incli	udes \$interest on surplus notes and \$interest on capital notes.		
(i) Inclu	udes \$depreciation on real estate and \$depreciation on other invested asse	ts.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

	EVUIDII	OF CAPI	IAL GAIN	3 (LU33E	3]	
		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)				(79,599)	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments.					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)				(79,599)	
DETAI	LS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9					

EXHIBIT OF NONADMITTED ASSETS

	EXHIBIT OF NORAL	1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1	Bonds (Schedule D)		Nonaumilled Assets	(COI. 2 - COI. 1)
	Stocks (Schedule D):			
۷.				
	2.1 Preferred stocks			
•	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and			
	short-term investments (Schedule DA)			
6.	Contract loans			
	Derivatives (Schedule DB)			
	Other invested assets (Schedule BA)			
	Receivables for securities			
	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			-
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of			
	collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
16	15.3 Accrued retrospective premiums and contracts subject to redetermination			
10.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.	1 Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
	Net adjustment in assets and liabilities due to foreign exchange rates			
	Receivables from parent, subsidiaries and affiliates			
	Health care and other amounts receivable.			
	Aggregate write-ins for other-than-invested assets			i e
		10,230		(10,230
26.	Total assets excluding Separate Accounts, Segregated Accounts and	40.050		/40.050
	Protected Cell Accounts (Lines 12 to 25)	16,250		16,250
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)	16,250		(16,250
DETAI	LS OF WRITE-INS			
1101.				
	Summary of remaining write-ins for Line 11 from overflow page			
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
	· · · · · · · · · · · · · · · · · · ·	16 050		/46 050
	Other Assets			
2502.				
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	16,250		(16,250

NOTES TO FINANCIAL STATEMENTS

1. Accounting Practices

A. The accompanying financial statements of Western Agricultural Insurance Company (we or the Company) are presented on the basis of accounting practices prescribed or permitted by the Insurance Division, Department of Commerce, of the State of Iowa.

The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual has been adopted by the state of Iowa. The state has the right to prescribe practices that differ from those found in NAIC SAP. In addition, the Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed or permitted by the State of Iowa is shown below.

	<u>NET INCOME</u>	SSAP#	F/S Page	F/S Line #	2022	2021
(1)	Western Agricultural Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ (219,195) \$	(170,156)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	_
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	
(4)	NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	\$ (219,195) \$	(170,156)
	<u>SURPLUS</u>					
(5)	Western Agricultural Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,992,980 \$	10,043,004
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	_
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	
(8)	NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	\$ 9,992,980 \$	10,043,004

B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting practices prescribed or permitted by the Insurance Division, Department of Commerce, of the State of Iowa requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory-basis financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policies

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed on a pro-rata basis over the terms of the policies and are stated net of reinsurance placed with other companies.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments, cash and cash equivalents are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the effective interest method. NAIC 3-6 rated bonds not backed by other loans are stated at the lower of cost or fair value. We review for credit deterioration on an ongoing basis. If the review indicates a decline in market value that is deemed other than temporary, the Company will reduce the carrying value to fair value through a specific write down to realized capital losses.
- (3) Common stocks are stated at NAIC value or fair value.
- (4) The Company has no preferred stock.
- (5) The Company has no mortgage loans.
- (6) The Company has no mortgage roans.(6) The Company does not own any loan-backed securities.
- (7) The Company does not hold investments in affiliated entities.
- (8) The Company has no ownership interest in joint ventures.
- (9) The Company has no derivative instruments.
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts Premiums
- (11) The reserves for losses and loss adjustment expenses are determined using case-basis evaluations and statistical analysis and represent estimates of the ultimate net cost of all unpaid losses incurred through December 31 of each year. These reserves include estimates of future trends in claim severity, frequency and other factors that could vary as the losses are ultimately settled. Although considerable variability is inherent in such estimates, management believes that the reserves for losses and loss adjustment expenses are adequate. The estimates are continually reviewed and, as adjustments to these reserves become necessary, such adjustments are reflected in current operations. These reserves have been stated net of reinsurance recoverable from other companies and salvage and subrogation recoverable.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company has no pharmaceutical rebate receivables.

D. Going Concern

Management's assessment of the relevant conditions as of the issue date of this report do not give rise to substantial doubt of the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company had no accounting changes and corrections of errors during the two-year period ended December 31, 2022.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method: The Company was not party to any business combinations under the statutory purchase method during the two-year period ended December 31, 2022.
- B. Statutory Merger: The Company was not party to any statutory merger during the two-year period ended December 31, 2022.
- C. Impairment Loss: No impairment losses were recognized in 2022 or 2021.

4. Discontinued Operations

The Company had no discontinued operations during the two-year period ended December 31, 2022.

Investments

- A. Mortgage Loans including Mezzanine Real Estate Loans: The Company had no mortgage loans outstanding during the two-year period ended December 31, 2022.
- B. Debt Restructuring: The Company was not involved in debt restructuring during the two-year period ended December 31, 2022.
- C. Reverse Mortgages: The Company has no reverse mortgages.

D. Loan-Backed Securities

(1)-(5) The Company does not own any loan-backed securities.

- $E. \quad Dollar \ Repurchase \ Agreements: \ The \ Company \ has \ no \ repurchase \ agreements.$
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- G. Reverse Repurchase Agreements Transactions Accounted for as 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: The Company has no real estate.
- K. Low-income housing tax credits: The Company has no low-income housing tax credits.
- L. Restricted Assets:
 - (1) Restricted Assets (Including Pledged)

								Current Year					
		G	ross (Admit	ted & Nona				Perce	ntage				
			Current Yea	ar				1					
	1	2	3	4	5	6	7	8	9	10	11		
Restricted Asset category	Total General Account (G/A)	G/A Supportin g Protected Cell Account Activity (a)	Total Protected Cell Account Restricte d Assets	Protected Cell Account Assets Supportin g G/A Activity (b)	Total (1 plus3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitte d Restricted	Total Admitted Restricted (5 minus 8)	Gross Restricte d (Admitte d & Nonadmi tted) to Total Assets (c)	Admitted Restricte d to Total Admitted Assets (d)		
a. Subject to		•				•	•			•			
contractual obligation for which liability is not shown b. Collateral	\$ —	\$ —	\$ —	\$ —	\$	\$ —	\$ —	\$ —	\$ —	— %	— %		
held under security lending agreements	_	_	_	_	_	_	_	_	_	_	_		
c. Subject to repurchase agreements	_	_	_	_	_	_	_	_	_	_	_		
d. Subject to reverse repurchase agreements	_	_	_	_	_	_	_	_	_	_	_		
e. Subject to dollar repurchase													
agreements f. Subject to dollar reverse	_	_	_	_	_	_	_	_	_	_	_		
repurchase agreements	_	_	_	_	_	_	_	_	_	_	_		
g. Placed under option contractsh. Letter stock	_	_	_	_	_	_	_	_	_	_	_		
or securities restricted as to sale - excluding FHLB capital stock i.FHLB capital	_	_	_	_	_	_	_	_	_	_	_		
stock j. On deposit	2 7 (7 050				2.767.050	2 740 920	10 120		2 7 (7 050	17.0	17.0		
with states k. On deposit with other	2,767,958	_	_	_	2,767,958	2,749,829	18,129	_	2,767,958	17.8	17.8		
regulatory bodies	_	_	_	_	_	_	_	_	_	_	_		
l. Pledged as collateral to FHLB (including assets backing funding agreements)	_	_	_	_	_	_	_	_	_	_	_		
m. Pledged as collateral not captured in													
other categories n. Other	_	_	_	_	_	_	_	_	_	_	_		
restricted assets Restricted													
assets	\$2,767,958	\$ <u> </u>	\$ <u> </u>	<u> </u>	\$ 2,767,958	\$ 2,749,829	\$ 18,129	<u> </u>	\$ 2,767,958	17.8 %	17.8 %		

(2)-(4) The Company has none.

- M. The Company has no working capital finance investments.
- N. The Company has no offsetting and netting of assets and liabilities.
- O. The Company has no 5GI securities.
- P. The Company has no short sales.
- Q. The Company has no prepayment penalty and acceleration fees.

- 6. Joint Ventures, Partnerships and Limited Liability Companies

 - The Company has no investment in joint ventures, partnerships or limited liability companies.

 The Company had no impairment write-downs during the two-year period ended December 31, 2022.

7. Investment Income

- Due and accrued income was excluded from surplus on the following basis: Bonds and preferred stocks: All past due interest if deemed uncollectible is excluded from investment income. Interest more than 90 days overdue and deemed collectible is non-admitted.
- B. The total amount excluded was \$0.

Derivative Instruments

The Company has no investments in derivative instruments.

Income Taxes:

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

A. The componen	01 the 1	ioi di			ca (Hat)	111ty j at		11001 31										
			12/31/2	2022			1			12/31/2021	_		_	(7)	_	Change		
1.	(1) Ordinar	y	(2) Capi		(Co	(3) ol 1+2) Fotal	O	(4) rdinary		(5) Capital		(6) (Col 4+5) Total		(7) (Col 1-4) Ordinary	(Co	(8) ol 2-5) Capital		(9) (Col 7+8) Total
a. Gross Deferred Tax Assets b. Statutory Valuation Allowance Adjustments	\$ 45,	744	\$ 3	7,030	\$	82,774	\$	41,098	\$	20,314	\$	61,412	\$	4,646	\$	16,716	\$	21,362
c. Adjusted Gross Deferred Tax Assets (1a-1b)	45,	744	3	7,030		82,774		41,098		20,314		61,412		4,646		16,716		21,362
d. Deferred Tax Assets Non- admitted		_		_		_		_		_		_		_		_		_
e. Subtotal (Net Adjusted Gross Admitted Deferred Tax Assets) (1c-1d)	45,	744	3	7,030		82,774		41,098		20,314		61,412		4,646		16,716		21,362
f. Deferred Tax Liabilities	124,	147	1,02	3,423	1	,147,570		157,051		1,234,177		1,391,228		(32,904)		(210,754)		(243,658)
g. Net Admitted Deferred Tax Assets (1e-1f)	\$ (78,	403)	\$ (98	6,393)	\$ (1	,064,796)	\$	(115,953)	\$	(1,213,863)	\$	(1,329,816)	\$	37,550	\$	227,470	\$	265,020
		_		12/	31/2022			1		12/31/2	021	1			_	Change	_	
			(1)	(2)	(3	i)	(4)	(5)		(6)		(7)		(8)		(9)
2.			Ordinary	Ca	pital	(Col To		Ordin	nary	Capita	ıl	(Col 4+5) Total	Ш	(Col 1-4) Ordinary		(Col 2-5) Capital		(Col 7+8) Total
Admission Calculation Compon SSAP No. 101	ents:												_ `					
a. Federal income taxes paid in recoverable through loss carryba		\$	_	\$	_	\$	_	\$	_	- \$	_	\$ -	_	\$ -	- \$	_	\$	_
 Adjusted gross deferred tax a expected to be realized (excludinamount of deferred tax assets frabove) after application of the thimitations. (The lessor of 2(b)1 below) 	ng the om 2(a) rreshold		_		_		_		_	_	_	_	_	_	_	_		_
Adjusted gross deferred tax a expected to be realized following	assets g the balance																	
sheet date			_		_		_		_	_	_	=	_	=	-	_		_
Adjusted gross deferred tax a allowed per limitation threshold			XXX		XXX	\$ 1,	498,947		XXX	Κ :	XXX	\$ 1,506,45	51	XXX	ζ	XXX	\$	(7,504)
 Adjusted gross deferred tax a (excluding the amount of deferred from 2(a) and 2(b) above) offset deferred lax liabilities 	ed tax assets		45,744		37,030		82,774		41,09	8 20),314	61,41	12	4,64	5	16,716		21,362
d. Deferred tax assets admitted of application of SSAP No. 101 2(b) + 2(c))		\$	45,744	\$	37,030	\$	82,774	\$	41,09	8 \$ 20),314	\$ 61,41	12	\$ 4,64	5 \$	16,716	\$	21,362
			,											,-		,		
3.												2022				2021		
a. Ratio percentage used to deter	rmine recove	ry per	iod and thre	shold li	mitation	amount.								583.86 %				536.25 %
b. Amount of adjusted capital ar 2(b)2 above.	nd surplus us	ed to d	letermine re	covery j	period an	d threshol	d limitat	ion in	\$					9,992,980 \$				10,043,004

12/3	1/2022	12/31/	/2021	Change			
(1)	(2)	(3)	(4)	(5)	(6)		
Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(Col 2-4) Capital		

Impact of Tax Planning Strategies

a. Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, by Tax Character as a percentage

1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 45,74	4 \$	37,030	\$	41,098	\$ 2	20,314 \$	4,646	5 \$	16,716
2. Percentage of Adjusted Gross DTAs by tax character attributable to the impact of tax planning strategies	-	- %	— %	6	%		_ %	_	- %	— %
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	45,74	14	37,030		41,098	2	20,314	4,646	5	16,716
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies.	-	- %	— %	6	— %		— %	_	- %	— %
b. Does the Company's tax-planning strategies include the use of reinsurance?	Yes				No	Х				

B. The company has no temporary differences for which deferred tax liabilities were not established.

C. Current income taxes incurred consist of the following major components:

1. Current Income Tax:	12	2/31/2022	12/31/2021	Change
Federal tax expense (benefit)	\$	251,722	\$ 228,811 \$	22,911
Foreign		_	_	_
Subtotal		251,722	228,811	22,911
Federal income tax on net capital gains		_	_	_
Utilization of capital loss carryforwards		_	_	_
Other		110	(5,051)	5,161
Federal and foreign income taxes incurred		251,832	223,760	28,072
2. Deferred Tax Assets	12	2/31/2022	12/31/2021	Change
Ordinary:				
Employee Benefits		42,331	41,098	1,233
Other Assets		3,413	_	3,413
Other (including items <5% of total ordinary tax assets)		_	_	
Subtotal		45,744	41,098	4,646
Statutory valuation allowance adjustment		_	_	_
Nonadmitted		_	_	
Admitted ordinary deferred tax assets		45,744	41,098	4,646
Capital:				
Investments		37,030	20,314	16,716
Subtotal		37,030	20,314	16,716
Statutory valuation allowance adjustment		_	_	_
Nonadmitted				
Admitted capital deferred tax assets		37,030	20,314	16,716
Admitted deferred tax assets	\$	82,774	\$ 61,412 \$	21,362
3. Deferred tax liabilities:		12/31/2022	12/31/2021	Change
Ordinary:				
Commissions		24,3	365 24,36	
Transition liability for reserves		97,7	123 130,29	7 (32,574

D. The provision for statutory income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

2,059

124,147

1,023,423

1,023,423

1,147,570

(1,064,796) \$

2,389

157,051

1,234,177

1,234,177

1,391,228

(1,329,816) \$

(330)

(32,904)

(210,754)

(210,754)

(243,658)

	A	Amount	Tax Effect	Effective Tax Rate
Net income after capital gains/losses tax and before all other federal income taxes	\$	32,637 \$	6,854	
Tax expense (benefit) on capital gains/losses		_		
		32,637	6,854	21.00 %
Deferred tax on surplus items		(95,849)	(20,128)	(61.68)%
Tax on other items		_	86	0.26 %
Total	\$	(63,212) \$	(13,188)	(40.42)%
Federal income tax incurred [expense (benefit)]		\$	251,832	771.61 %
Tax expense (benefit) on capital gains/losses			_	%
Deferred tax expense (benefit), excluding tax on unrealized gains / losses			(248,304)	(760.81)%
Deferred tax expense (benefit) on unrealized gains / losses		_	(16,716)	(51.22)%
Total statutory income taxes		9	(13,188)	(40.42)%

 $E. \ \ (1) \quad \ At \ December \ 31, 2022, the \ Company \ had \ no \ net \ operating \ loss \ carryforwards.$

Other (including items \leq 5% of total ordinary tax liabilities)

Subtotal

Capital: Investments

Subtotal

Deferred tax liabilities

4. Net deferred tax assets/liabilities

(2) The following is income tax expense for 2020, 2021 and 2022 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2020	_	_ 5	S —
2021	64,512	164,299	228,811
2022	52,639	199,083	251,722
Total	117,151	363,382	480,533

(3) At December 31, 2022, the Company had \$0 in deposits admitted under Section 6603 of the Internal Revenue Code.

F. The Company's federal income tax return is consolidated with the following entities:

Farm Bureau Property & Casualty Insurance Company

Farm Bureau Mutual Holding Company

Farm Bureau Multi-State Services, Inc.

- (1) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit provided for net losses utilized. Intercompany tax balances are settled annually. As a member of the consolidated tax group, the Company has joint and several liability for the tax liabilities of each member of the group should such member be unable to satisfy its obligations under the agreement.
- G. The Company believes that the liability related to any federal or foreign tax loss contingencies will not change significantly in the next 12 months.
- H. The Company is not subject to the Repatriation Transition tax.
- I. At December 31, 2022, the Company had no AMT credit carryforwards.

The Inflation Reduction Act (the Act) was enacted on August 16th, 2022. The Act includes a corporate alternative minimum tax (CAMT) that will apply to corporate taxpayers with average "adjusted financial statement income" of \$1 billion or more, for tax years beginning after December 31, 2022. The company has determined that it does not expect to be subject to the CAMT. Accordingly, the company's financial statements for the current reporting period do not reflect any impact of the Act's enactment.

10. Information Concerning Parents, Subsidiaries and Affiliates

A., B. and C

The Company had no material related party transactions requiring disclosure except as described below.

The Company and Farm Bureau Property & Casualty Insurance Company have entered into a Reciprocal Line of Credit Agreement. This agreement allows either company to borrow from the other in the form of a short term note not to exceed \$10 million with interest equal to the three-month LIBOR. No loans were outstanding at December 31, 2022 and 2021.

In March 2021, the Company received a capital contribution of \$2.7 million from it's parent, Farm Bureau Property & Casualty Insurance Company.

- At December 31, 2022, the Company reported \$8.3 million as amounts receivable from affiliates and \$0.001 million amounts payable to affiliates. These balances arise out of the ordinary course of business and generally are settled within 30 days.
- The Company is party to several management or service contracts with affiliates, the expense associated with these agreements is immaterial for 2022 and 2021 due to the intercompany pooling agreement (see note 26).
- F The Company has made no material guarantees for the benefit of an affiliate.
- Farm Bureau Property & Casualty Insurance Company (FBPCIC), a property-casualty insurer domiciled in the state of Iowa, owns 100% of the Company's outstanding common stock. The Company's Board of Directors is the same as that of FBPCIC, giving FBPCIC control of the Company.
- The Company does not own any shares of an upstream intermediate or ultimate parent company.
- The Company holds no investment in subsidiary, controlled or affiliated investments that exceed 10% of admitted assets. I.
- The Company did not recognize any impairment write-downs for subsidiary, controlled or affiliated companies during the statement period. J.
- The Company has no investments in a foreign insurance subsidiary. K.
- The Company has no investment in a downstream noninsurance holding company.

M-O. The Company has no investments in SCA entities.

11. Debt

- The Company has no capital notes or other debt outstanding. Α.
- The Company has no FHLB (Federal Home Loan Bank) agreements.
- Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans FBL Financial Group, Inc. sponsors or participates in multiple benefit plans, including a multiemployer defined benefit plan, a defined contribution plan and postretirement benefit plans. All employees are direct employees of FBL Financial Group, Inc. and related plan expenses are allocated to the Company and affiliates. The Company has no direct legal obligation for benefits under these plans. Also, the Company, incurred no expense in 2022 or 2021 due to it's 0% pooling percentage (see note 26).

The multiemployer defined benefit plan is considered qualified under Internal Revenue Service regulations and covers substantially all employees of the group who were employed on January 1, 2013 having attained age 21 and one year of service. Benefits are based on years of service and employees' compensation. Pension cost of the plan is allocated between participants generally on a basis of time incurred by the respective employees for each employer. Such allocations are reviewed annually. Those participants who had not attained age 40 and ten years of service as of January 1, 2013 no longer accrue additional years of service in the plan. Supplemental pension benefits are provided to employees with salaries and/or pension benefits in excess of the qualified plan limits imposed by federal tax law, as well as benefits to former employees who accepted an early retirement program.

The 401(k) defined contribution plan covers substantially all employees of the group and includes matching contributions. Costs are allocated among the affiliates on a basis of time incurred by the respective employees for each company. New employees and current employees who had not attained age 40 and ten years of service as of January 1, 2013 and who are employed on December 31 are eligible to receive a discretionary company contribution.

- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
 - (A) The Company has Class A voting common stock. There are 3,000,000 shares of authorized voting stock, with 1,404,325 shares issued and outstanding with a par value of \$2 per share.
 - (B) The Company has no preferred stock outstanding at December 31, 2022.
 - (C) The Company's ability to pay stockholder dividends is limited by law to earned surplus (statutory unassigned surplus) as of the date the dividend is paid, as determined in accordance with accounting practices prescribed by insurance regulatory authorities of the state of Iowa. In addition, under the Iowa Insurance Company Holding Act, a non-life insurer may not pay an "extraordinary" dividend without prior notice to and approval by the Iowa Insurance Commissioner. An "extraordinary" dividend is defined under the Iowa Insurance Holding Company Act as any dividend or distribution of cash or other property whose fair market value, together with that of other dividends or distributions made within the preceding 12 months, exceeds the greater of (i) 10% of policyholders' surplus (total statutory capital stock and statutory surplus) as of December 31 of the preceding year, or (ii) the statutory net income from operations of the insurer for the 12-month period ending December 31 of the preceding year. During 2022, \$999,298 is available for distribution without prior approval.

 (D) The Company did not pay any common stock dividends in 2022 or 2021.

 - (E) Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - (F) The Company has no restrictions on unassigned surplus.
 - (G) Not applicable because the Company is a stock property-casualty insurance company.
 - (H) The Company does not hold stock, including stock of affiliates, for special purposes
 - The Company has no special surplus funds. (I)
 - The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses, net of deferred taxes is \$0.2 million.
 - The Company has issued no surplus notes.
 - (L)-(M) Not applicable because the Company has not had a quasi-reorganization.

- 14. Liabilities, Contingencies and Assessments
 - A. Contingent Commitments: The Company has made no contingent commitments or guarantees.
 - B. Assessments: From time to time, assessments are levied on the Company by guaranty associations in most states in which the Company is licensed. These assessments, which are accrued for, are to cover losses of policyholders of insolvent or rehabilitated companies. In some states, these assessments can be partially recovered through a reduction in future premium taxes.

The Company did not have undiscounted reserves in 2022 and \$0.02 million in 2021 to cover estimated future assessments on known insolvencies. We had assets totaling \$0.01 million in 2022 and \$0.03 million in 2021 representing estimated premium tax offsets on paid and future assessments.

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$ 29,374
b.	Decreases current year:	21,909
c.	Increases current year:	2,341
đ.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$ 9.806

The Company did not have any guaranty fund liabilities and assets related to assessments from insolvencies of entities that wrote long-term care contracts.

C. Gain Contingencies

The Company has not realized any gains on gain contingencies as of December 31, 2022, subsequent to that balance sheet date.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits:

The Company paid the following amounts in the reporting period to settle claims relating to extra contractual obligation.

The Company paid the following amounts in the reporting period to settle claims relating to extra contractual obligations or bad faith claims stemming from lawsuits.

Claims related ECO and bad faith losses paid during the reporting period \$ —

Number of claims where amounts were paid to settle claims related to extra contractual obligations or bad faith claims resulting from lawsuits during the period.

(a)	(b)	(c)	(d)	(e)
<u>0-25 Claims</u>	26-50 Claims	51-100 Claims	101-500 Claims	More than 500 Claims
X				

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

- E. Product warranties: The Company does not have any product warranty liabilities
- F. Joint and Several Liabilities: The Company has no joint or several liabilities accounted for under SSAP No. 5R.
- G. All Other Contingencies: In the normal course of business, the Company may be involved in litigation where amounts are alleged that are substantially in excess of contractual policy benefits or certain other agreements. At December 31, 2022, management is not aware of any claims for which a material loss is reasonably possible.
- 15. Leases
 - A. Lessee Leasing Arrangements: The Company does not have any material lease obligations.
 - B. Lessor Leases: Leasing is not a significant part of the Company's business activities.
- 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk The Company has no financial instruments with off-balance sheet risk.
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. The Company has not sold or transferred premiums receivable.
 - B. The Company has not sold or transferred financial assets.
 - C. The Company did not have any wash sales.
- 18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans
 The Company does not serve as administrator for any uninsured or partially insured A&H plans.
- Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
 For the year ended December 31, 2022, Rain and Hail LLC, a managing general agency, offered 2022 and 2023 crop year Federal Multi-peril Crop Insurance (MPCI) and Federal Livestock Risk Protection Insurance and 2022 Crop Hail insurance.

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted*	Total Gross Premiums Written/Produced
Rain and Hail LLC	42-1454388	No	MPCI	C, CA, B, P, U	214,211,523
9200 Northpark Drive			Livestock	C, CA, B, P, U	13,134,542
Johnston, Iowa 50131			Crop Hail	C, CA, B, P, U	14,256,173

* Authority Code Listing:

C - Claims Payment
CA - Claims Adjustment
B - Binding Authority
P - Premium Collection
U - Underwriting

20. Fair Value Measurements

A. Fair Value Measurements

In the discussion that follows, we have ranked our financial instruments by the level of judgment used in the determination of the fair values. The levels are defined as follows:

- · Level 1 Fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2 Fair values are based on inputs, other than quoted prices from active markets, that are observable for the asset or liability, either directly or indirectly.
- Level 3 Fair values are based on significant unobservable inputs for the asset or liability.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, a financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Our assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the financial instrument. From time to time there may be movements between levels as inputs become more or less observable, which may depend on several factors including the activity of the market for the specific security, the activity of the market for similar securities, the level of risk spreads and the source of the information from which we obtain the information.

The following methods and assumptions were used in estimating the fair value of our financial instruments:

Bonds:

Level 1 bonds consist of U.S. Treasury issues that are actively traded, allowing us to use current market prices as an estimate of their fair value.

Common stocks:

Level 3 common stocks include privately held stock for which no active market exists, and fair value estimates are based on the underlying equity of the private company financial statements.

Cash, cash equivalents and short-term:

Level 1 cash, cash equivalents and short-term are highly liquid instruments for which historical cost approximates fair value.

(1) Fair Value Measurements at Reporting Date

	December 31, 2022								
Description for each class of asset or liability	(Le	vel 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total			
(a) Assets at fair value									
Perpetual Preferred stock									
Industrial and Misc	\$	— \$	_ 5	S —	\$ - \$	_			
Parent, Subsidiaries and Affiliates		_	_	_	_	_			
Total Perpetual and Preferred Stocks		_	_	_	_				
Bonds									
U.S. Governments		_	_	_	_	_			
Industrial and Misc		_	_	_	_	_			
Hybrid Securities		_	_	_	_	_			
Parent, Subsidiaries and Affiliates		_	_	_	_	_			
Total Bonds		_	_	_	_				
Common Stock									
Industrial and Misc		_	_	2,958,896	_	2,958,896			
Parent, Subsidiaries and Affiliates		_	_	_	_	_			
Total Common Stocks		_	_	2,958,896	_	2,958,896			
Derivative assets									
Interest rate contracts		_	_	_	_	_			
Foreign exchange contracts		_	_	_	_	_			
Credit contracts		_	_	_	_	_			
Commodity futures contracts		_	_	_	_	_			
Commodity forward contracts		_	_	_	_	_			
Total Derivatives		_	_	_	_				
Separate account assets		_	_	_	_				
Total assets at fair value/NAV				2,958,896		2,958,896			
(b) Liabilities at fair value									
Derivatives liabilities		_	_	_	_	_			
Total liabilities at fair value	\$	— \$	_ 5	<u> </u>	\$ - \$	_			

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

	Ending Balance at 2/31/2022
a. Assets	
Common stocks $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	2,958,896
Total Assets \$ 3,038,495 \$ - \$ - \$ - \$ (79,599) \$ - \$ - \$ - \$	2,958,896

- (3) There were no transfers in or out of Level 3.
- (4) Fair value is based on an exit price, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As not all financial instruments are actively traded, various valuation methods may be used to estimate fair value. These methods rely on observable market data and where observable market data is not available, the best information available. Significant judgment may be required to interpret the data and select the assumptions used in the valuation estimates, particularly when observable market data is not available.
- (5) The Company has no derivative assets or liabilities.
- B. Other Fair Value Disclosures. None
- C. Value of our Financial Instruments at Fair Value by Hierarchy Levels.

			December 31, 2022								
		Aggregate Fair Value		Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)		
Assets:											
Bonds	\$	2,708,415	\$	3,017,840 \$	2,708,415 \$	— \$	_	\$ —	\$ —		
Common Stocks	\$	2,958,896		2,958,896	_	_	2,958,896	_	_		
Cash, cash equivalents and short-term		(1,436,244)		(1,436,244)	(1,436,244)	_	_	_	_		
Total	\$	4,231,067	\$	4,540,492 \$	1,272,171 \$	— \$	2,958,896	\$ —	\$ <u> </u>		
	_		_								

- D. Reasons Not Practicable to Estimate Fair Value. None
- E. Investments measured using the NAV practical expedient. None
- 21. Other Items
 - A. Extraordinary Items: The Company recorded no extraordinary items during the two-year period ended December 31, 2022.

- B. Troubled Debt Restructuring: The Company was not a party to any troubled debt restructuring during the two-year period ended December 31, 2022.
- C. Other Disclosures: The Company has no additional disclosures during the two-year period ended December 31, 2022.
- D. Business Interruption Insurance Recoveries: The Company received no business interruption insurance recoveries during the two-year period ended December 31, 2022.

E. State Transferable Tax Credits:

1. Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total:

Description of State Transferable and Non- Transferable Tax Credit.	State	Carrying Value	Unused Amount
Sugar Creek Housing Tax Credit	NE	200,000	200,000
Workforce Housing Tax Credit	IA	218,029	218,029
Total		418,029	418,029

- 2. Method of Estimating Utilization of Remaining Transferable and Non-transferable State Tax Credits: The company's 2022 premiums are sufficient to fully utilize the unused credits on the 2022 premium tax return.
- 3. The Company did not recognize any impairments on the carrying amount of transferable or non-transferable tax credits.
- 4. State Tax Credits Admitted and Nonadmitted

	Total Admitted	Total Nonadmitted
a. Transferable	418,029	_
b. Non-transferable	_	_

- F. Subprime Mortgage Related Risk Exposure:
 - 1. The Company has no subprime exposure risk
 - 2. The Company has no exposure through investments in directly held subprime mortgage loans.
 - 3. The Company has no direct exposure to subprime mortgage risk.
 - 4. The Company has no underwriting exposure to subprime mortgage risk through Mortgage Guaranty, Financial Guaranty, Directors and Officers liability or Errors and Omissions liability coverages.
- G. The Company does not have any insurance-linked securities.
- H. The Company does not have any Life Insurance where it is owner, beneficiary, or has other rights to control the policy.

22. Events Subsequent

Subsequent events have been considered through February 17, 2023 for the statutory statement dated December 31, 2022. There have been no Type I or Type II events subsequent to the close of the books and accounts for this statement that have a material effect on the financial condition of the Company.

23. Reinsurance

A. Unsecured Reinsurance Recoverable: Unsecured recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premiums from individual reinsurers that exceed 3% of the Company's policyholder surplus are listed below. Also refer to Note 26, any unsecured recoverables with non-affiliated reinsurers that would result in a write-off would be subject to pooling with Farm Bureau Property & Casualty Insurance Company – with the Company retaining 0%.

	<u>FEIN</u>	NAIC Group Code	<u>Amount</u>
Farm Bureau Property & Casualty Ins. Co.	42-0331872	13773	\$ 199,679,000
Ace American Ins. Co.	95-2371728	22667	\$ 93,385,000
American Agricultural Ins. Co.	36-2661954	10103	\$ 1,513,000
Berkley Ins. Co.	47-0574325	32603	\$ 375,000
Employers Mutual Ins. Co.	42-0234980	21415	\$ 416,000
Factory Mutual Ins. Co.	05-0316605	21482	\$ 1,650,000
Hartford Steam Boiler Inspection & Ins. Co.	06-0384680	11452	\$ 351,000
Liberty Mutual Ins. Co.	04-1543470	23043	\$ 404,000
Navigators Ins. Co.	13-3138390	42307	\$ 316,000
Odyssey Reinsurance Co.	47-0698507	23680	\$ 349,000
Partner Reins. Co. of the U.S.	13-3031176	38636	\$ 448,000
Renaissance Reins. U.S. Inc.	52-1952955	10357	\$ 692,000
Safety National Casualty Corp.	43-0727872	15105	\$ 1,756,000
Swiss Reins. America Corp.	13-1675535	25364	\$ 1,191,000
DaVinci Reins. Ltd.	AA-3194122	00000	\$ 373,000
Hannover Rueck SE	AA-1340125	00000	\$ 540,000
Validus Reins. Ltd.	AA-3190870	00000	\$ 1,440,000
Hiscox Ins. Co.	CR-3190875	00000	\$ 1,292,000

- B. Reinsurance Recoverable in Dispute: The Company has no reinsurance recoverable in dispute.
- C. Reinsurance Assumed and Ceded: The maximum amount of return commission that would have been due if all of the Company's assumed and ceded reinsurance would have been canceled as of December 31, 2022, is as follows:

	Assumed R	teinsurance	Ceded Re	insurance	<u>Net</u>			
	Premium Commission		Premium Commission		Premium	Commission		
	Reserve Equity		Reserve Equity		Reserve	Equity		
Affiliates	— \$		107,420,173 \$ 29,239,771		(107,420,173)	\$ (29,239,771)		
All Other	234,128 72,209		43,413,583	807,327	(43,179,455)	(735,118)		
TOTAL	234,128 72,209		150,833,756	30,047,098	(150,599,628)	(29,974,889)		

Direct Unearned Premium Reserve

\$ 150,599,628

There were no additional or return commissions accrued as of December 31, 2022.

The Company has no risks that are covered by a protected cell as of December 31, 2022.

- D. Uncollectible Reinsurance: The Company did not write-off any uncollectible reinsurance during the year.
- E. Commutation of Ceded Reinsurance: The Company did not commute any material ceded reinsurance agreements during the year.
- F. Retroactive Reinsurance: The Company has evaluated its reinsurance contracts and determined that none are retroactive contracts.
- G. Reinsurance Accounted for as a Deposit: The Company has no reinsurance agreements accounted for as a deposit.
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements: The Company has not entered into any agreements that would qualify under SSAP No. 62R for P&C Run-off Accounting Treatment.
- I. Certified Reinsurer Downgraded or Status Subject to Revocation: The Company did not have any certified reinsurers for downgrade or subject to revocation.
- J. Reinsurance Agreements Qualifying for Reinsurance Aggregation: The Company has no reinsurance agreements qualifying for reinsurance aggregation.
- K. Reinsurance Credit: The Company does not write health business.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company has no direct retrospectively rated contracts or contracts subject to redetermination.

25. Change in Incurred Losses and Loss Adjustment Expenses

The Company does not have any provision for incurred losses and loss adjustment expenses as of December 31, 2022.

26. Intercompany Pooling Arrangements

The Company is a participant in an intercompany pooling agreement with an affiliated company. The pool participants and their respective percentage shares of the pooled business are as follows:

Pool Participant Companies	NAIC Co. Code	<u> 2022 - prior</u>
Farm Bureau Property & Casualty Insurance Company (Lead)	13773	100 %
Western Agricultural Ins.Co.	27871	— %

All premiums, losses and expenses are subject to the pooling agreement.

Pool participants have reinsurance ceded agreements for underlying property risks, occurrence and aggregate property catastrophe, liability and work comp excess of loss, umbrella excess and quota share, crop quota share and excess, and various other quota share coverages. All pool companies are named insureds on the reinsurance treaties except for the crop quota share and crop excess contracts. Cessions to nonaffiliated reinsurers occur prior to the cession of pooled business to the lead company. Each company has the contractual right of direct recovery from the non-affiliated reinsurers.

There are no discrepancies between entries for pooled business on the reinsurance schedules of the lead company and the corresponding entries on the reinsurance schedules of the other pool participants.

The provision for reinsurance is retained by the individual pool participant company whose cession to a non-affiliated reinsurer prior to the cession to the pool gave rise to the provision. Write-offs of any uncollectible reinsurance are shared by pool participant companies based on the applicable pool participation percentages.

27. Structured Settlements

- A. The Company has no structured settlements.
- B. The Company has not purchased annuities with aggregate values which equal or exceed 1% of the Company's policyholder surplus from any one life insurer.

28. Health Care Receivables

The Company has no health care receivables.

29. Participating Policies

The Company has not issued any participating contracts that are not property-casualty contracts.

30. Premium Deficiency

(1) Liability carried for premium deficiency reserves

\$ -

(2) Date of the most recent evaluation of this liability

December 31, 2022

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

Yes (x) No ()

31. High Deductibles

The Company has issued no high deductible policies.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

The Company does not discount liabilities for unpaid losses or unpaid loss adjustment expenses.

33. Asbestos/Environmental Reserves

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses? Yes (x) No ()

The potential exposure arises from the issuance of general liability, farmowners and commercial package policies. Reported claim activity levels on direct business to-date is not material. However, the possible existence of these claims does give rise to uncertainty. Estimation of ultimate

liabilities for these claims is unusually difficult due to the extreme latency of claim activity, issues related to allocation of claim costs (including defense costs) across policy years and insurers, and the potential for coverage disputes with insured and other insurers (regarding allocation of such costs). Therefore, due to the above considerations and the sparseness of data, no estimations of case, IBNR or expense reserves have been made.

- B. The Company holds no reserves for unreported asbestos claims.
- C. The Company holds no reserves for allocated loss adjustment expenses on asbestos claims.
- D. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses? Yes (x) No ()

 The potential exposure arises from the issuance of general liability, farmowners and commercial package policies. Reported claim activity levels on

direct business to-date is not material. However, the possible existence of these claims does give rise to uncertainty. Estimation of ultimate liabilities for these claims is unusually difficult due to the extreme latency of claim activity, issues related to allocation of claim costs (including defense costs) across policy years and insurers, and the potential for coverage disputes with insured and other insurers (regarding allocation of such costs). Therefore, due to the above considerations and the sparseness of data, no estimations of case, IBNR or expense reserves have been made.

- E. The Company holds no reserves for unreported environmental claims.
- F. The Company holds no reserves for allocated loss adjustment expenses on environmental claims.

34. Subscriber Savings Accounts

The Company is not a reciprocal insurance company and therefore has no subscriber savings accounts.

35. Multiple Peril Crop Insurance

The Company does not have a Multiple Peril Crop Insurance unearned premium reserve at December 31,2022. The Company had no loss expenses for expense payments associated with catastrophe coverage in 2022 or 2021. All the underwriting expense and loss adjusting expenses are recognized by the managing general agencies that administer this business.

36. Financial Guaranty Insurance

The Company does not market financial guaranty insurance.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

				GE	NERAL							
1.1	Is the repor which is an		a member of an Insurance H	Holding Company System	m consisting of	two or more affiliated	persons, or	ne or more of	Yes [Χ	No	[]
1.2	If yes, did the regulatory of disclosure s	ne reportin official of t substantial	dule Y, Parts 1, 1A, 2 and 3. ig entity register and file with its the state of domicile of the pri illy similar to the standards add ompany System Regulatory A	incipal insurer in the Ho opted by the National As	Iding Company sociation of Ins	System, a registration surance Commissioners	statement (NAIC) in	providing its Model				
	standards a	ind disclos	sure requirements substantially	similar to those required	by such Act ar	d regulations?		Yes [X] No [N/A	[]
1.3 1.4			owapublicly traded or a member of						Yes [l No	[X]
1.5	•		is yes, provide the CIK (Centra	. , , , ,		r the entity/group.					'	
2.1	Has any chareporting en		n made during the year of this	statement in the charte	r, by-laws, artic	les of incorporation, or	deed of set	tlement of the	Yes I	ſ] No	[X]
2.2	If yes, date	•	:									
3.1			the latest financial examination nat the latest financial examina			•	r the reporti				12/31	/2021
5.2	date should	be the da	te of the examined balance sh	eet and not the date the	report was com	pleted or released.					12/31	/2017
3.3	the reporting date).	g entity. T	the latest financial examination This is the release date or comp	pletion date of the exami	nation report ar	nd not the date of the ex	kamination (l	balance sheet 			02/19	/2019
3.4 3.5	, ,		or departments? lowa Departme etement adjustments within the									
3.6	statement fi	led with D	epartments? mendations within the latest fin		·		·	Yes [] No [] No [
4.1			overed by this statement, did a									
			under common control (other part (more than 20 percent of a		s measured on	direct premiums) of:	ait or comm	issions for or				
					4.11 sale 4.12 rene	s of new business?			Yes Yes] No 1 No	[X]
4.2			vered by this statement, did a		zation owned i	n whole or in part by			100		1 110	[,]
	affiliate, rec direct premi		it or commissions for or contro	ol a substantial part (mo	re than 20 per	cent of any major line	of business	measured on				
					4.21 sale 4.22 rene	s of new business?			Yes Yes		•	[X]
5.1	Has the rep	orting enti	ty been a party to a merger or	consolidation during the					Yes		•	[X]
5.2			ile the merger history data file time of the entity, NAIC compa		omicile (use two	letter state abbreviati	on) for any a	antity that has				
J.Z			esult of the merger or consolidate		inicile (use two	letter state appreviation	on) for any t	siluty triat rias				
				1		2] 3	, 1				
				ame of Entity		NAIC Company Code	State of	Domicile				
6.1			ity had any Certificates of Auth vernmental entity during the rep		ations (includin	g corporate registration	n, if applicab	le) suspended	Yes	ſ	1 No	[X]
6.2	If yes, give	full inform	ation							L	•	. ,
7.1 7.2	Does any fo	oreign (nor	n-United States) person or entit	ty directly or indirectly co	ntrol 10% or mo	ore of the reporting entit	xy?		Yes	[] No	[X]
7.2	7	.22 State	the percentage of foreign control the nationality(s) of the foreign ager or attorney-in-fact and identity.	gn person(s) or entity(s)								%
			1			2						
			Nationality			Type of Entity	/					
8.1 8.2			sidiary of a depository institution es, please identify the name of		C) or a DIHC its	self, regulated by the Fe	ederal Reser	ve Board?	Yes] No	[X]
8.3 8.4	If response financial reg Federal Dep	to 8.3 is y gulatory se	ted with one or more banks, thr es, please provide the names a ervices agency [i.e. the Federal ance Corporation (FDIC) and t	and locations (city and st Reserve Board (FRB), t	he Office of the	Comptroller of the Curi	rency (OCC)	, the	Yes [[X .] No	[]
	regulator.		1		2	3	4	5	6	_		
					ocation							
	FBL Market	ing Servi	Affiliate Name ces, LLC		ty, State) lowa	FRB	OCC N0	FDIC	SEC YES			
										Ц		
8.5	Is the report	ting entity	a depository institution holding	company with significan	t insurance one	rations as defined by th	ne Board of 0	Governors				
	of Federal F	Reserve S	ystem or a subsidiary of the de	pository institution holding	g company?	•		-	Yes []	No [Х]
8.6	to theFeder	ral Reserv	o, is the reporting entity a com re Board's capital rule?					Yes [] No [Χ	N/A	[]
9.	What is the	name and	l address of the independent of Des Moines, Iowa					audit?				
10.1	Has the insu	urer been	granted any exemptions to the	prohibited non-audit ser	vices provided	by the certified indepen	dent public a	accountant				
			ed in Section 7H of the Annua	L Financial Reporting Mo	dal Pagulation	Model Audit Dule) or a	ubstantially	similar state				X 1
	law or regul	ation?			dei Regulation	iviodel Addit Rule), of s	,		Yes [1	No [Λ
10.2			1 is yes, provide information re		uer regulation	iviodel Addit Rale), of S	,		Yes []	No [ν]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? If the response to 10.3 is yes, provide information related to this exemption: 10.4 Yes [X] No [] N/A [] Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? If the response to 10.5 is no or n/a, please explain 10.6 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?

Kevin Olsen, FCAS, Managing Actuary (employee of FBL Financial Group, Inc.), 5400 University Avenue, West Des Moines, Iowa 50266.... 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 FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY: 13. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [1 No [13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [No [13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] N/A [13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?] No [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? 14.1 Yes [X] No [a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; c. Compliance with applicable governmental laws, rules and regulations;
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.

14.11 If the response to 14.1 is no, please explain: 14.2 Has the code of ethics for senior managers been amended?14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes [X] No [] Minor changes were made to the Code of Business Ethics and Conduct to reflect that FBL Financial Group, which provides management services to the company, is no longer publicly-traded... Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X] 14.3 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X] If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming ank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. American Bankers Association (ABA) Routing Issuing or Confirming Number Bank Name Circumstances That Can Trigger the Letter of Credit Amount **BOARD OF DIRECTORS** 16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee Yes [X] No [thereof? Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees 17 Yes [X] No [1 thereof? Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of 18 Yes [X] No [such person? 1 **FINANCIAL** Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted 19 Yes [] No [X] Accounting Principles)? Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers 20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal only) 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of 20.21 To directors or other officers policy loans): 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal only) 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X] 21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X] 22.2 If answer is ves: 22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses 22.23 Other amounts paid \$ 23.1 Does the reporting entity report any amounts due from parent, subsidiaries 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:8,317,715 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in 24.1 full within 90 days? Yes [] No [X] 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party. Name of Third-Party Is the Third-Party Agent a Related Party (Yes/No)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

1	IN	J	V	7	F	9	Т	N	Л	F	N	J	Т
	m	и	v		_	•		IV	и	_		ч	

	Were all the stocks, bonds and other securities owned I the actual possession of the reporting entity on said date If no, give full and complete information, relating thereto	e? (other than				in	Yes [X] No []
25.03	For securities lending programs, provide a description whether collateral is carried on or off-balance sheet. (an					and			
25.04	For the reporting entity's securities lending program, re Capital Instructions.	port amount o	of collateral	for conforming prog					
25 05	For the reporting entity's securities lending program, rep	oort amount of	collateral fo	or other programs	•				
	Does your securities lending program require 102% (
20.00	outset of the contract?	domestic seci	anties) and	10070 (loreign sect	diffices, from the counterparty at the	Yes [] No [] NA [X	1
25.07	Does the reporting entity non-admit when the collateral	received from	the counter	party falls below 100	0%?	Yes [-
	Does the reporting entity or the reporting entity's securit						1 [1 [,
20.00	conduct securities lending?	acc forfairing ag	ont danzo a	io madior oddarino	Lending Agreement (Mez. t) to	Yes [] No [] NA [X	1
25.09	For the reporting entity's securities lending program, sta 25.091 Total fair value of reinvested collatera					\$			
	25.092 Total book adjusted/carrying value of	reinvested co	lateral asse	ts reported on Sche	dule DL, Parts 1 and 2	\$			
	25.093 Total payable for securities lending re	ported on the	liability pag	е		\$			
26.1	Were any of the stocks, bonds or other assets of the control of the reporting entity or has the reporting entity (Exclude securities subject to Interrogatory 24.1 and 25	sold or transf 5.03).					Yes [X] No []
26.2	If yes, state the amount thereof at December 31 of the c	•				_			
		Subject to repu	_						
	26.22 S	Subject to reve	rse repurch	ase agreements		\$			
	26.23 S	Subject to dolla	r repurchas	e agreements		\$			
	26.24 S	Subject to reve	rse dollar re	epurchase agreeme	nts	\$			
	26.25 P	Placed under o	ption agree	ments		\$			
	26.26 L	etter stock or	securities re	estricted as to sale –	excluding FHLB Capital Stock	\$			
		HLB Capital S				\$			
		on deposit with				\$		2,767,9	959
	26.29 C	on deposit with	other regu	latory bodies		\$			
		-	_	cluding collateral ple	dged to an FHLB	\$			
					ets backing funding agreements				
	26.32 C								
26.3	For category (26.26) provide the following:					•			
	1	1			2	1	3		
	Nature of Restriction			De	scription		Amount		
27.1	Does the reporting entity have any hedging transactions	reported on	Schedule Di	3?			Yes [] No [X	.]
27.2	If yes, has a comprehensive description of the hedging	program been	made avai	able to the domicilia	ry state?	Yes [] No [] N/A [X	[]
	If no, attach a description with this statement.					•			•
LINES	27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING	G ENTITIES (NLY:						
	Does the reporting entity utilize derivatives to hedge var			subject to fluctuation	ns as a result of interest				
	rate sensitivity?						Yes [] No []
27.4	If the response to 27.3 is YES, does the reporting entity		tina neovici	on of CCAD No. 100			Voc [1 No f	1
	27.41 8	special accour	iling provisi	on of SSAP No. 108			Yes [] 110 [1
	27.42 P	Permitted acco	unting prac	tice			Yes [] No [
	27.43 C	Other accounti	ng guidance)			Yes [] No []
27.5	By responding YES to 27.41 regarding utilizing the spec	cial accounting	provisions	of SSAP No. 108, th	ne reporting entity attests to				
	the following:						Yes [] No []
	 The reporting entity has obtained explicit apple Hedging strategy subject to the special according Actuarial certification has been obtained why 21 reserves and provides the impact of the Financial Officer Certification has been obtained the Hedging Strategy within VM-21 and that the in its actual day-to-day risk mitigation efforts 	ounting provisi nich indicates nedging strate ained which in e Clearly Defir	ons is consi that the he gy within th dicates that	stent with the requir dging strategy is inc e Actuarial Guideline the hedging strateg	corporated within the establishment of E Conditional Tail Expectation Amour y meets the definition of a Clearly De	nt. efined			
00.4	, ,				matter to the country of the country				
∠8.1	Were any preferred stocks or bonds owned as of Decenthe issuer, convertible into equity?	nper 31 of the	current yea	ir mandatorily conve	ruble into equity, or, at the option of		Yes [] No [X	(1
28.2	If yes, state the amount thereof at December 31 of the c	current year.				\$, .	
29.	Excluding items in Schedule E – Part 3 – Special Deposentity's offices, vaults or safety deposit boxes, were all sepursuant to a custodial agreement with a qualified bank Considerations, F. Outsourcing of Critical Functions, Cu Handbook?	stocks, bonds or trust comp	and other s any in acco	ecurities, owned thro dance with Section	oughout the current year held 1, III – General Examination		Yes [X	.] No []
29.01	For agreements that comply with the requirements of the	e NAIC Finan	cial Conditio	on Examiners Handb	oook, complete the following:				
	1				2	7			
	Name of Custo	dian(s)			ustodian's Address				
	Citibank			New York, NY					
29.02	For all agreements that do not comply with the requirem location and a complete explanation:	nents of the NA	AIC Financi	al Condition Examin	ers Handbook, provide the name,	_			
	1	1	2		3		1		
	Name(s)		Locatio	n(s)	Complete Explanation(s)				
					····		.]		
					<u> </u>		J		
	Have there been any changes, including name changes If yes, give full and complete information relating thereto		lian(s) iden	ified in 29.01 during	the current year?		Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

1 Name of Firm or Individual	2 Affiliation
Jeff Whitehead Mike Warmuth]
Mark Sandbulte	1

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting	entity
(i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?	

Yes [] No [X]

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

Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

Yes [] No [X]

30.2 If yes, complete the following schedule:

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2001		
30.2002		
30 2003		
30.2999 TOTAL		

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

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

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

ciaternonic value for fair value.			
	1	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value
	Value	Fair Value	over Statement (+)
31.1 Bonds			(309,425)
31.2 Preferred Stocks			`
31.3 Totals	3.017.840	2.708.415	(309.425)

31.4 Describe the sources or methods utilized in determining the fair values: ICE Data Pricing and Reference..

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes [X] No []

33.2 If no, list exceptions:

- By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
 - a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an

FE or PL security is not available.

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]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO

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.

Yes [] No [X]

Has the reporting entity self-designated PLGI securities? 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:

36.

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] Yes [] No [] NA [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

(identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

38.1	Does the reporting entity directly hold cryptocurrencies?	Ye	s [] N	0 [Х]
38.2	If the response to 38.1 is yes, on what schedule are they reported?					
39.1	Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?	Yes	s [] No	0 []	Χ]
39.2	If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?					
	39.21 Held directly	Yes	s [] No] 0]
	39.22 Immediately converted to U.S. dollars	Yes	s [] No] 0]
39.3	If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.					
	1 Immediately Converted to USD, Name of Cryptocurrency Directly Held, or Both	Accepted for of Prer	or Pay			
40.1	OTHER Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?	\$				
40.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total payr associations, service organizations, and statistical or rating bureaus during the period covered by this statement.	nents to trade				
	·	2				
	Name Amou	ınt Paid				
	<u> </u>					
	<u> </u>					
41.1	Amount of payments for legal expenses, if any?	\$				
41.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal extra the period covered by this statement.	penses during				
		2				
	Name Amou	ınt Paid				
	\$					
	\$\$					
10.1		if 0				
	Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of governm List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditure:					
42.2	with matters before legislative bodies, officers, or departments of government during the period covered by this statement.					
		2 int Paid				
	S. S.	int i did				
	<u>\$</u>					
	J					

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Does the reporting entity have any direct Medicare Supp	lement Insurance in force?	?				Yes [] No [X]
1.2	If yes, indicate premium earned on U. S. business only.					\$		
1.3	What portion of Item (1.2) is not reported on the Medica	re Supplement Insurance E	Experience E	Exhibit?		\$		
	1.31 Reason for excluding							
1.4	Indicate amount of earned premium attributable to Cana	dian and/or Other Alien no	t included in	Item (1.2) above		\$		
1.5	Indicate total incurred claims on all Medicare Suppleme	nt insurance.				\$		
1.6	Individual policies:							
			Most curren	nt three years:				
			1.61 Total	premium earned		\$		
			1.62 Total	incurred claims		\$		
			1.63 Numb	per of covered lives				
			All years pri	ior to most current three	e years:			
			1.64 Total	premium earned		\$		
			1.65 Total	incurred claims		\$		
			1.66 Numb	per of covered lives				
1.7	Group policies:							
			Most curren	nt three years:				
			1.71 Total	premium earned		\$		
			1.72 Total	incurred claims		\$		
			1.73 Numb	per of covered lives				
			All years pri	ior to most current three	e years:			
			1.74 Total	premium earned				
			1.75 Total	incurred claims		\$		
			1.76 Numb	per of covered lives				
2.	Health Test:							
۷.	riediti Test.							
				1 Current Year		2 Prior Year		
	2.1	Premium Numerator	\$	Current real		FIIOI Teal		
	2.2	Premium Denominator	·		•			
			·					
	2.3 2.4	Premium Ratio (2.1/2.2)						
		Reserve Numerator	•	90,449	•			
	2.5	Reserve Denominator	a			11/ 950		
		Decemie Datio (2.4/2.5)			•	114,850)	
	2.6	Reserve Ratio (2.4/2.5)			•	114,850)	
3 1		,				·)	l No (X)
3.1 3.2	2.6 Did the reporting entity issue participating policies during lf yes, provide the amount of premium written for participating policies.	the calendar year?				·)] No [X]
	Did the reporting entity issue participating policies during	g the calendar year? pating and/or no-participatir	ng policies d		r:) Yes [, , ,
	Did the reporting entity issue participating policies during	g the calendar year?oating and/or no-participatin	ng policies d	luring the calendar year	r:	\$s) Yes [
3.2	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participations.	g the calendar year? pating and/or no-participatir	ng policies d	luring the calendar year	r:	\$s) Yes [
4.	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies.	g the calendar year? pating and/or no-participatir only:	ng policies d 3.21 Partici 3.22 Non-p	luring the calendar year ipating policies articipating policies	r:	\$ \$	Yes [
3.24.4.1	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies. For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	g the calendar year? pating and/or no-participatir only:	ng policies d 3.21 Partici 3.22 Non-p	luring the calendar year ipating policies articipating policies	r:	\$ \$	Yes [] No []
4.	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies.	on the calendar year?	ng policies d 3.21 Partici 3.22 Non-p	luring the calendar year ipating policies articipating policies	r:	\$ \$	Yes [Yes [Yes [Yes [] No []
3.24.4.14.2	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only:	ng policies d 3.21 Partici 3.22 Non-p policyholder	luring the calendar year ipating policies articipating policies	r.	\$\$	Yes [Yes [Yes [Yes [] No []] No []
4. 4.1 4.2 4.3 4.4	Did the reporting entity issue participating policies during lifyes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies' If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid	only:	ng policies d 3.21 Partici 3.22 Non-p policyholder	luring the calendar year ipating policies articipating policies	r.	\$\$	Yes [Yes [Yes [Yes [] No []] No []
4. 4.1 4.2 4.3 4.4	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only: conting and/or no-participating and/or no-participating only: conly: contingent liability of the liability of the liability of the liability of deposit	ng policies d 3.21 Partici 3.22 Non-p policyholder t notes or co	luring the calendar year ipating policies participating policies	r.	\$ \$ \$	Yes [Yes [Yes [Yes [] No []] No []
4. 4.1 4.2 4.3 4.4 5.	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only: conting and/or no-participating and/or no-participating only: conly: contingent liability of the liability of the liability of the liability of deposit	ng policies d 3.21 Partici 3.22 Non-p policyholder t notes or co	luring the calendar year ipating policies participating policies	r.	\$ \$ \$	Yes [Yes [Yes [Yes [] No []] No []
4. 4.1 4.2 4.3 4.4	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only: le contingent liability of the during the year on deposit	ng policies d 3.21 Partici 3.22 Non-p policyholder t notes or co	luring the calendar year ipating policies	r	\$ \$ \$	Yes [Yes [Yes [Yes [] No []] No []
4. 4.1 4.2 4.3 4.4 5.	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only: only: e contingent liability of the during the year on deposit	ng policies d 3.21 Partici 3.22 Non-p policyholder t notes or co	luring the calendar year ipating policies participating policies	pensation	\$\$ \$	Yes [Yes [Yes [Yes [Yes [No] No []] No []
4. 4.1 4.2 4.3 4.4 5.	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only: ne contingent liability of the during the year on deposit	ng policies d 3.21 Partici 3.22 Non-p policyholder t notes or co 5.21 Out of 5.22 As a di	luring the calendar year ipating policies participating policies	pensation	\$\$ \$	Yes [Yes [Yes [Yes [Yes [Yes [No] No []] No []
4. 4.1 4.2 4.3 4.4 5. 5.1 5.2	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only: only: e contingent liability of the during the year on deposit	ng policies d 3.21 Partici 3.22 Non-p policyholder t notes or co 5.21 Out of 5.22 As a diney-in-fact?	luring the calendar year ipating policies	r: pensation	\$\$ \$\$ Yes	Yes [Yes [Yes [Yes [Second] No []] No []
4. 4.1 4.2 4.3 4.4 5. 5.1 5.2	Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	only: only: e contingent liability of the during the year on deposit	ng policies d 3.21 Partici 3.22 Non-p policyholder t notes or co 5.21 Out of 5.22 As a diney-in-fact?	luring the calendar year ipating policies	r: pensation	\$\$ \$\$ Yes	Yes [Yes [Yes [Yes [Second] No []] No []

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:					
	Reinsurance contracts of \$39.0 million excess of \$1.0 million (no change in 2023) in Arizona, Iowa, Kansas, Nebraska, New Mexico, South Dakota and Utah. In Minnesota all losses reinsured excess of \$1.0 million (no change in 2023)					
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:					
	The catastrophe exposure in all states is analyzed using the Verisk Touchstone and RMS RiskLink models to evaluate severity amounts at projected event frequencies. The analysis is used to purchase catastrophe reinsurance limit to the more conservative of the two models one-in-1000 year event					
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?					
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	ſΧ	1	No [1
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss			•		•
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes	1	1	No [X 1
7.2 7.3	If yes, indicate the number of reinsurance contracts containing such provisions					
	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 [Х]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:					
	(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;					
	(c) Aggregate stop loss reinsurance coverage;(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;					
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or					
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity	Yes	[]	No [Х]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:					
	(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or					
03	its affiliates in a separate reinsurance contract. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:	Yes	[]	No [Х]
0.0	(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 36 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					
9.5	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is	Yes	[]	No [Х]
9.6	treated differently for GAAP and SAP. 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 [Х]
	supplement; or	Yes	[]	No [Х]
	(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 [Х]
10.	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 [X	l No	[J N/A	[]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Has the reporting entity guaranteed $\ensuremath{\text{\mu}}$ If yes, give full information		r entity and now in force:			Yes	[]	No [)	(]
12.1	If the reporting entity recorded accruments the amount of corresponding liabilities 12.11 Unpaid losses	ed retrospective premiums s recorded for:	on insurance contracts on	Line 15.3 of the asset sch	edule, Page 2, state				
	12.12 Unpaid underwriting								
	Of the amount on Line 15.3, Page 2, If the reporting entity underwrites cor	state the amount that is s	ecured by letters of credit, of	collateral and other funds?.	\$				
12.3	accepted from its insureds covering	imercial insurance risks, s inpaid premiums and/or u	npaid losses?	tion, are premium notes or	promissory notes	Yes []	No [X] N/A [1
12.4	If yes, provide the range of interest ra 12.41 From	ates charged under such r	otes during the period cove	ered by this statement:					%
40.5	12.42 To								%
12.5	Are letters of credit or collateral and promissory notes taken by a reportin losses under loss deductible features	g entity, or to secure any o	of the reporting entity's repo	rted direct unpaid loss res	erves, including unpaid	Yes	[]	No [)	(]
12.6	If yes, state the amount thereof at De	cember 31 of current year	-						1
	12.61 Letters of Credit								
	12.62 Collateral and other	runas			\$				
	Largest net aggregate amount insure Does any reinsurance contract consi	dered in the calculation of	this amount include an agg	regate limit of recovery wit	hout also including a	Voc	[]		
13.3	reinstatement provision? State the number of reinsurance con facilities or facultative obligatory cont	tracts (excluding individua	I facultative risk certificates	but including facultative p	rograms, automatic			٠	•
14.1	Is the reporting entity a cedant in a m					Yes	[X]	No []
	If yes, please describe the method of Premiums are allocated on a pro-r under the catastrophe reinsurance basis using the SMP of each of th	ata basis using the SMP treaty as a result of	of each of the Companies loss occurrences in exces	s for each treaty. Addit ss of retention are allo	cated on a pro-rata				
	If the answer to 14.1 is yes, are the r contracts?					Yes	[]	No [)	()
14.4	If the answer to 14.3 is no, are all the lifthe answer to 14.4 is no, please ex		Yes	[X]	No []			
15.1	Has the reporting entity guaranteed a					Yes	1 1	No [)	(1
15.2	If yes, give full information					103	l J	NO [/	,]
16.1	Does the reporting entity write any w		Yes	[]	No [X	.]			
	If yes, disclose the following informat			-	-	-			
	in you, discissed the following informati	ion for each of the fellowin	g typoo or warranty coveras	30.					
		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	Dire	5 ect Prer Earne		
16 11	Home		- 1		•	\$		_	
	Products								
	Automobile								
	Other*								
	V		Ψ '	· · · · · · · · · · · · · · · · · · ·	Ψ	- Ψ			

^{*} Disclose type of coverage:

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1	provision for unauthorized reinsurance?					No [X	[]		
	Incurred but not reported losses on contracts in force prior to provision for unauthorized reinsurance. Provide the following inf	July 1, 1984, and not subsequently renewed are exempt from the statuto ormation for this exemption:	ory						
		Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance	\$						
	17.12	Unfunded portion of Interrogatory 17.11	\$						
	17.13	17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 17.14 Case reserves portion of Interrogatory 17.11							
	17.14								
	17.15	1 1 9 ,							
		Unearned premium portion of Interrogatory 17.11							
	17.17	Contingent commission portion of Interrogatory 17.11	\$						
18.1	Do you act as a custodian for health savings accounts?		Yes []	No [)	X]			
18.2	If yes, please provide the amount of custodial funds held as of the	\$							
18.3	Do you act as an administrator for health savings accounts?		Yes []	No [>	()			
18.4	If yes, please provide the balance of the funds administered as of	\$							
19.	Is the reporting entity licensed or chartered, registered, qualified,	eligible or writing business in at least two states?		Yes [)	(]	No []		
19.1	If no, does the reporting entity assume reinsurance business that the reporting entity?	t covers risks residing in at least one state other than the state of domicile	of	Yes []	No []		

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6. 2022 2021 2020 2019 2018 Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) 66.043.644 59.072.783 80.975.275 77.184.047 1. Liability lines (Lines 11, 16, 17, 18 & 19) 39.768.296 Property lines (Lines 1, 2, 9, 12, 21 & 26). .282,639,756 .212,691,651 .149,457,722 .186,313,215 .187,493,728 Property and liability combined lines (Lines 3, 4, 5, 3. 120,505,768 .101,876,149 .62,777,989 142,676,401 .137,301,329 8, 22 & 27)... All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)... 5. Nonproportional reinsurance lines (Lines 31, 32 & 33) 6. Total (Line 35) 469,189,168 .373,640,583 252 004 007 409 964 891 401,979,104 Net Premiums Written (Page 8, Part 1B, Col. 6) 7. Liability lines (Lines 11, 16, 17, 18, & 19) (14.454.022) 29.041.859 28.760.984 Property lines (Lines 1, 2, 9, 12, 21 & 26) (12,472,705) .28,356,549 .27,293,704 Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) 9. (28,567,337) .56,016,990 .54,812,278 10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional reinsurance lines (Lines 31, 32 & 33) 12. (55,494,064) 113,415,398 Total (Line 35) 110,866,966 Statement of Income (Page 4) 13. Net underwriting gain (loss) (Line 8) 15.022.243 4.675.736 10,978,722 32 637 53 604 6 273 562 14 Net investment gain (loss) (Line 11) 7 368 764 6 841 551 .(113,715) (56, 151) 15. Total other income (Line 15). Dividends to policyholders (Line 17) 691 16. Federal and foreign income taxes incurred 251.832 223,760 (600,782) 1.935.487 3,199,628 (Line 19) .. 18. Net income (Line 20) (219, 195) (170, 156) .22,991,789 .9.524.958 13,938,941 Balance Sheet Lines (Pages 2 and 3) Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) 19. 15,522,910 15.700.254 14.764.424 247,361,828 230.565.306 Premiums and considerations (Page 2, Col. 3) 20.1 In course of collection (Line 15.1) .366,704 .308,064 304 442 9 977 797 .9,886,737 31.786.499 20.2 Deferred and not yet due (Line 15.2) 34.316.193 20.3 Accrued retrospective premiums (Line 15.3) Total liabilities excluding protected cell 5,529,930 .5,657,250 112,077,389 105,266,182 7,762,441 business (Page 3, Line 26) Losses (Page 3, Line 1) .. .35,945,917 .37,353,285 23 Loss adjustment expenses (Page 3, Line 3) 5 436 395 5 609 088 Unearned premiums (Page 3, Line 9) .55,494,064 .54,526,475 2.808.650 2.808.650 2.808.650 7.021.625 7.021.625 25. Capital paid up (Page 3, Lines 30 & 31). .9,992,980 10,043,004 .7,001,983 135,284,439 .125,299,124 26. Surplus as regards policyholders (Page 3, Line 37) Cash Flow (Page 5) 13,056,843 15,898,810 27. Net cash from operations (Line 11)... (739,467).7,066,165 (6,449,305) Risk-Based Capital Analysis 28. Total adjusted capital .9,992,980 10,043,004 7,001,983 135,429,886 .125,428,390 29. Authorized control level risk-based capital 1.711.530 1,872,830 1.562.533 7.128.882 7.303.006 Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0 $\,$ 66.4 60.3 92.1 30. Bonds (Line 1) 47.0 90.0 ..65.1 45.5 ..6.8 Stocks (Lines 2.1 & 2.2). .6.8 31. Mortgage loans on real estate (Lines 3.1 and 3.2) Real estate (Lines 4.1, 4.2 & 4.3) 34. Cash, cash equivalents and short-term investments (31.6) (28.5) 52.7 1.1 3.2 (Line 5). 35 Contract loans (Line 6) 36. Derivatives (Line 7). Other invested assets (Line 8). 37. 0.0 22.7 0.2 0.0 0.0 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. vestments in Parent, Subsidiaries and Affiliates Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) 42 43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1) Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1) 44. .2,780,634 .3,107,267 Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) 45. Affiliated mortgage loans on real estate 46. 47 All other affiliated. 48. Total of above Lines 42 to 47 2.780.634 3,107,267 Total Investment in parent included in Lines 42 to 47 49. 50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x

100.0)

FIVE-YEAR HISTORICAL DATA

(Continued) 2022 2021 2020 2019 2018 Capital and Surplus Accounts (Page 4) (6,359,703) .(62,883) .283.578 .764,954 .(409.883) 51. Net unrealized capital gains (losses) (Line 24) 52. Dividends to stockholders (Line 35) .(138.329.986) Change in surplus as regards policyholders for the year (Line 38) (50,024) .3,041,021 .9,985,315 13,381,547 (128, 282, 456) Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) 54. Liability lines (Lines 11, 16, 17, 18, & 19) 30.799.090 29.977.184 50.381.462 40.877.314 37.238.136 234,734,771 .94,380,625 .103,172,900 100,197,076 55. Property lines (Lines 1, 2, 9, 12, 21 & 26) 91,168,399 Property and liability combined lines 56. (Lines 3, 4, 5, 8, 22 & 27). 95.421.221 65.394.986 .85,425,622 91.822.387 77.456.031 All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional reinsurance lines 58. (Lines 31, 32 & 33). 417 551 32.166 1.417 (329)360,955,499 .186,541,120 .230,219,875 .235,874,018 .214,890,914 Total (Line 35) Net Losses Paid (Page 9, Part 2, Col. 4) 23.414.291 15.864.187 15.820.127 60. Liability lines (Lines 11, 16, 17, 18, & 19) .15,917,237 61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .2,109,062 20.198.249 62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27). .11,798,644 32.396.272 26,321,400 All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional reinsurance lines 64. (Lines 31, 32 & 33) 31,288 1 417 (329).37,353,285 .68,460,125 .58,058,435 65. Total (Line 35) Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0 .100.0 66. Premiums earned (Line 1) .100.0 .100.0 100.0 100.0 .62.1 .55.2 67. Losses incurred (Line 2) 68. Loss expenses incurred (Line 3) 6.4 6.4 69. Other underwriting expenses incurred (Line 4) 27 3 28 4 .10.0 70. Net underwriting gain (loss) (Line 8) .4.2 Other Percentages 71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by 27 1 Page 8, Part 1B, Col. 6, Line 35 x 100.0) 27 1 28 1 72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by 68.5 Page 4, Line 1 x 100.0) ... 61.6 73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, (792.5)83.8 88.5 Line 37, Col. 1 x 100.0) 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) (3,141) (1,620) Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) (2.5).(1.4)Two Year Loss Development (\$000 omitted) 76. Development in estimated losses and loss expense incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) (3.426)(4.789)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) (4.6)

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

Yes [] No []

If no, please explain



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	Group Code 00513 BUSINESS IN THE STA					EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14) F Alabama DURING THE YEAR 2022						
	Gross Prem Membership F		emiums, Including Policy and p Fees, Less Return Premiums miums on Policies not Taken Dividence		4	4 5	6	7	8	9	10	11	7871 12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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. 2.1	FireAllied Lines												
2.1	Multiple Peril Crop												
2.3	Federal Flood	-											
2.4	Private Crop												2.805
2.5	Private Flood												
3.	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril											ļ	
5.1	Commercial Multiple Peril (Non-Liability Portion)												
5.2	Commercial Multiple Peril (Liability Portion)												
6.	Mortgage Guaranty Ocean Marine												
8. 9.	Inland Marine												
9. 10.	Financial Guaranty	·		· [· · · · · · · · · · · · · · · · · · ·						·	
11.1	Medical Professional Liability - Occurrence												
11.2	Medical Professional Liability – Claims-Made												
12.	Farthquake												
13.1.	Comprehensive (hospital and medical) ind (b)												
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1	Vision Only (b)												
15.2	Dental Only (b)	-											
15.3 15.4	Disability Income (b)												
15.4	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b)												
15.8	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b).												
16.	Workers' Compensation												
17.1	Other Liability-Occurrence												
17.2	Other Liability-Claims-Made.												
17.3	Excess Workers' Compensation.											ļ	
18.1. 18.2.	Products liability-Occurrence	-											
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2	Other Private Passenger Auto Liability	-											
19.3	Commercial Auto No-Fault (Personal Injury Protection)												
19.4	Other Commercial Auto Liability												
21.1	Private Passenger Auto Physical Damage	.		.									
21.2	Commercial Auto Physical Damage												
22.	Aircraft (all perils)	·		-									
23.	Fidelity			-		ļ			ļ			ļ	
24. 26.	Surety Burglary and theft			·								·····	
26. 27.	Burglary and theft Boiler and Machinery	·		· [·			<u> </u>			ļ	
28.	Credit	1		· [İ			<u> </u>			·	
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty												
31.	Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate write-ins for other lines of business			-		ļ		ļ		ļ	ļ	ļ	
35.	TOTAL (a)	-							-				2,805
3401.	G OF WRITE-INS												
3401.		†		· [·····						l	
3403.													
	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)					l			L				
(a) Fir	nance and service charges not included in Lines 1 to 35 \$												

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BIIS	INESS IN THE STAT		OI FINEIMIONIS AN	ID LOSSES (Statute		DURING THE YEAR 2	0022		NA	IC Company Code 27	271
	NAIO GIOUP CODE	Gross Premiums, Ir Membership Fees, Le and Premiums on	ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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		0.550			0.050	0.050						
2.1	Allied Lines	2,729 5,681,628	2,550 5,340,380		3,774	2,850	2,850 7,407,747						5
2.2	Multiple Peril Crop	5,081,028	5,340,380		3,968,894	8,436,188	J,407,747	620,636					
2.3 2.4	Federal Flood Private Crop	1.574	1,574	· ·····									
2.4	Private Flood	1,3/4											
3.	Farmowners Multiple Peril	1,627,737	1,497,507			283,147	749,883	1,287,499	231,727	238,727	213.000	196,676	.31,49
4.	Homeowners Multiple Peril	5,355,605	5,035,450		2,700,244	3,886,094	4,239,407	1,095,879	49.838	44,838		708,707	
5.1	Commercial Multiple Peril (Non-Liability Portion)	2,248,748	2.133.799		1,110,768	1.704.068	1.562.811	389.134	218,261	220,261	35.000	296,454	43.8
5.2	Commercial Multiple Peril (Liability Portion)	1,482,533	1,450,638		648,868	381,534	750.932	1,304,491	124,055	202,055	365,000	170,543	28,3
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	132,184	124,904		65,452	16,896	16,896					17,626	2.5
10.	Financial Guaranty												
11.1	Medical Professional Liability - Occurrence			.				ļ	ļ	ļ	ļ	ļ	ļ
11.2				.					ļ		ļ		ļ
12.	Earthquake			.				ļ					
13.1.	Comprehensive (hospital and medical) ind (b)			.									
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)			.									
15.1	Vision Only (b)												
15.2	Dental Only (b).												
15.3	Disability Income (b)			-									
15.4	Medicare Supplement (b)			· ·····									
15.5	Medicaid Title XIX (b)			· ····				ļ					
15.6 15.7	Medicare Title XVIII (b) Long-Term Care (b).			·									
15.7	Federal Employees Health Benefits Plan (b)												
15.8	Other Health (b)			·									
16.	Workers' Compensation	1,417,349	1,312,850		571.194	311.438	361,270	1,460,183	40.466	48,466	158.000	90.180	27 . 42
17.1	Other Liability-Occurrence	1,240,942	1,089,718				280.500	420,500	4.092	4.092		159.873	24 .0
17.2		1,240,342					200,000						24,0
17.3	Excess Workers' Compensation.												
18.1.													
18.2.													
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2	Other Private Passenger Auto Liability	5,231,164	4,971,751		2,644,824	3,451,817	4,109,394	4,220,848	331,744	426,744	429.000		101,22
19.3							, , , , , ,						,
19.4	Other Commercial Auto Liability		499,152			32,777	104,928	344,982	66,451	91,451	129,000	89,465	12,15
21.1	Private Passenger Auto Physical Damage	4,542,958	4,236,604		2,295,173	2,754,097	3,043,244	224,745	356	(2,644)	4,000	609,074	102,0
21.2	Commercial Auto Physical Damage	243,705	190 , 141		122,162	89 , 418	136,817	44,998				34,718	4,7
22.	Aircraft (all perils)			.									
23.	Fidelity			.				ļ	ļ	 	ļ		
24.	Surety			.				ļ					
26.	Burglary and theft							ļ	<u> </u>	ļ	<u> </u>	ļ	ļ
27.	Boiler and Machinery			·									
28.	Credit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	VVV	VVV	yvv	VVV	XXX
29. 30.	International	····· ······\XXX						^{XXX}	XXX	XXX	XXX	XXX	XXX
30. 31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business												
35.	TOTAL (a)	29,836,869	27,887,018		15,831,897	21,350,324	22,766,679	11,413,895	1,066,990	1,273,990	1,413,000	3,075,568	481.48
	S OF WRITE-INS		, ,		,,001	2.,000,021		,,	.,,	.,,,,,,,,,	.,,	2,2.3,000	10171
3401.													
3402.													
3403.				.									
3498.	Summary of remaining write-ins for Line 34 from overflow page			·									
<i>3</i> 499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) inance and service charges not included in Lines 1 to 35 \$	11,833						L	<u> </u>		<u> </u>	l	<u> </u>

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



NAIC Group Code	00513	BUS	SINESS IN THE STATI	E OF Arkansas				DURING THE YEAR :	2022		NA	IC Company Code 27	7871
		Membership Fees, L	Including Policy and Less Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
.1 Allied Lines													
.4 Private Crop													1
. Farmowners Multiple Peril			-										
Homeowners Multiple Peril 1 Commercial Multiple Peril (No	on-Liability Portion)							ļ					
.1 Commercial Multiple Peril (No	ability Portion)												
 .2 Commercial Multiple Peril (Lia Mortgage Guaranty 	ability Portion)												
Inland Marine													
				-									
.1 Medical Professional Liability	Occurrence												
Medical Professional Liability Medical Professional Liability	- Occurrence - Claims-Made		·	·						 			
	- Ciairiis-iviade			· [·····			
Earthquake	modical) ind (b)							 					
Comprehensive (hospital and Comprehensive (hospital and)	medical) group (b)		·	· ····		·	ļ	ļ	 	 	 		·····
Credit A & H (group and indiv	idual)idual) area (b)												
1 Vision Only (b)													
Disability income (b)													
Medicare Supplement (b)													
Medicaid Title XIX (b)								ļ					
6 Medicare Title XVIII (b)													
7 Long-Term Care (b)													
8 Federal Employees Health Be 9 Other Health (b)	enefits Plan (b)												
1 Other Liebility Occurrence													
 Other Liability-Occurrence Other Liability-Claims-Made 													
3 Excess Workers' Compensati	on												
Products liability-Occurrence	OI1												
Products liability-Occurrence Products liability-Claims-Made	•												
	ault (Personal Injury Protection)			-									
 Private Passenger Auto No-Fa Other Private Passenger Auto 	ault (Personal Injury Protection)												
3 Commercial Auto No-Fault (P	D LIADING	•											
4 Other Commercial Auto Liabil	ersonal injury Protection)												
1 Private Passenger Auto Physi	ical Damage												
2 Commercial Auto Physical Da	amage		·	·				ļ	 	 			
Aircraft (all perils)	image							·		 			
			·							 			
Burglary and theft													
			·				ļ	·	ļ	 	ļ		ļ
		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Warranty				······	۸۸۸		^^^	······	^^^		^^^	^^^	
	ed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assum	ed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assum	ed liabilityed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assum Reins nonproportional assum Aggregate write-ins for other I	lines of husiness									^^^			^^^
Aggregate write-ins for other I TOTAL (a)	IIIIES OI DUSIIIESS		·							 			
AILS OF WRITE-INS		+	 				 	-	 		 		
		· ·		· [
03.		<u> </u>											
98. Summary of remaining write-ins	for Line 34 from overflow page												
,	3 Plus 3498) (Line 34 above)	1	1	1		1		1		l		l	1

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

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513		INESS IN THE STATI	E OF Colorado			DURING THE YEAR				IC Company Code 27	
		Gross Premiums, I Membership Fees, Lo and Premiums on	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
	Fire					ļ						
	Allied Lines	265.838	157.742		151,691	305,688 319,797						
2 IN 3 F	Multiple Peril CropFederal Flood		137 ,742		131,091		20,490					
	Private Crop					·····						1
	Private Flood					·····						············
	Farmowners Multiple Peril					·····						
	Homeowners Multiple Peril					·····						
	Commercial Multiple Peril (Non-Liability Portion)					·····	·····				·····	
2 0	Commercial Multiple Peril (Liability Portion)	•										
	Mortgage Guaranty					······						
Ċ	Ocean Marine											
	nland Marine											
	Financial Guaranty	-										
	Medical Professional Liability - Occurrence	. [
	Medical Professional Liability – Claims-Made											
	Earthquake											
.1. C	Comprehensive (hospital and medical) ind (b)											
	Comprehensive (hospital and medical) group (b)											
C	Credit A & H (group and individual)					L						
.1 V	Vision Only (b)											
2 C	Dental Only (b)											
	Disability Income (b)											
4 N	Medicare Supplement (b)											
5 N	Medicaid Title XIX (b)			.		<u> </u>						ļ
6 N	Medicare Title XVIII (b)					ļ						
	Long-Term Care (b)											
	Federal Employees Health Benefits Plan (b)											
	Other Health (b)											
	Workers' Compensation					(11,000)	320,634			56,000		
	Other Liability-Occurrence											
	Other Liability-Claims-Made	-										
3 E	Excess Workers' Compensation					ļ						
	Products liability-Occurrence					ļ						
2. F	Products liability-Claims-Made			-		ļ	ļ				ļ	
1 F	Private Passenger Auto No-Fault (Personal Injury Protection)					(450) (450)						
3 0	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)					(450)(450)						
3 C	Other Commercial Auto Liability					·····						
4 C	Private Passenger Auto Physical Damage	•										
2 0	Commercial Auto Physical Damage	·				<u> </u>	ļ		 	·····	ļ	·····
2 C	Aircraft (all perils)	-				<u> </u>	İ				İ	
	Fidelity					<u> </u>			l		l	
	Surety	·	•			<u> </u>	<u> </u>		<u> </u>		[<u> </u>
	Burglary and theft											
	Boiler and Machinery	.[[[[
	Credit											
	nternational	ХХХ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Warranty											
F	Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
F	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
F	Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Α	Aggregate write-ins for other lines of business			.								
. Т	TŎŤAĽ (a)	265,838	157,742		151,691	305,238 308,347	349,124			56,000		
	F WRITE-INS				·					· ·		
						ļ						
											ļ	
03 98. S	Summary of remaining write-ins for Line 34 from overflow page					ļ						
	outlinary of remaining write-ins for Line 34 from Overflow bade	- L		.		ļ	ļ		ļ	ļ	ļ	ļ

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2022** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Defense and Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop .94,564 .114,759 .66,195 101,847 110,544 .12,557 2.3 Federal Flood 2.4 Private Crop 2.720 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty .. 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... Federal Employees Health Benefits Plan (b). 15.8 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX _XXX_ XXX. XXX. XXX. _XXX... XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX _XXX__ XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX XXX XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 94.564 114.759 66.195 101 847 110.544 12.557 2.720 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page 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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513		SINESS IN THE STA	IE OF Illinois			DURING THE YEAR				IC Company Code 27	
	Gross Premiums, I Membership Fees, Lo and Premiums on	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
Fire			-								
1 Allied Lines											
Multiple Peril Crop	11,780	11,780									
Federal Flood											
Private Crop											. 1
Private Flood					-						
Farmowners Multiple Peril Homeowners Multiple Peril											-
2 Commercial Multiple Peril (Liability Portion)											
Mortgage Guaranty											
Ocean Marine											
Inland MarineFinancial Guaranty											
			· ·		-						
1 Medical Professional Liability - Occurrence			·		-	ļ					
2 Medical Professional Liability – Claims-Made			-		-						-
Earthquake			-		-	ļ					·
Comprehensive (hospital and medical) ind (b) Comprehensive (hospital and medical) group (b)			·		-	ļ					·
											·
Credit A & H (group and individual)	••••		-								
1 Vision Only (b) 2 Dental Only (b)											
3 Disability Income (b)											
4 Medicare Supplement (b)											
5 Medicaid Title XIX (b)											
6 Medicare Title XVIII (b)											
7 Long-Term Care (b).			-								
8 Federal Employees Health Benefits Plan (b)											
9 Other Health (b)											
Workers' Compensation											
Other Liability-Occurrence											
2 Other Liability-Claims-Made.											
3 Excess Workers' Compensation.											
Products liability-Occurrence											
Products liability-Claims-Made											
1 Private Passenger Auto No-Fault (Personal Injury Protection)											
2 Other Private Passenger Auto Liability											
Commercial Auto No-Fault (Personal Injury Protection)			.		.	ļ		.			
4 Other Commercial Auto Liability			.			ļ					
1 Private Passenger Auto Physical Damage			.			ļ					
2 Commercial Auto Physical Damage			.			ļ					.
Aircraft (all perils)			-			ļ					.
Fidelity			-		.	ļ					.
Surety						ļ					
Burglary and theft			.		-	ļ	ļ				.
Boiler and Machinery			-			ļ					
Credit							VVV		WW		
International	XXX	XXX	XXX	XXX	XXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
	XXX	yvv	XXX	yuu	- XXX XXX		VVV	XXX	VVV	yvv	XXX
Reins nonproportional assumed property		XXX		XXX		XXX	XXX		XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXXXXX	XXXXXXXXXXXX	XXX	XXXXXX	XXXXXX	XXX XXX	XXXXXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX				¹			λλλ		xxx
	11.780	11.780	·		-	ļ					
TÖTAL (a) ALS OF WRITE-INS	11,780	11,780									
ALS OF WRITE-INS 01.											
02.					-						·
03.											
98. Summary of remaining write-ins for Line 34 from overflow page											
99. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	1		1			1	1	l	I	l	1

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2022** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense and Direct Defense and or Credited to Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 3,800,240 .3,000,723 .1,196,922 4,148,943 4,531,307 650,675 2.3 Federal Flood 2.4 Private Crop 1.289 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty .. 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... Federal Employees Health Benefits Plan (b). 15.8 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX. _XXX. XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX.. ..XXX.. XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 3,800,240 3,000,723 1,196,922 4.148.943 4.531.307 650.675 1.289 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page 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



		ISINESS IN THE STA					DURING THE YEAR 2				IC Company Code 27	
	Membership Fees, Le	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Paid	rect 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 Fe
ire												
	66,335,026	66,740,830		416,161	12,830,584	13,490,405	2,977,158					
	5,253,270	5,253,270			2,761,559	2,4/0,7/4	55,000					12
		4 074 544	····	0 400 574		0.000.407	740.000			470.000		
			·····									
ommercial Multiple Peril (Liability Portion)					1,749,410	1, 174, 282		34,160	93,160	460,000	231,836	127
	256,948	240,896		125,942	163,209	160 , 579		42	42		36,441	3
					ļļ							
					ļļ							
			ļ				ļ					
omprehensive (hospital and medical) ind (b)												
comprehensive (hospital and medical) group (b)												
redit A & H (group and individual)					·····							
					·							
			····		····		····					
					·····							
			·····		·····		····					
					·····							
					·····							
	0.200.010	0.000.000		2 516 447	2 042 042	2 120 000	7 507 007	210 000	407 000	1 055 000	E07 070	115
												15
	, 203,040	1 , 124 ,400			200,570	214,370		103	(291)		171,347	ii
rivate Passenger Auto No-Fault (Personal Injury Protection)												
other Private Passenger Auto Liability		2,921,437		1,568,030	2,016,033	2,407,673	1,802,500	21,899	46,899	142,000	432,223	38
commercial Auto No-Fault (Personal Injury Protection)												
other Commercial Auto Liability												2
rivate Passenger Auto Physical Damage	4,791,484											50
ommercial Auto Physical Damage	2,252,583	2,054,119		996,364	1,9/4,13/	2,031,701	87,693	831	1,831	4,000	315,444 کانی	2
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	ууу	үүү	ууу	ууу	ууу	YYY	ууу	YYY	ууу	үүү	ууу	XXX
										ΛΛΛ		
	ХХХ	XXX	ХХХ	XXX	ХХХ	XXX	XXX	XXX	XXX	ХХХ	XXX	XXX
												XXX
leins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX			XXX	XXX	XXX	XXX
OTAL (a)	118.679.055	115.316.733		22,202,783	49.627.634	48.142.960	24.767.604	647.066	1.079.066	2.384.000	5.788.551	59
WRITE-INS	1.0,0.0,000	. 10,010,100		22,202,700	.0,02,,007	.5,112,000	21,101,004	5,500	1,0.0,000	2,001,000	5,7.00,001	- 00
			[
ummary of remaining write-ins for Line 34 from overflow page												
Illuer radiocologilista accomissionale de establista con rationale de contractionale de contraction de contract	led Lines littiple Peril Crop littiple Peril Crop livate Crop liva	Line of Business Line of Business Line of Business E e lied Lines Litiple Peril Crop. decay written Litiple Peril Crop. decay of Comment o	Direct Premiums Direct Premiums Earned	Membership Fees, Less Return Premiums and Premiums on Policies not Taken 1	Membership Fees, Less Return Preintums and Preintums or Policies not I taken Policy	Membership Fees, Less Redum Premiums Dividenda Paid Dividenda Dividenda Paid Dividenda Dividenda Paid Dividenda Dividenda Paid Dividenda D	Membership Forest, 12-se Redum Premiums on Policidars of Tallon (model) Direct Desame (model) Di	Membrachip Fost, Lists Reliam Proteins on Tubelon to Tables Direct Horsettine Park Direct Horsettine Park Direct Horsettine Park Direct Horsettine Park Direct Horsettine Park Direct Horsettine Park Direct Horsettine Park Direct Horsettine Direct Horset	Membership Feers. Lars Serious Preference on Preference On Preference on Preference	Inter- I	Note Part	Process Proc



	NAIC Group Code 00513	BUS	SINESS IN THE STAT			VD EO33E3 (Statuti		DURING THE YEAR 2	022		NA	IC Company Code 27	871
			ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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		604		299	400 000 040	455 040 000						18
2.2	Multiple Peril Crop Federal Flood	102,371,163	92,711,302		20,847,189	128,009,040	155,818,692	33,011,293					
2.3	Private Crop	3,284,005	3,284,005			607 , 137	613,953	2					3,119
2.5	Private Flood							2					١١٥, لا
3.	Farmowners Multiple Peril	5,047,629	4,528,366		2,432,495	2,396,790	(2,656,549)	1,286,038	61,113		122,000	579,907	119.369
4.	Homeowners Multiple Peril	13,688,754	12,781,413		7,067,735	8,090,174	8,014,021	2,067,207	24,821	16,821		1,949,268	
5.1	Commercial Multiple Peril (Non-Liability Portion)		7,999,187		4, 135, 371	9,462,236	6,248,111	7,013,462	83,683	105,683	101,000	1,224,383	203,459
5.2	Commercial Multiple Peril (Liability Portion)	1,002,819	1,027,561		467, 166	266,512		1,076,685	48,481	74,481	274,000	114,829	23,514
6.	Mortgage Guaranty												
8.	Ocean Marine					70.007	70.007						F 070
9.	Inland MarineFinancial Guaranty	227 , 190	210,498		110,965	79,237	79,237	····				33,280	5,373
10. 11.1	Medical Professional Liability - Occurrence												
11.2	Medical Professional Liability - Occurrence									 			
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b)												
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1	Vision Only (b)												
15.2	Dental Only (b)												
15.3 15.4	Disability Income (b)			·									
15.4	Medicare Supplement (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b).												
15.8	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b)												
16.	Workers' Compensation	3,033,818	2,986,107		1,240,875	772,696	1,097,930	2,640,594	140,304	201,304	349,000	193,949	71,747
17.1	Other Liability-Occurrence		735,839		405,804	5,549	17 , 549	79,000	2	2		113,123	19,387
17.2	Other Liability-Claims-Made Excess Workers' Compensation												
17.3 18.1.	Products liability-Occurrence												
18.2.	Products liability-Occurrence Products liability-Claims-Made												
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)				301,224	315,391	318,098	166,206	5,639	3,639	8,000	80,844	13,947
19.2 19.3	Other Private Passenger Auto Liability	4,787,302	4,441,261 28,504		2,472,472 10.545	4,523,122	4,765,618	3,149,752 48.347	163,262	271,262 7,246	281,000 42,000	683,871 3,771	113,215
19.4	Other Commercial Auto Liability	974,534	956,376			122,431		694,568	35 . 467	90,467	136,000	137,692	23.047
21.1	Private Passenger Auto Physical Damage	7,613,343	7,020,033		3,913,908	4,642,923	4,525,330	87,289	794	1,794	4,000	1,086,025	180,048
21.2	Commercial Auto Physical Damage	1, 197, 882	1 , 179 , 368		477,020	875,516	849,903	54,494		(1,000)		169,249	28,329
22.	Aircraft (all perils)												
23. 24.	Fidelity Surety			-									
26.	Surety Burglary and theft												
27.	Boiler and Machinery												
28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty												
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. 33.	Reins nonproportional assumed liability	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
34.	Aggregate write-ins for other lines of business		۸۸۸		۸۸۸			^^^-					
35.	TOTAL (a)	153,260,194	140,451,949		44,277,137	160, 181, 599	180,619,835	51,374,937	563,812	869,812	1,392,000	6,370,191	1,128,925
DETAILS	S OF WRITE-INS	,,	., . , ,		, , , ,	, . ,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,. ,,	,/!-	,	,,	-,,	, -/
3401.				.									
3402. 3403.													
3403.	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)							[
	nance and service charges not included in Lines 1 to 35 \$	17.800						•					



	NAIC Group Code 00513		INESS IN THE STAT				DURING THE YEAR				IC Company Code 27	
		Membership Fees, L	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fee
1. 2.1	FireAllied Lines					ļ						
	Multiple Peril Crop					·····						
	Federal Flood											
	Private Crop											
.5	Private Flood			· · · · · · · · · · · · · · · · · · ·								
.o	Farmowners Multiple Peril											
). .	Homeowners Multiple Peril											
.1	Commercial Multiple Peril (Non-Liability Portion)											
5.2	Commercial Multiple Peril (Liability Portion)											
3. 3.	Mortgage Guaranty	***************************************										
3.	Ocean Marine											
).	Inland Marine											
).	Financial Guaranty											
.1	Medical Professional Liability - Occurrence											
.2	Medical Professional Liability – Claims-Made											
)	Farthquake											
3.1.	Comprehensive (hospital and medical) ind (b)											
3.2.	Comprehensive (hospital and medical) group (b)											
1.	Credit A & H (group and individual)											
	Vision Only (b)											
	Dental Only (b).											
	Disability Income (b)											
.4	Medicare Supplement (b).											
	Medicaid Title XIX (b)											
	Medicare Title XVIII (b)			.		L						
5.7	Long-Term Care (b)			. [L						
5.8	Federal Employees Health Benefits Plan (b)											
5.9	Other Health (b)											
6.	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)											
9.2	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	.	ļ	.		ļ					ļ	ļ
1.2	Commercial Auto Physical Damage											
<u>.</u>	Aircraft (all perils)											
3.	Fidelity		ļ	.		ļ	ļ				ļ	
l.	Surety		ļ				ļ				ļ	
3.	Burglary and theft		ļ	.		ļ	ļ		 		ļ	ļ
7.	Boiler and Machinery		ļ				ļ				ļ	
3.	Credit											
9.	International	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
).	Warranty							WW		WW		······································
١.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
2.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	Aggregate write-ins for other lines of business		····	·		····	ļ				····	
5.	TOTAL (a)	+	.									
	OF WRITE-INS											
401. 402.			·····	·		····					·····	
402. 403.			·····				ļ				·····	
	Summary of remaining write-ins for Line 34 from overflow page		·				····				İ	
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	p	r	· p·····		r	r	r	r	r	r	F

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BUSI	NESS IN THE STATE		OF PREMIUNIS A	ID LOSSES (Statut		DURING THE YEAR 2	2022		N/	AIC Company Code 27	7871
	Maio Gloup Gode Goots	Gross Premiums, I Membership Fees, Lo	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Multiple Peril Crop	5,193,852	5,167,835		41,245	1,695,623	1,129,669	315,276					
2.2	Federal Flood				41,240		1,129,009						
2.4	Private Crop	450,303	450,303				81,433						917
2.5	Private Flood												
3.	Farmowners Multiple Peril	5,427,856	4,927,780		2,368,811	4,366,282	3,147,943	2,355,020	.36,054	51,054	104,000	825,117	119,645
4.	Homeowners Multiple Peril	4, 176, 663			2,238,294	7,911,363	10,805,333	3,935,023	734	5,734	35,000	534,059	92,064
5.1	Commercial Multiple Peril (Non-Liability Portion)	3,120,153	2,871,531		1,615,910	5,681,736	10 , 122 , 141	5,697,216	10,436	10,436	32,000		69,109
5.2	Commercial Multiple Peril (Liability Portion)	418,854	444,827		212,604	16,650	(92,364)	112,500	5,545	11,545	101,000	52,829	8,899
6. 8.	Mortgage Guaranty Ocean Marine												
9.	Inland Marine	147,531	125,785			163,443	142,344					20,277	3,252
10.	Financial Guaranty												
11.1	Medical Professional Liability - Occurrence			-			ļ					ļ	
11.2 12.	Medical Professional Liability – Claims-Made Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b)												
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1	Vision Only (b) Dental Only (b)			· ······									
15.2 15.3	Dental Only (b)												
15.4	Medicare Supplement (b)			· · · · · · · · · · · · · · · · · · ·									
15.5	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b)												
15.8	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b)												
16.	Workers' Compensation	752,572	800,250		206,929	271,801	129,101	563,422	55 , 109	75,109	122,000	55,909	16,589
17.1	Other Liability-Occurrence	637,517	583,569		301,759		28,000	112,000				85,180	14,052
17.2	Other Liability-Claims-Made												
17.3 18.1.	Excess Workers' Compensation			·									
18.2.	Products liability-Occurrence Products liability-Claims-Made												
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	636,838		·		289,718	400,245	294.986	5.028	4,028	8.000	84 . 158	14,037
19.2	Other Private Passenger Auto Liability	1,998,044	1,870,792		1,033,392	1,944,583	1,416,012	1,250,872		100,302	108,000	263,625	44,042
19.3 19.4	Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Liability	93,909	94,588 601,547		41,570 273,392	(4,275) (169,710	(5,276) 741,876	14,999 1.351.087	15 15 , 157	2,015 34.157	31,000	10,464	2,070 13,453
21.1	Private Passenger Auto Physical Damage	2,907,777	2,646,034			2,961,825	3,178,642	318,704	15,15/		2,000	384,243	
21.2	Commercial Auto Physical Damage						1,059,276	192,270		(1,000)	1,000	85,919	16,997
22.	Aircraft (all perils)			·									
23. 24.	Fidelity			· ····								 	
24. 26.	Surety Burglary and theft			·									
27.	Boiler and Machinery												
28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30. 31.	Warranty Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed property Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business												
35.	TOTAL (a)	27,343,259	25,784,084		10,597,710	26,435,363	32,284,375	16,513,375	206,380	294,380	661,000	2,932,224	479,221
DETAILS	OF WRITE-INS	,,====	., . ,••.			.,,	. , . , , . ,	.,,	,/***	. ,	,***	,,	.,
3401.				.									
3402. 3403.													
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												
	ance and service charges not included in Lines 1 to 35 \$	9.706						!		!		·	



NAIC Group Code 00513		INESS IN THE STAT	L OF Missouri			DURING THE YEAR				IC Company Code 27	
	Membership Fees, L	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
Fire			-								
1 Allied Lines											
Multiple Peril Crop	230,796	236 , 184			414,420	11,192		ļ			
Federal Flood			-								
Private Crop					-		····	ļ	····		2
Private Flood					-			ļ			
Farmowners Multiple Peril Homeowners Multiple Peril						-					
					-		·····	·····			
2 Commercial Multiple Peril (Liability Portion)			-								
Mortgage Guaranty											
Ocean Marine											
Inland MarineFinancial Guaranty					-			·····			
Financial Guaranty											
1 Medical Professional Liability - Occurrence		·	·		·	·	<u> </u>	·····	<u> </u>		ļ
z Medicai Professional Liability – Claims-Made Earthquake					-						
1. Comprehensive (hospital and medical) ind (b)											
Comprehensive (nospital and medical) ind (b) Comprehensive (hospital and medical) group (b)					-						
Credit A & H (group and individual)											
1 Vision Only (b)	•										
2 Dental Only (b)											
3 Disability Income (b).	••••										
4 Medicare Supplement (b)											
5 Medicaid Title XIX (b)											
6 Medicare Title XVIII (b)			-								
7 Long-Term Care (b)			-								
B Federal Employees Health Benefits Plan (b)			-								
9 Other Health (b)											
Workers' Compensation											
1 Other Liability-Occurrence											
Other Liability-Claims-Made											
3 Excess Workers' Compensation											
Products liability-Occurrence											
Products liability-Claims-Made											
Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability			-								
3 Commercial Auto No-Fault (Personal Injury Protection)											
4 Other Commercial Auto Liability											
1 Private Passenger Auto Physical Damage	1										
2 Commercial Auto Physical Damage											
Aircraft (all perils)											
Fidelity											
Surety											
Burglary and theft											
Boiler and Machinery											
Credit											
International	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Warranty											
Reins nonproportional assumed property		XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability		XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate write-ins for other lines of business			-				ļ		ļ		
TOTAL (a)	230,796	236,184			414,420 188,490	11,192					
NLS OF WRITE-INS											
01 02.											
03.		·····							····		
98. Summary of remaining write-ins for Line 34 from overflow page					·						
99. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	···· p······	I			· · · · · · · · · · · · · · · · · · ·	· F		r		r	

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Montana DURING THE YEAR 2022** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense and Direct Defense and or Credited to Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop .29,491 ..27,969 .20,644 .33,537 40,666 ..11,634 2.3 Federal Flood 2.4 Private Crop 3.220 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty .. 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX _XXX_ XXX. XXX. XXX. _XXX. XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX _XXX__ XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX XXX XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 29,491 27.969 20,644 33.537 40.666 11.634 3.220 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)

and number of persons insured under indemnity only products

(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



	NAIC Group Code 00513	BUS	INESS IN THE STATE			ID LOSSES (Statut		DURING THE YEAR 2	2022		NA	IC Company Code 27	871
		Gross Premiums, I Membership Fees, L	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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		40.744.000		162	04 504 004	00 744 007	40.050.004					
2.2	Multiple Peril CropFederal Flood	20,481,327	19,714,088		1,361,589	21,594,861	30 , 714 , 607	10,059,831					
2.3	Private Crop	4.742.059	4,742,059			3,225,892	3,676,759	572,481					852
2.5	Private Flood	4,742,000											
3.	Farmowners Multiple Peril	3.869.464	3,390,055		1,761,211	3,292,961	3,838,431	1.090.550	49,400	94.400	138,000		49,051
4.	Homeowners Multiple Peril	12,595,098	11,672,705			7,261,445	8,526,733	2,591,739	47 ,589	31,589	95,000	1,810,727	159,684
5.1	Commercial Multiple Peril (Non-Liability Portion)	4,116,493	3,820,550		2,125,082	3,003,436	3,493,159	1,255,652	53,410	59,410	46,000	617,272	52,340
5.2	Commercial Multiple Peril (Liability Portion)	630,890	656,171		298,768	24 , 808	142,371	568,660	134,958	176,958	205,000	73,220	7 ,849
6.	Mortgage Guaranty												
8.	Ocean Marine	220,948	040 507		107,594	.57 , 855	62,855	F 000					2,801
9. 10.	Inland MarineFinancial Guaranty	220,940	213,567		107 , 394		02,030	5,000				32,300	∠,001
11.1	Medical Professional Liability - Occurrence												
11.2													
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b).			.									
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1	Vision Only (b)												
15.2 15.3	Dental Only (b)												
15.3	Medicare Supplement (b)												
15.5	Medicaid Title XIX (b)	•••••											
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b).												
15.8	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b)												
16.	Workers' Compensation	3,305,730	3,402,162		1,445,792	1,160,269	2,683,857	8,486,978	139,316	204,316	550,000	214,056	41,912
17.1 17.2	Other Liability-Occurrence Other Liability-Claims-Made	1,047,960	971,320		496,510	25,000	29,000	124,000	7,624			153,773	13,286
17.3	Excess Workers' Compensation.												
18.1.	Products liability-Occurrence												
18.2.													
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2	Other Private Passenger Auto Liability	4,895,324	4,576,552		2,487,482	2,947,592	3,520,337	3, 234, 154	175,296	215,296	246,000	706,162	62,064
19.3 19.4	Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Liability	553,356	517,629			.105,388		201.000		67.547			7.016
21.1	Private Passenger Auto Physical Damage	5.807.729	5,406,430		2,941,355	3,783,628	3,942,150	97,321		1.000	2.000	833,718	73,632
21.2	Commercial Auto Physical Damage	801,213			286.545			13,435				142,531	10 , 158
22.	Aircraft (all perils)												
23.	Fidelity			-									
24. 26.	Surety Burglary and theft												
27.	Boiler and Machinery			-		·		 		 	 		
28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty												
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. 33.	Reins nonproportional assumed liability	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
34.	Aggregate write-ins for other lines of business							^^^-					
35.	TOTAL (a)	63,067,591	59,819,879		19,890,478	46,960,361	61,197,209	28,300,801	645,140	858 , 140	1,370,000	5,174,584	480,645
DETAILS	S OF WRITE-INS		,,010		,,	,,	2.,,200		2.2,710	,110	.,,,,,,,	2,,301	,010
3401.													
3402. 3403.													
3403.													
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												
	inance and service charges not included in Lines 1 to 35 \$	10.136						•					



		NAIO 0 0-d- 00540	DUO			OF PREMIUMS AN	ND LOSSES (Statut		DUDING THE VEAD	2000			10.001-0-	1074
Part Part		NAIC Group Code 00513	Gross Premiums, In Membership Fees, Le	ncluding Policy and ess Return Premiums	3	4	5		7		9			
1		Line of Business	1 Direct Premiums	2 Direct Premiums	or Credited to Policyholders on Direct	Premium	Paid	Direct Losses Incurred	Direct Losses Unpaid	Cost Containment	Cost Containment	Cost Containment	and Brokerage	Taxes, Licenses and Fees
2 May Free Cop	1.													
20 Protest Prod			000 440			404 000	040.050	005.700	400 470					
1		Multiple Peril Grop	000,110			401,00ა	040,009	900,790						
25 Policy Florid	2.3													6.130
1														,,100
1 Commont Multiple Pert (On Labity Perton)														
1		Homeowners Multiple Peril			.									
Manual Marine Manual Marin														
8 Coorá Marse Section		Commercial Multiple Peril (Liability Portion)												
March Affers					· ·····									
10 Financia Guaranty														
1.1 Medical Professional Lability - Courannee		Financial Guaranty												
12	11.1	Medical Professional Liability - Occurrence			.									
13.1 Comprehense (hospidal and medical) and (b)					.			ļ	ļ					
132 Comprehensive (hospital and moderal) group (b)					.				ļ					
14 Cord A A H (group an individual)		Comprehensive (hospital and medical) ind (b)						<u> </u>	ļ					
15.1 Vision Colly (b) 15.2 15		Credit A & H (group and individual)			-									
15.3 Disability income (b)														
Medical Tile XVII (b)	15.3	Disability Income (b)												
Medicare Title XVIII (i)														
15.7 Long-Term Care (b)														
158 Federal Employees Health Benefits Plan (b)														
The Health (b) The Health (c) The					· · · · · · · · · · · · · · · · · · ·									
16 Workers Compensation					· ·····									
17.1 Other Liability-Coursence														
17.3 Excess Worker's Compensation.		Other Liability-Occurrence												
19.1 Products liability-Courrence														
Products liability Claims-Made		Excess Workers' Compensation												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)		Products liability-Occurrence			· ····									
19.2 Other Private Passenger Auto Liability		Private Passenger Auto No Fault (Personal Injury Protection)			·									
19.3 Commercial Auto No-Fault (Personal Injury Protection)		Other Private Passenger Auto I jability												
21.2 Commercial Auto Physical Damage		Commercial Auto No-Fault (Personal Injury Protection)												
21.2 Commercial Auto Physical Damage		Other Commercial Auto Liability												
Aircraft (all peris)		Private Passenger Auto Physical Damage			-				ļ		 		 	
23. Fidelity														
Surely Surely Surglay and theft Surglay and the surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and the surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and theft Surglay and th					-									
Burglary and theft														
Solidar and Machinery Credit Cred	26.													
Care Care	27.	Boiler and Machinery												
30. Warranty	28.	Credit			.									
31. Reins nonproportional assumed property			XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability			γγν	yvv	·	γγν	γνν	yvv	γνν	γνν		yvv	γνν	γνν
33. Reins nonproportional assumed financial lines.		Reins nonproportional assumed liability												
34. Aggregate write-ins for other lines of business	33.													
35. TÕTĀĹ (a) 688,118 638,590 481,683 848,659 985,796 186,176 6,13 DETAILS OF WRITE-INS 3401. 3402. 3403. 3408. Summary of remaining write-ins for Line 34 from overflow page. 3498. Summary of remaining write-ins for Line 34 from overflow page. 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	34.	Aggregate write-ins for other lines of business												
3401. 3402. 3403. 3403. 3409. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	35.	TOTAL (a)	688,118	638,590		481,683	848,659	985,796	186,176					6,130
3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page. 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)		OF WRITE-INS												
3403					-									
3498. Summary of remaining write-ins for Line 34 from overflow page														
	3498.													

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2022** NAIC Company Code 27871 Gross Premiums, Including Policy and 10 Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Paid Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 7.947 5.500 .247 2.1 Allied Lines .6.324 ..5.500 Multiple Peril Crop 2,638,306 2,186,546 .1,764,386 2,809,323 2,818,114 563,011 2.3 Federal Flood 2.4 Private Crop 41.396 41.396 2.5 Private Flood 2.639.708 .2.581.806 .1,270,389 .912.307 _1,111,736 519.687 .72,348 ..90.348 .95,000 .346,501 .81,871 Farmowners Multiple Peril Homeowners Multiple Peril 3,005,998 .2.825.635 ..1,543,982 2,045,979 .2,034,119 .371.939 (5,664).25,000 .363,279 .93.248 5.1 Commercial Multiple Peril (Non-Liability Portion) 2.224.617 .2.069.841 .1.150.400 989.259 .1.069.325 420.186 .14.011 17.011 .18.000 284.466 .69.445 Commercial Multiple Peril (Liability Portion) 5.2 ...696.651 .375.913 . 287 . 771 .291,357 137.000 ...76.950 ..705,198 .349.192 ..8,917 26.917 ...21.439 Mortgage Guaranty .. 6. Ocean Marine 8. ..29,696 .31,828 .15,868 .3.600 ...3,600 3,829 987 Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b). Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation 1.188.714 ..1.146.626 523.282 207.948 492.608 1.538.045 56.354 72.354 75.289 .36.874 17.1 Other Liability-Occurrence. ...495,352 487 . 459 .223,003 .300.000 ...8..000 ...135,000 ..67,055 ..15,366 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability .1,956,447 .1,896,489 .997,263 .1,234,291 ...1,557,462 ..1,340,091 ..9.782 .17,782 .95,000 .235.561 .60,689 Commercial Auto No-Fault (Personal Injury Protection) 193 19.4 Other Commercial Auto Liability .710,706 .739.486 .332,347 .23,133 .(18,270 474.796 .2,200 ..23,200 .136,000 .92,489 .22,046 Private Passenger Auto Physical Damage 1,480,813 ..1,428,103 .753,400 694,300 639,890 ..1,473 ..1,000 ..177,615 .45,935 (1,000 Commercial Auto Physical Damage .437,464 .203,328 .201,959 ..55,690 21.2 ...427,936 .195,203 .9,441 ..13,275 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX.. _XXX... XXX 30 Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. XXX XXX.. XXX XXX XXX XXX XXX XXX XXX 34. Aggregate write-ins for other lines of business 17.554.966 16.573.522 9,132,952 9.803.512 10,205,058 5.665.026 163.948 240.948 654.000 1,778,724 461 478 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page 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

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



	NAIC Group Code 00513	BUSIN	ESS IN THE STATE		FOF PREMIUMS AI	AD LUGGES (SIRIU		DURING THE YEAR 2	2022		NΔ	IC Company Code 27	'871
	inio didup dada dada	Gross Premiums, I Membership Fees, Le and Premiums on	ncluding Policy and ess Return Premiums Policies not Taken 2	3 Dividends Paid or Credited to	4 Direct Unearned	5 Direct Losses	6	7	8 Direct Defense and	9 Direct Defense and	10 Direct Defense and	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Premium Reserves	Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Cost Containment Expense Paid	Cost Containment Expense Incurred	Cost Containment Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire												ļ
2.1	Allied Lines	186.531	151.532		109.337	130.268	215.448	88.503					·····
2.2 2.3	Multiple Peril CropFederal Flood	180,531			109,337	130,208	Z15,448	88,503					·
2.3	Private Crop												1.17
2.5	Private Flood			-		·····	· 						ļ,,,,,,,
3.	Farmowners Multiple Peril												[
4.	Homeowners Multiple Peril												[
5.1	Commercial Multiple Peril (Non-Liability Portion)												
5.2	Commercial Multiple Peril (Liability Portion)												[
6.	Mortgage Guaranty												L
8.	Ocean Marine												
9.	Inland Marine												ļ
10.	Financial Guaranty	.		.									ļ
11.1	Medical Professional Liability - Occurrence	.		.		ļ	.		ļ	 	ļ		ļ
	Medical Professional Liability – Claims-Made												····
12.	Earthquake												····
13.1.	Comprehensive (hospital and medical) ind (b)			-		·····	· · · · · · · · · · · · · · · · · · · ·						·
13.2. 14.	Comprehensive (hospital and medical) group (b)												·····
													ļ
	Vision Only (b) Dental Only (b)												İ
15.2	Disability Income (b)												İ
15.4	Medicare Supplement (b)	-											[
15.5	Medicaid Title XIX (b)												ľ
	Medicare Title XVIII (b)												[
	Long-Term Care (b).												[
	Federal Employees Health Benefits Plan (b)												[
15.9	Other Health (b).												
16.	Workers' Compensation												
17.1	Other Liability-Occurrence												L
	Other Liability-Claims-Made												
17.3	Excess Workers' Compensation.												
18.1.	Products liability-Occurrence												ļ
18.2.	Products liability-Claims-Made					ļ							ļ
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)												····
	Other Private Passenger Auto Liability												····
19.3 19.4	Commercial Auto No-Fault (Personal Injury Protection)					·····							<u> </u>
21.1	Drivete Pessenger Auto Dhysical Demogs	•											İ
21.1	Other Commercial Auto Liability Private Passenger Auto Physical Damage Commercial Auto Physical Damage	·		·		·····	·	·····		·			İ
22.	Aircraft (all perils)	-											[
23.	Fidelity							l					[
24.	Surety												[
26.	Burglary and theft												
27.	Boiler and Machinery					ļ							L
28.	Credit	.					.						ļ
29.	International		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty												
31.	Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	100 504	454 500	-	400 007	400.000	245 440	00 500					4 47
35.	TÖTAL (a) OF WRITE-INS	186,531	151,532		109,337	130,268	215,448	88,503					1,17
3401.	OF WILLE-INS												1
3402.		1											L
3403.		I											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3/100	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)			1			1	l					1

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Defense and Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 3,282,697 ...2,699,517 .2,256,091 .1,270,449 ..1,746,226 .806,103 2.3 Federal Flood 2.4 Private Crop 1.265 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty .. 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX. _XXX. XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX.. ..XXX.. XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 3,282,697 2.699.517 2,256,091 1.270.449 1.746.226 806.103 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BUSI	NESS IN THE STATE	OF Oklahoma			DURING THE YEAR:	2022		NA	IC Company Code 27	871
		Gross Premiums, In Membership Fees, Le and Premiums on	ess Return Premiums	3 Dividends Paid	4	5 6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage) Direct Losses Incurre	Direct Losses d 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. 2.1	FireAllied Lines											
2.1	Multiple Peril Crop	246,858	270,570		19,822	688,864 689,154	2,241					
2.2	Federal Flood	240,000	270,370		19,022		·					
2.3	Private Crop											1.910
2.5	Private Flood											
3.	Farmowners Multiple Peril											
4.	Homeowners Multiple Peril											
5.1	Commercial Multiple Peril (Non-Liability Portion)											
5.2	Commercial Multiple Peril (Liability Portion)											
6.	Mortgage Guaranty											
8.	Ocean Marine											
9.	Inland Marine											
10.	Financial Guaranty											
11.1	Medical Professional Liability - Occurrence											
11.2	Medical Professional Liability – Claims-Made											
12.	Earthquake											
13.1.	Comprehensive (hospital and medical) ind (b)							ļ		ļ		
13.2.	Comprehensive (hospital and medical) group (b)											
14.	Credit A & H (group and individual)											
15.1	Vision Only (b)											
15.2	Dental Only (b)											
15.3	Disability Income (b)											
15.4	Medicare Supplement (b)											
15.5	Medicaid Title XIX (b)											
15.6	Medicare Title XVIII (b)											
15.7	Long-Term Care (b)											
15.8	Federal Employees Health Benefits Plan (b)										ļ	
15.9	Other Health (b)											
16.	Workers' Compensation											
17.1	Other Liability-Occurrence.											
17.2	Other Liability-Claims-Made											
17.3	Excess Workers' Compensation.								·····			
18.1. 18.2.	Products liability-Occurrence Products liability-Claims-Made	-										
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)								ļ			
19.1	Other Private Passenger Auto No-Pault (Personal Injury Protection)	·										
19.3	Commercial Auto No-Fault (Personal Injury Protection)											
19.4	Other Commercial Auto Liability											
21.1	Private Passenger Auto Physical Damage											
21.2	Private Passenger Auto Physical Damage Commercial Auto Physical Damage		•						[
22.	Aircraft (all perils)											
23.	Fidelity											
24.	Surety											
26.	Burglary and theft											
27.	Boiler and Machinery											
28.	Credit											
29.	International		XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty											
31.	Reins nonproportional assumed property		XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business								ļ	ļ	ļ	
35.	TOTAL (a)	246,858	270,570		19,822	688,864 689,154	2,241	1				1,910
	OF WRITE-INS											
3401. 3402.		+										
3402. 3403.		+							l			
	Summary of remaining write-ins for Line 34 from overflow page	†				·····			l			
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	·				· · · · · · · · · · · · · · · · · · ·		h	h			

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513		SS IN THE STATE C				DURING THE YEAR 2				C Company Code 27	
	Membership Fees, Le	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
					·····						
llied Lines					·····						
iultiple Peril Crop					·····						
					·····						
					ļ		····				2
					·····	ļ					
					·····						
							····				
Commercial Multiple Peril (Liability Portion)											
lortgage Guaranty											
		ļ	-			ļ	ļ	 			ļ
		ļ	· · · · · · · · · · · · · · · · · · ·				·····				
iedical Professional Liability - Occurrence	.	ļ	·		ļ		ļ				ļ
iedical Professional Liability – Claims-Made	-	····	·		ļ	ļ	ł				····
arinquake	·	·	·		····	ļ	<u> </u>				ļ
		 	·		<u> </u>	<u> </u>	}	 	 		····
omprenensive (nospital and medical) group (b)					·····						
redit A & H (group and individual)					·····						
ision Only (b)					·····						
ental Only (b)					·····						
					ļ						
ledicare Supplement (b)					·····						
iedicaid Title XIX (b)					ļ		····				
ledicare Little XVIII (b)					ļ						
					·····						
	•	····				·····	····				····
					·····						
xcess workers Compensation											
Toducts liability-Occurrence											
Toducts liability-Claims-Made	•				ļ						
Tivate Passenger Auto No-Fault (Personal Injury Protection)			-		·····						
'ommercial Auto No-Fault (Personal Injury Protection)											
Offine Commercial Auto Liability											
Private Passenger Auto Physical Damage	•										
Commercial Auto Physical Damage	·	l				[Ī				
sircraft (all perils)											
						[
											[
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Varrantv											
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
(eins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
eins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate write-ins for other lines of business											
OTAL (a)											
F WRITE-INS		İ	1				İ				
			.								
Summary of remaining write-ins for Line 34 from overflow page					ļ						
All Market Process And Control of the Control of th	ire Ilied Lines Illied Lines Illied Lines Illied Lines Illied Lines Illied Lines Illied Lines Illied Illies Illied Peril Crop ederal Flood armowners Multiple Peril omeowners Multiple Peril omeowners Multiple Peril ommercial Multiple Peril (Non-Liability Portion) ommercial Multiple Peril (Liability Portion) ommercial Multiple Peril (Liability Portion) ordgage Guaranty cean Marine Illand Illand Illan	Line of Business Line of Business Line of Business Line of Business Line of Business Line of Business Line of Business Line of Business Line of Business Line of Business Written Line of Business Written Line of Business Line of Business Line of Business Written Line of Business Line of Business Written Line of Business Line of Line of Line of Business Line of Line of Line of Business Line of Line of Line of Business Line of Line of Line of Business Line of Line of Line of Business Line of Line of Line of Business Line of Line of Line of Business Line of Line	Line of Business Written Line of Business Written Line of Business Line of Lines Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide Lillide	Membership Fees, Less Return Premiums and Premiums on Policies not Taken	Membership Fees, Less Return Preintums on Policies not Take and Premiums on Policies and Take and Premiums on Policies and Take and Premiums on Policies and Take and Premiums of Policies of Take and Premiums of Policies of Take and Premiums of Policies of Take and Premiums of Policies of Take and Premiums of Policies of Take and Premiums of Policies of Take and Premium of Premiums of Policies of Take and Premiums of Prem	Membership Fees, Lies Return Pomurus or Jackson Within State of Jackson St	Marchesty Fisher, Lass Return Premium and Premium and Profession of Jackson (Price of Backson (Price	Montestin Free, Less Ruining Personants and Privations Control Services on Tributes on T	Martinestable Martinestabl	Montpolity of Part Montpol	Part Part

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2022** NAIC Company Code 27871 Gross Premiums, Including Policy and 10 Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Paid Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 5,427,133 .5.076,992 .864.890 2,812,531 .2,589,458 _1,089,446 2.3 Federal Flood 2.4 Private Crop 458.535 458.535 551.586 .553,206 490 2.5 Private Flood 1,580,041 .1,465,734 .704.589 1.080.948 .1,412,714 .19 . 139 61,000 170,862 .42.877 Farmowners Multiple Peril .486,459 26,139 Homeowners Multiple Peril 2,798,241 .2.626.069 .1,435,240 4.436.450 .5,479,239 ..1,360,967 .11,653 10.653 .21,000 .442,264 .75,954 5.1 Commercial Multiple Peril (Non-Liability Portion) 1.513.850 .1.380.415 .776.859 2.350.325 2.862.063 875.889 (1.000).13.000 .217 .197 .41.358 Commercial Multiple Peril (Liability Portion) 5.2 .. 295,853 .303.443 153.840 67.999 ..2,394 5.394 ...15.000 ..(10.500 .66,000 ...35.581 .7,764 Mortgage Guaranty .. 6. Ocean Marine 8. .79,824 ..75,375 40,713 .36,842 .33,243 12,922 .2,167 Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b). Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation 563.921 . 229 . 895 169.056 .221.697 366.309 25.351 46.351 .56.000 33.827 .15.307 17.1 Other Liability-Occurrence. ...332,199 .307,633 ..154,249 .451,000 504.000 ..50,039 .9.017 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability 1,261,879 .1,204,115 .641,743 ..847.310 ...1,897,695 ..1,551,856 .16,635 ..27,635 .55,000 .199.885 .34,252 Commercial Auto No-Fault (Personal Injury Protection) 193 19.4 Other Commercial Auto Liability .206,495 ..211,517 .97.947 .90.161 .128,760 .120.000 .3,000 .40,000 .24,543 .5,605 Private Passenger Auto Physical Damage 1,741,968 ..1,616,955 896,384 1,382,839 ..1,441,769 ..74,541 .3,585 .3,000 274,691 .47,284 ..200,809 Commercial Auto Physical Damage ..191,231 21.2 ...393,112 ..393,902 .224,204 .(2,719) ..46,723 ..10,671 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX.. _XXX... XXX 30 Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX.. XXX XXX XXX XXX XXX XXX XXX 34. Aggregate write-ins for other lines of business 16.653.051 15.667.473 6.187.580 13.973.857 17.284.548 6.494.747 78,757 124.757 315.000 1,508,534 292.746 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page 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

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Craum Cada 00542	DUE	NECC IN THE CTATE		OF PREMIUMS A	ND LOSSES (Statut		DUDING THE VEAD	1022		NA	IC Commons Code 27	7074
	NAIC Group Code 00513	Gross Premiums, I Membership Fees, L	NESS IN THE STATE Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	IC Company Code 27	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Multiple Peril Crop			-									
2.2	Federal Flood												
2.4	Private Crop												705
2.5	Private Flood												
3.	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril					ļ							
5.1 5.2	Commercial Multiple Peril (Non-Liability Portion)			-									
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine												
10.	Financial Guaranty			-									
11.1	Medical Professional Liability - Occurrence Medical Professional Liability - Claims-Made	· 	ļ			ļ	ļ	-		ļ			ļ
11.2 12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b)			· [·····	·····						
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1	Vision Only (b)												
15.2	Dental Only (b)												
15.3 15.4	Disability Income (b)												
15.4	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b).												
15.8	Federal Employees Health Benefits Plan (b)					ļ	ļ						
15.9	Other Health (b)												
16. 17.1	Other Liability-Occurrence.			-									
17.1	Other Liability-Occurrence												
17.3	Excess Workers' Compensation.												
18.1.	Products liability-Occurrence												
18.2.	Products liability-Claims-Made					ļ	ļ						
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)						·····						
19.2 19.3	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)												
19.4	Other Commercial Auto Liability			-									
21.1	Private Passenger Auto Physical Damage												
21.2	Commercial Auto Physical Damage												
22.	Aircraft (all perils)			-									
23. 24.	Fidelity					·	·	-					·
24. 26.	Surety Burglary and theft			-									
27.	Boiler and Machinery												
28.	Credit												
29.	International	ХХХ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty		vvv		vvv	vvv	vvv	vvv	vvv	vvv	vvv	vvv	vvv
31. 32.	Reins nonproportional assumed property Reins nonproportional assumed liability	XXX	XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business												
35.	TŎTAĽ (a)												705
	OF WRITE-INS												
3401. 3402.		+		-									
3402.		1											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)					ļ							
(a) Fir	ance and service charges not included in Lines 1 to 35 \$												

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	SINESS IN THE STA		OF FREINIUMS AI	ID LOSSES (Statut		DURING THE YEAR 2	022		N/	IC Company Code 27	7871	
		Gross Premiums, Ir Membership Fees, Le and Premiums on I	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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. 2.1	FireAllied Lines												
2.2	Multiple Peril Crop	45,279	13,584		31,695		3,583	3,583					
2.3	Federal Flood												
2.4	Private Crop												200
2.5	Private Flood							ļ				ļ	
3. 4.	Farmowners Multiple Peril Homeowners Multiple Peril												
5.1	Commercial Multiple Peril (Non-Liability Portion)												
5.2	Commercial Multiple Peril (Liability Portion)												
6.	Mortgage Guaranty												
8.	Ocean Marine												
9. 10.	Inland MarineFinancial Guaranty			-		Ĺ		·			 	·	
10.	Medical Professional Liability - Occurrence											l	
11.2	Medical Professional Liability – Claims-Made												
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b)	.		.		ļ	ļ				ļ	ļ	ļ
13.2.	Comprehensive (hospital and medical) group (b)												
14. 15.1	Vision Only (b)												
15.2	Dental Only (b)												
15.3	Disability Income (b).												
15.4	Medicare Supplement (b)												
15.5	Medicaid Title XIX (b)											ļ	
15.6 15.7	Medicare Title XVIII (b) Long-Term Care (b)												
15.7	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b)												
16.	Workers' Compensation												
17.1	Other Liability-Occurrence												
17.2	Other Liability-Claims-Made Excess Workers' Compensation												
17.3 18.1.	Products liability-Occurrence												
18.2.	Products liability-Occurrence 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)							ļ				ļ	
19.4 21.1	Other Commercial Auto Liability												
21.2	Commercial Auto Physical Damage												
22.	Aircraft (all perils)												
23.	Fidelity	.		.							ļ	ļ	ļ
24.	Surety Burglary and theft	-										ļ	
26. 27.	Boiler and Machinery							l					ļ
28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty												
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. 33.	Reins nonproportional assumed liability	XXX	XXXXXX	XXX XXX	XXXXXX	XXXXXX	XXX	XXX	XXX XXX	XXXXXX	XXXXXX	XXXXXX	XXX
34.	Aggregate write-ins for other lines of business												
35.	TOTAL (a)	45,279	13,584		31,695		3,583	3,583					200
DETAILS	OF WRITE-INS												
3401. 3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) ance and service charges not included in Lines 1 to 35 \$												L

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Utah DURING THE YEAR 2022** NAIC Company Code 27871 Gross Premiums, Including Policy and 10 Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Paid Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 9,871,410 .8,038,039 .6,307,653 .12,969,014 13,952,399 _1,952,561 2.3 Federal Flood 2.4 Private Crop .25,031 25.031 2.5 Private Flood 769.321 .716,797 .76,260 (403,840 551.399 .32,342 .51,342 .57,000 .96,707 .16 .887 Farmowners Multiple Peril .369,635 Homeowners Multiple Peril 5,019,695 .4,636,245 .2,572,875 2,375,011 2,328,208 ..1.098.362 .30,234 .30,234 .82,000 .682,221 .110.334 5.1 Commercial Multiple Peril (Non-Liability Portion) 1.539.153 .1.421.034 779.800 249.835 .235.869 131.498 .40,357 45.357 .22.000 .226.215 .33.926 Commercial Multiple Peril (Liability Portion) 5.2 ...758.260 .302.097 18.007 ..761,888 .360.639 ..39.439 ..45.873 148.000 ...93.289 .16.651 Mortgage Guaranty .. 6. Ocean Marine 8. .120.559 ...112,910 .60,769 .26,352 .26,352 16,836 .2.650 Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b). Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation 1.304.661 1.247.748 533.507 189.402 .311.782 588.417 13.977 .28.977 .97.000 85.555 .28.677 17.1 Other Liability-Occurrence. ..700,874 ..652,386 .346.821 ..2.000 ..11,000 ..96,826 ..15,405 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) .343,507 .337,483 ..173,209 ..174.033 .174,329 .45,976 .3,152 .5,000 .7,550 19.1 .46,296 Other Private Passenger Auto Liability 7,196,077 .6,929,541 .3,637,375 4,892,496 5.730.030 .5.853.597 .34,095 82,095 345.000 .971.024 158,174 .(2,000) Commercial Auto No-Fault (Personal Injury Protection) .5.000 _3.000 .13.000 193 7 012 .7.446 ...3.359 916 154 19.4 Other Commercial Auto Liability .294,144 ..311,581 .139,397 .35,852 .(143,660) 119 488 .1,397 .8,397 .33,000 ..38,424 .6,465 Private Passenger Auto Physical Damage 4,619,189 .4,432,543 .2,334,136 3,197,918 .3,481,258 297,717 .1,666 ..1,666 .3,000 .624,484 101,531 Commercial Auto Physical Damage 144.053 ..24,187 21.2 ...154,352 ...72,338 .89.720 ..(3,000) ..18,818 .3,166 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX.. _XXX... XXX 30 Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. XXX XXX.. XXX XXX XXX XXX XXX __XXX.. XXX 34. Aggregate write-ins for other lines of business 32.716.574 29,781,396 17.691.513 24.315.332 25,762,787 10,954,112 157,227 272,227 805.000 2.997.611 501.590 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page 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

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



N/	AIC Group Code 00513		SINESS IN THE STAT	TE OF Virginia			DURING THE YEAR	2022			IC Company Code 27	
		Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken 2	3 Dividends Paid or Credited to	4 Direct Unearned	5 6 Direct Losses	7	8 Direct Defense and	9 Direct Defense and	10 Direct Defense and	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Premium Reserves	Paid (deducting salvage) Direct Losses Incurred	Direct Losses Unpaid	Cost Containment Expense Paid	Cost Containment Expense Incurred	Cost Containment Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fe
Fire												
Allied Lin												
	Peril Crop											
Federal F	Flood											
Private C							.					2
Private F							.					
	ners Multiple Peril						.					
	ners Multiple Peril											
Commerc	cial Multiple Peril (Non-Liability Portion)			-		····						
	cial Multiple Peril (Liability Portion)					·····	-					
Молдаде Ocean M	e Guarantylarine					·····						
Inland Ma						· · · · · · · · · · · · · · · · · · ·						
	I Guaranty			· [·					·
Fillancial	Professional Liability - Occurrence						·					
	Professional Liability - Occurrence Professional Liability - Claims-Made		ļ	· [·	·	·····			ļ
Earthqua				· [· · · · · · · · · · · · · · · · · ·								·
	nensive (hospital and medical) ind (b)	**										
	nensive (hospital and medical) ind (b)											
Credit A	& H (group and individual)											
Vision Or												
Dental O	nly (b)											
Disability	Income (b)											
	Supplement (b)			-								
	I Title XIX (b)											
Medicare	e Title XVIII (b)											
Long-Ter	rm Care (b)											
Federal E	Employees Health Benefits Plan (b).											
Other He												
	Compensation											
	ability-Occurrence.											
	ability-Claims-Made											
Excess V	Vorkers' Compensation.											
. Products	liability-Occurrence											
. Products	liability-Claims-Made											
	Passenger Auto No-Fault (Personal Injury Protection)											
Other Pri	ivate Passenger Auto Liability											
Commerc	cial Auto No-Fault (Personal Injury Protection)											
	ommercial Auto Liability											
Private P	Passenger Auto Physical Damage						.					
Commerc	cial Auto Physical Damage											
Aircraft (a	all perils)											
Fidelity												
Surety												
	and theft						.					
	d Machinery		ļ	-		ļ						ļ
Credit												
Internatio		XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Warranty						VVV	, , , , , , , , , , , , , , , , , , ,	VVV	VVV	VVV		NAVA
	nproportional assumed property		XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins noi	nproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	nproportional assumed financial lines	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
	te write-ins for other lines of business			·		<u> </u>	-					
TOTAL (a		+	1									1 2
LS OF WRITE-I	INS											
						····	·					
<u>′</u> 3							·				•	
	of remaining write-ins for Line 34 from overflow page											
	nes 3401 through 3403 Plus 3498) (Line 34 above)								l	T		[

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513	BUSI	INESS IN THE STATE	OF Wisconsin		, , ,		DURING THE YEAR	2022		NA.	IC Company Code 27	7871
•	Gross Premiums, I Membership Fees, L	Including Policy and Less Return Premiums Policies not Taken	3 Dividends Paid	4	5 6		7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fee
1. Fire												
2.1 Allied Lines		4 405		400.000								
2.2 Multiple Peril Crop	428,930	4, 105		428,930		(189,689)			ļ			
2.3 Federal Flood												
					·····			····	ļ			ļi
					·····							
·						····						
Homeowners Multiple Peril	• • • • • • • • • • • • • • • • • • • •				·····			····	·			
5.2 Commercial Multiple Peril (Non-Liability Portion)												
Mortgage Guaranty												
8. Ocean Marine							•					
9. Inland Marine												
Financial Guaranty												
1.1 Medical Professional Liability - Occurrence												
1.2 Medical Professional Liability – Claims-Made												
2. Earthquake												
3.1 Comprehensive (hospital and medical) ind (h)		.		<u> </u>	L			ļ		ļ	<u> </u>	ļ
3.2. Comprehensive (hospital and medical) group (b)												
4. Credit A & H (group and individual)												
5.1 Vision Only (b)												
5.2 Dental Only (b)												
5.3 Disability Income (b)					ļ							
5.4 Medicare Supplement (b)												
5.5 Medicaid Title XIX (b)									ļ			ļ
5.6 Medicare Title XVIII (b)												
5.7 Long-Term Care (b).												
5.8 Federal Employees Health Benefits Plan (b)					ļ				ļ			
5.9 Other Health (b)					······							
Workers' Compensation Other Liability-Occurrence					·····							
7.1 Other Liability-Occurrence												
7.2 Other Elability-Claims-Made												
8.1. Products liability-Occurrence					·····				·····			
3.2. Products liability-Occurrence												
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												
1.1 Private Passenger Auto Physical Damage												
I.2 Commercial Auto Physical Damage												
2. Aircraft (all perils)												
Fidelity					ļ			ļ	ļ			ļ
. Surety					ļ			ļ	ļ			
6. Burglary and theft		.	.		ļļ			ļ	ļ	ļ	ļ	ļ
7. Boiler and Machinery					ļ			ļ	ļ			ļ
B. Credit				Mr			Arres				W	ļ
International	XXX	XXX	XXX	XXX	XXXXXXXXX		XXX	XXX	XXX	XXX	XXX	XXX
. Warranty	vvv	VVV	XXX	yw	xxx	····	ννν	VVV	XXX	VVV	VVV	XXX
Reins nonproportional assumed property Reins nonproportional assumed liability	XXXXXX	XXXXXX	XXXXX	XXXXXX	LXXXXXXXXXXXX		XXXXXX	XXX	XXX	XXXXXX	XXX	XXX
Reins nonproportional assumed liability		XXX	XXX	XXX	XXX XXX		XXX	XXXXXX	XXX	XXX	XXXXXX	XXX
Reins nonproportional assumed financial lines Aggregate write-ins for other lines of business		^^^	^^^					^^^	······	^^^	^^^	······
5. TOTAL (a)	428.930	4.105		428.930		(189.689)		·	ļ			
TAILS OF WRITE-INS	420,930	4,100		420,330		(100,000)				 		
401.					L	l						
402.												
403.					ļ							
3498. Summary of remaining write-ins for Line 34 from overflow page								ļ	ļ			ļ
499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)			1					<u> </u>		1		

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513	BUS	INESS IN THE STATE	OF Wyoming				DURING THE YEAR 2	2022		NA	IC Company Code 27	/871
•	Gross Premiums, Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fee
1. Fire												
2.1 Allied Lines		04.000		24,569	18,959	04.000	0.044					
		34,996	····	24,509	18,959	24,809	6,944		····			
2.3 Federal Flood												5.
2.5 Private Flood								·····	·····		ļ	
B. Farmowners Multiple Peril												
Homeowners Multiple Peril												
.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)	***************************************											
6. Mortgage Guaranty												
. Ocean Marine												
9. Inland Marine												
). Financial Guaranty												
.1 Medical Professional Liability - Occurrence							ļ	ļ		ļ		ļ
I.2 Medical Professional Liability – Claims-Made								ļ				
2. Earthquake			ļ		ļ		ļ		ļ			
B.1. Comprehensive (hospital and medical) ind (b)												
3.2. Comprehensive (hospital and medical) group (b)												
1. Credit A & H (group and individual)												
5.1 Vision Only (b)												
5.2 Dental Only (b)												
.3 Disability Income (b)								ļ	ļ			
.4 Medicare Supplement (b)												
.5 Medicaid Title XIX (b)												
5.6 Medicare Title XVIII (b)												
5.7 Long-Term Care (b)												
5.8 Federal Employees Health Benefits Plan (b)												
5.9 Other Health (b)												
7.1 Other Liability-Occurrence									·····			
7.2 Other Liability-Occurrence												
7.3 Excess Workers' Compensation												
3.1. Products liability-Occurrence												
3.2. Products liability-Claims-Made												
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)												
0.4 Other Commercial Auto Liability												
I.1 Private Passenger Auto Physical Damage												
.2 Commercial Auto Physical Damage												
Aircraft (all perils)			ļ				ļ	ļ	ļ		ļ	
Fidelity			ļ		ļ		ļ	ļ	ļ			
Surety							ļ					
Burglary and theft			ļ		ļ		ļ	<u> </u>	ļ	ļ	ļ	
. Boiler and Machinery		-	····		····		·	ł	 			
3. Credit		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
. International	XXX	λλλ	[^] ^^	λλλ			^{\lambda} \lambda\lambda	······	[^] ^^	······································	[^] ^^	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
I. Aggregate write-ins for other lines of business												
5. TOTAL (a)	35,099	34,996		24,569	18,959	24,809	6,944					5
TAILS OF WRITE-INS	,	,,		.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	1					
401.			ļ				ļ					
402.			ļ				ļ		ļ			
103.												
 Summary of remaining write-ins for Line 34 from overflow page												
) Finance and service charges not included in Lines 1 to 35 \$		ļ.	1	ļ.	1	ļ.	1	1	1	1	l	

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

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BUSINESS IN THE STATE OF Con-		F Consolidated	OI I ILLIIIOIIIO AI	ID LOSSES (Statuto	ory rugo 14,	DURING THE YEAR 20	022		N.	AIC Company Code 278	71
		Gross Premiums, Ir		3	4	5	6	7	8	9	10	11	12
		Premiums on Po	licies not Taken 2	Dividends Paid or Credited to	Direct Unearned	Direct Losses			Direct Defense and	Direct Defense and	Direct Defense and	Commissions	
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Premium Reserves	Paid	Direct Losses Incurred	Direct Losses Unpaid	Cost Containment Expense Paid	Cost Containment Expense Incurred	Cost Containment Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	VVIIdeii	Lamea	Business	110001100	(deddolling salvage)	Billeot Eosses illouried	Onpaid	Expense i aia	Expense meaned	Expense onpaid	Expenses	Elections and 1 ccs
2.1	Allied Lines	11,429	9,478		10.347	8.350	8.350						318
2.2	Multiple Peril Crop				40,359,586	199 , 118 , 798		52,397,310					
2.3	Federal Flood												
2.4	Private Crop	14,256,173	14,256,173										56,070
2.5	Private Flood												
3.	Farmowners Multiple Peril	25,776,918	23, 179, 559		11,886,013	15,783,681	10,432,755	8,293,580	548,257	742,257	966,000	3,311,105	520,804
4.	Homeowners Multiple Peril	53,919,068	50,088,472		27,663,711	41,843,683	46,339,532	14,253,667	172,141	136 , 141	477,000		1,048,870
5.1	Commercial Multiple Peril (Non-Liability Portion)		30,824,989		16,680,351	34,924,591	36,083,501	23,063,587	610,483		443,000	4,808,887	640,659
5.2	Commercial Multiple Peril (Liability Portion)	7,221,792	7, 298, 327		3,357,954	2,869,266	3,116,704	4,610,493	358,517		1,756,000		137 ,966
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	1,217,012	1, 133, 631			547 ,434	525,106	5,000	42	42		173,791	22,973
10.	Financial Guaranty			ļ								ļ	
11.1	Medical Professional Liability-Occurrence												
11.2	Medical Professional Liability-Claims-Made										ļ	ļ	
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) - ind (b)	••••											
13.2.	Comprehensive (hospital and medical) - group (b).			·									
14.	Credit A & H (group and individual)												
15.1	Vision only (b)												
15.2 15.3	Dental Only (b)												
15.4	Medicare Supplement (b).												
15.4	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b)												
15.7	Federal Employees Health Benefits Plan (b).												
15.6	Other Health (b)												
16.	Workers' Compensation	20.875.584	20.463.391		8.267.921	6.126.422	8,418,053	23.562.469		1,164,777	2.590.000	1.346.635	353.933
17.1	Other Liability-Occurrence	6,540,272	5.952.404		3.099.889		1.030.627	1,584,500	12,421	11.421	Z, 350, 000	897,216	126,215
17.2	Other Liability-Claims-Made						, ,000 ,021	, 304, 300					
17.3	Excess Workers' Compensation.												
18.1.	Products Liability-Occurrence					• • • • • • • • • • • • • • • • • • • •							• • • • • • • • • • • • • • • • • • • •
18.2.	Products Liability-Claims-Made												
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	1,570,098	1,505,316		803,610	779,142	892.672	507 , 168	13,819	10,819	21,000	211,298	35,534
19.2	Other Private Passenger Auto Liability		28,811,938		15,482,581	21,856,794	25,403,771	22,403,670		1,188,015	1,701,000	4,194,603	
19.3	Commercial Auto No-Fault (Personal Injury Protection)	127,611	130,538		55,474	8,570	(6,679)		261	12,261		15,151	2,855
19.4	Other Commercial Auto Liability		5,509,362	ļ	2,575,916	1,185,109	1,592,695	4,372,420	192,680	422,680	980,000	805,994	112,530
21.1	Private Passenger Auto Physical Damage		31,221,923		17,066,347	22,996,336	24,074,746	1,466,924	7,076	11,076	25,000	4,650,669	673,953
21.2	Commercial Auto Physical Damage	6,231,565	5,920,541		2,684,277	4,797,182	5,022,952	396,612	831	(169)	5,000		115,237
22.	Aircraft (all perils)			ļ									
23.	Fidelity												
24.	Surety			ļ									
26.	Burglary and Theft												
27.	Boiler and Machinery												
28.	Credit			ļ			ļ	ļ			ļ	ļ	
29.	International												
30.	Warranty		yw		VVV	VVV	VVV		VVV		VVV	yyy	VVV
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.		468 . 457 . 780	438.644.105		150.599.629	360.609.166	406.918.132	157.613.229	3.529.320	5.013.320	9.050.000	29.625.987	4,460,405
35.	TÔTAL (a) S OF WRITE-INS	408,457,780	438,044,105		100,099,029	300,009,166	400,918,132	157,613,229	3,529,320	5,013,320	9,050,000	29,020,987	4,400,405
3401.	OUL AAUITE-IIAQ												
3401.											····	·	
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												
/ \ F:	nance and service charges not included in Lines 1 to 35.\$	85 247		-				-					

and number of persons insured under indemnity only products

Accumed Paincurance	as of Docombor 31 Cu	rrent Year (\$000 Omitted)

					: Year (\$000 Omitt	ed)								
1	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
					6	7	8	1					Amount of Assets	
													Pledged or	Amount of Assets
											Funds Held By or		Compensating	Pledged or
	NAIC				Paid Losses and			Contingent	Assumed		Deposited With		Balances to	Collateral
ID.	Company		Domiciliary	Assumed	Loss Adjustment	Known Case		Commissions	Premiums	Unearned	Reinsured	Letters of Credit	Secure Letters	Held in
Number	Code	Name of Reinsured	Jurisdiction	Premium		Losses and LAE	Cols. 6 +7	Payable	Receivable	Premium	Companies	Posted	of Credit	Trust
	Inaffiliated I		Carloalotion	1 TOTHIGHT	Ехропосс	LOCOCO UNA EXTE	0010.0 1	i ayabio	rtocorvabio	1 TOTTIGHT	Companies	1 00104	_ or oroun	Truot
36-2661954	10103	AMERICAN AGRICULTURAL INS CO	I IN			12	12							
16-1486064	10687	UTICA NATL ASSUR CO.	NY.			22	22				40			
	Total Other U.	S. Unaffiliated Insurers				34					40			
Pools and As	sociations -	Mandatory Pools, Associations or Other Similar	Facilities											
AA-9991118	00000	LOWA COMMERCIAL AUTO INS PROCEDURE	I AIA		6	93	99		14	29				
AA-9991209	00000	KANSAS FAIR PLAN.	KS		23	13	36		153	37				
AA-9992118	00000	KANSAS FAIR PLAN NATIONAL WORKERS COMP REINS POOL	NY	587	61	605	666		200	168				
1099999 - 1	Pools and Asso	ociations – Mandatory Pools, Associations or Oth	ner Similar											
	Facilities			731	90	711	801		367	234				
1299999 - 1	Pools and Asso	ociations – Total Pools and Associations		731	90	711	801		367	234				
			ļ											
			·····											
					-									
			ļ				ļ	ļ			ļ		·	
			·····											
					-		·							
	1						<u> </u>							
9999999	Totals			731	90	745	835		367	234	40			

		Premium Portfolio Reinsurance Effected or (Canceled)	during Current Year		
1	2	3	4	5	6
	NAIC				
ID	Company				Reinsurance
Number	Code	Name of Company	Date of Contract	Original Premium	Premium
0199999 Total	Reinsurance	Ceded by Portfolio			
0299999 Total	Reinsurance	Assumed by Portfolio			
0200000 . 01.01.		, todamou by i ditalio			
I					
			•		
			····		
		NONE			
				<u> </u>	
····			•		
I					

					Ceded	Reinsuran	ce as of Dec	ember 31, C	urrent Year	(\$000 Omitte	ed)								
1	2	3	4	5	6			,		ance Recove					16	Reinsuran	ce Payable	19	20
						7	8	9	10	11	12	13	14	15	1	17	18	1	
																		Net Amount	
					Reinsur-			Known							Amount in		Other	Recover-	Funds Held By Company
	NAIC				ance			Case	Known				Contingent	Cols.	Dispute	Ceded	Amounts	Reinsurers	Under
ID	Company		Domiciliary	Special	Premiums	Paid	Paid	Loss		IRNR Loss	IBNR LAE	Unearned	Commis-	7 through	Included in	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves		Reserves		sions	14 Totals			Reinsurers	[17 + 18]	Treaties
		U.S. Intercompany Pooling	04.104.01.01.	0000	00000	200000		1 11000.100	1 . 1000. 100	. 1000.700	1 11000.100	1	0.0.10	1	100		11.0000		110000
42-0331872		FARM BUREAU PROP & CAS INS CO	IA		207,656			44,087		33 , 150	15,022			199,679				199,679	
		zed – Affiliates – U.S. Intercompany Pooling			207,656			44,087		33,150	15,022	107,420		199,679				199,679	
		zed - Affiliates - Total Authorized - Affiliates			207,656			44,087		33,150	15,022	107,420		199,679				199,679	
95-2371728		naffiliated Insurers ACE AMER INS CO	T DA		244 602 1			46,454	1	C 571		40,360	ı	02 205		I		02 205	
95-23/1/20	35300	ALLIANZ GLOBAL RISKS US INS CO.	PA		241,602 189	19		132	·	6,571 160		40,300		93,385 311		25		93,385 286	·
06-1182357	22730	ALLIED WORLD INS CO.	NH.			3		I 6		11				20					
36-2661954	10103	AMERICAN AGRICULTURAL INS CO.	IN		781	5		1,029		556		73		1,663		150		1,513	
06-1430254	10348	ARCH REINS CO.	DE		18			47						400		2		(2)	
51-0434766 47-0574325	20370	AXIS REINS CO	NY DE		57 1 . 170	4		47 22		71 152		362		122 539		16 164		106 [°] 375	
42-0234980	21415	EMPLOYERS MUT CAS CO.	I IA		133	5	1	373		49				428		12		416	
22-2005057	26921	EVEREST REINS CO.	DE			1		60						61				61	
05-0316605	21482	FACTORY MUT INS CO.	RI		3,601	343	6	116				1,769		2,234		584		1,650	
43 - 1898350 13 - 6108721	11054	FLETCHER REINS CO	MO		189	11	1	435		27 168				474 317		51		474 266	
06-0384680	26433 11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT	ļ		5		144		108		411		433		51 82			
74-2195939	42374	HOUSTON CAS CO.	1 TX		152	3		35		44	†	411		82		24		58	
04-1543470	23043	LIBERTY MUT INS CO	MA		153	9		314		110				433		29		404	
06-1481194	10829	MARKEL GLOBAL REINS CO.	DE			9	1	235		25		ļ		270				270	
13-4924125	10227	MUNICH REINS AMER INC	DE OH		227	/		8		70		107		192 187		58 4		134 183	
31-4177100 13-3138390	23787 42307	NAVIGATORS INS CO	NY		34 231	15		187 145		207	+			367		51		316	
47-0698507	23680	ODYSSEY REINS CO.	CT		194	21		148		214		1		384		35		349	
13-3031176	38636	PARTNER REINS CO OF THE US.	NY		98			459						459		11		448	
35-6021485	12416	PROTECTIVE INS CO.	IN				ļ	ļ1	ļ	ļ	‡	ļ		ļ1			ļ	 1	
23-1641984 52-1952955	10219 10357	QBE REINS CORPRENAISSANCE REINS US INC	PA MD		154			1 707	····			ļ		1 709		17		1 692	
43-0727872	15105	SAFETY NATL CAS CORP		l	644	43	Δ	1.337	·	428	†			1.812		56		1.756	
75-1444207	30058	SCOR REINS CO.	NY.			1	·	151						152				152	
75 - 1980552	12831	STATE NATL INS CO INC.	TX		134	10		98		115				223		25		198	
13-1675535	25364	SWISS REINS AMER CORP.	NY		627	28		890		375				1,293		102		1,191	
02-0449082 31-0542366	42376 10677	TECHNOLOGY INS CO INC	DE OH		53	17 8		551 63		50 69				620 140		6		620	
42-0644327	13021	UNITED FIRE & CAS CO.	I IA		62			1								5		[5]	
20-3145738	12537	UNITED SPECIALTY INS CO.	DE		(3)	2		3		44				49		(1)		50	
13-1290712		XL REINS AMER INC.	NY									186		186		102		84	
		zed - Other U.S. Unaffiliated Insurers			251,578	572	15	54,173		9,516		43,271		107,547		1,610		105,937	
	Pools - Mand	MINNESOTA WORKERS COMP	T MNI	1	(41)		Ι	T .	ı	31	I	ı	ı	31	1	24	Ι	7	Г
		zed - Pools - Mandatory Pools	. NIIN.		(41)					31				31		24		7	
	Other Non-U.				(41)			1	L	J 1	1	L	I.	<u> </u>				,	
AA-1120337	00000	Aspen Ins UK Ltd	GBR			4	1	134		12				151				151	
AA-3194122	00000	DaVinci Reins Ltd.	BMU.		300	30		145		245				420		47		373	
AA - 3194130	00000	Endurance Specialty Ins Ltd.	BMU	ļ	586	3	<u> </u> 1	3	ļ	054	\	 	ļ	7			ļ	ļ7	ļ
AA-3190871	00000	Hannover Rueck SE Lancashire Ins Co Ltd	DEUBMU	 		20	ļ ¹	252	·	351		 	 	624	·	84 o	ļ	540	
AA-1126033	00000	Lloyd's Syndicate Number 33.	GBR	İ		27		209	†	278	†	†		514	1	43		471	
AA - 1126435	00000	Lloyd's Syndicate Number 435	GBR		167	3		36		44		<u> </u>		83		22		61	
AA-1126510	00000	Lloyd's Syndicate Number 510	GBR		243	25		210		280				515		46		469	
AA - 1120085	00000	Lloyd's Syndicate Number 1274	GBR		39	3		38	ļ	50				91		9		82	ļ
AA - 1127301 AA - 1127414	00000	Lloyd's Syndicate Number 1301Lloyd's Syndicate Number 1414	GBRGBR		237	20	<u> </u>	62	<u> </u>	106		142		188 142		26 78	 	162	ļ
AA-1120156	00000	Lloyd's Syndicate Number 1414	GBR	·····		16		159	†	222	†	142		397		37			
AA-1120157	00000	Lloyd's Syndicate Number 1729	GBR		210	19		150		219				388		42		346	
AA-1120171	00000	Lloyd's Syndicate Number 1856.	GBR		96	10				121				204		23		181	
AA-1120096	00000	Lloyd's Syndicate Number 1880	GBR	I	61	6	I	53	I	70	1	I	I	129	1	12	I	117	1

					Ceded	l Reinsuran	ce as of Dec	ember 31, C	urrent Year	\$000 Omitte	ed)								
1	2	3	4	5	6				Reinsura	ance Recove	rable On				16	Reinsurand	ce Payable	19	20
						7	8	9	10	11	12	13	14	15		17	18		
																		Net Amount	
																		Recover-	Funds Held
					Reinsur-			Known	,,						Amount in		Other	able From	
l ın	NAIC				ance	5 · .	5.,	Case	Known	IDNID	IDNIDIAE	l	Contingent	Cols.	Dispute	Ceded		Reinsurers	Under
ID	Company	N (D)	Domiciliary	Special	Premiums	Paid	Paid	Loss	Case LAE			Unearned	Commis-	7 through	Included in	Balances	Due to	Cols. 15 -	Reinsurance
Number AA-1120083	Code 00000	Name of Reinsurer Lloyd's Syndicate Number 1910	Jurisdiction GBR	Code	Ceded 571	Losses 85	LAE	Reserves 671	Reserves	Reserves	Reserves	Premiums	sions	14 Totals 1,498	Column 15	Payable 70	Reinsurers	[17 + 18] 1,428	Treaties
AA-1120065	00000	Lloyd's Syndicate Number 1947	GBR		5/1	2		2						33					
AA-1120084		Lloyd's Syndicate Number 1955.	GBR.		72	5		15		25				45		8		37	
AA-1120106		Lloyd's Syndicate Number 1969	GBR_			5		2		43				50				50	
AA-1128001	00000	Lloyd's Syndicate Number 2001	GBR		375	38		314		412				764		69		695	
AA-1128003		Lloyd's Syndicate Number 2003.	GBR		155	1		33						34		(1)		35	
AA-1128010		Lloyd's Syndicate Number 2010	GBR		152	16	1	103	ļ	157			ļ	277		30		247	
AA - 1128121		Lloyd's Syndicate Number 2121	GBR		37 545			20	ļ	22				42 959		9 79		33	
AA - 1128791 AA - 1128987		Lloyd's Syndicate Number 2791 Lloyd's Syndicate Number 2987	GBRGBR.		545	11		408		496 81				108		/9		880 105	
AA-1129000		Lloyd's Syndicate Number 3000	GBR		36	1		10						1		3		(2)	
AA-1126005		Lloyd's Syndicate Number 4000	GBR			1		1		11				13				13	
AA-1120086		Lloyd's Syndicate Number 4141	GBR		(1)	4		7		29				40				40	
AA-1126006		Lloyd's Syndicate Number 4472	GBR		53				ļ		ļ					5		(5)	
AA-1120181		Lloyd's Syndicate Number 5886.	GBR		173	16		125		192				333		38		295	
AA - 1840000		Mapfre Re Compania de Reaseguros SA	ESP					11						ļ1		40		1	
AA -3190829		Markel Bermuda Ltd	BMU BMU		147	47		100		172	 			240	 	13		(13)	
AA-3190686 AA-3190339	00000	Partner Reins Co Ltd	BMU		157 199	17 23		129 101		172				318 309		28 31		290 278	
AA-3190870		Validus Reins Ltd	BMU		570	84	1	672		753				1.510		70		1,440	
		zed - Other Non-U.S. Insurers			6.014	550	5	4.144		5.347		142		10.188		933		9.255	
		zed Excluding Protected Cells (Sum of 0899999, 0999999).	1099999 1199999	and 1299999)	465,207	1,122		,		48,044	15,022			317,445		2,567		314,878	
		U.S. Insurers	1000000, 1100000	ana 1200000)	100,201	1,122		102,101	l	10,011	10,022	100,000		011,110		2,001		011,010	
AA-9240012		China Prop & Cas Reins Co Ltd	CHN.		124	22	I	128		153				303		15		288	
AA-9240020	00000	China Reins Grp Corp	CHN.					2						2				2	
AA-3191435	00000	Conduit Reins Ltd.	BMU		54	4		53		59				116		11		105	
AA - 1340028	00000	Devk Ruckversicherungs und Beteiligungs AG	DEU		166	16		130		179				325		31		294	
AA - 3191289		Fidelis Ins Bermuda Ltd.	BMU GBR		(3)	/ 14	ļ	13 23	ļ	54 110				74 147		(1)		75 148	
AA - 1120175 AA - 5340310	00000	Fidelis Underwriting Ltd	IND		(5)	14		23 Ω		110				147		(1)		148	
AA-3191190		Hamilton Re Ltd	BMU		283	29		222		321				572		55		517	
AA-3190060		Hannover Re (Bermuda) Ltd.	BMU.		474	61	1	457		624				1.143		82		1,061	
AA - 1460080	00000	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	CHE		53			93		14		1		108		6		102	
AA-3190875	00000	Hiscox Ins Co (Bermuda) Ltd.	BMU			3	1							4				4	
AA-8310008	00000	Humboldt Re Ltd.				5		9		18				32				32	
AA -5420050	00000	KOREAN REINS CO	KORSWE		148 46	8	ļ	94 42		161				263 110		34 12		229	99
AA-1440060 AA-3191239	00000	Lumen Re Ltd			91	4 7		89		64 99				110		12 19		98 176	99
AA - 1460019		MS Amlin AG.			ا لاا	······	ļ	1	····	99	İ	†		1		19		1/0	
AA-5340660		NEW INDIA ASSUR CO LTD.	IND			6	İ	11		22	t	<u> </u>		39				39	
AA-5320039	00000	Peak Reins Co Ltd	HKG		383	32		267		365				664		75		589	
AA-3191298	00000	Qatar Reins Co Ltd	BMU		133	14		115		163				292		28		264	
AA - 1240051	00000	QBE Europe NV/SA	BEL	ļ	5		ļ		ļ	A.W	ļ	 	ļ	ļ					
AA - 1340004	00000	R V Versicherung AG.	DEU		652	62	ļ1	695		670				1,428		124		1,304	
AA - 1440076 AA - 5324100		SiriusPoint Intl Ins Corp (publ)	SWEHKG.		26 190	4	····	145		28 199				40 363		3		37 329	
AA-3324100		Vantage Risk Ltd.	BMU		190	13		145	····	147	l			281		34 28			
AA-3191388	00000	Vermeer Reins Ltd	BMU		47	13		25		85	·	İ		122		20 5		117	
AA-3191315		XL Bermuda Ltd	BMU			1		I			I	l		1				1	
		rized - Other Non-U.S. Insurers	1		3,025	348	3	2,751		3,550		1		6,653		560		6,093	99
		rized Excluding Protected Cells (Sum of 2299999, 239999	9, 2499999, 259999	99 and			1				1	·			†				
	2699999)		,,		3,025	348	3	2,751		3,550	1	1		6,653		560		6,093	99
Certified - (Other Non-U.S	. Insurers					•		•		•	•						-	
CR-3194126		Arch Reins Ltd	BMU			4	1				ļ			5				5	
CR-3190875		Hiscox Ins Co (Bermuda) Ltd.	BMU		704	93	ļ	752	ļ	863	ļ	ļ		1,708		92		1,616	
CR-1460100		New Reins Co Ltd.	CHE		(1)	6		10		33				49				49	<u> </u>
		ed - Other Non-U.S. Insurers	0000000	1 1000000	703	103		762		896				1,762		92		1,670	5
4299999 - 1	iotal Certific	ed Excluding Protected Cells (Sum of 3699999, 3799999,	3899999, 3999999	and 4099999)	703	103	1	762		896				1,762		92		1,670	5

SCHEDULE F - PART 3

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

	Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) 1 2 3 4 5 6 Reinsurance Recoverable On 16 Reinsurance Payable 19																		
1	2	3	4	5	6				Reinsura	ance Recove	rable On				16	Reinsuran	ce Payable	19	20
						7	8	9	10	11	12	13	14	15		17	18	1	1
																		Net Amount	1
																			Funds Held
					Reinsur-			Known							Amount in		Other		By Company
	NAIC							Case	Known				Cantingant	Cala		Cadad			
			_ · ·		ance	Б.:	٦.,	-		IDNID	IDNIDIAE	l	Contingent		Dispute	Ceded	Amounts	Reinsurers	
ID.	Company		Domiciliary	Special	Premiums	Paid	Paid	Loss			IBNR LAE				Included in	Balances	Due to		Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	14 Lotais	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
		Other Non-U.S. Insurers	ADD.		407			00		140				000				170	
RJ-1120191		Convex Ins UK Ltd	GBR BMU		127 127					110				206 206				176 176	
RJ-3191400					254	/ /				110						30			
		cal Jurisdiction - Other Non-U.S. Insurers	000 5400000 5000	2000 500000		14		178		220				412		60		352	$\overline{}$
5699999 -	and 5499999	cal Jurisdiction Excluding Protected Cells (Sum of 5099	999, 5199999, 5299	9999, 5399999	254	14		178		220				412		60		352	1
5700000			204	14		1/0		220				412		00		302	$\overline{}$		
5/99999 -	(Cum of 140	zed, Unauthorized, Reciprocal Jurisdiction and Certifie 9999, 2899999, 4299999 and 5699999)	469.189	1.587	24	106.095		52,710	15.022	150.834		326.272		3.279		322.993	104		
	(30111 01 148	9999, 2099999, 4299999 and 5099999)			409,109	1,007	<u>Z4</u>	100,093		32,710	10,022	100,004		320,212		3,219		322,993	104
																		<u> </u>	
					•••••														<u> </u>
								<u> </u>											
					•••••														
																		<u> </u>	<u> </u>
9999999	Totals			469,189	1,587	24	106,095		52,710	15,022	150,834		326,272		3,279		322.993	104	

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Credit Risk)																			
		1	Colla	ateral		25	26	27				Ceded	Reinsurance (Credit Risk	kisk				
		21	22	23	24				28	29	30 Reinsurance	31	32	33	34	Recoverables	36 Credit Risk on Uncollateralized Recoverables		
ID Number		Multiple		Issuing or Confirming Bank	Single Beneficiary Trusts & Other	Total Funds Held,	Net Recoverable Net of Funds	Applicable Sch. F	Total Amount Recoverable From Reinsurers Less Penalty	Stressed Recoverable	Payable & Funds Held (Cols. 17+18+20; but not in	Stressed Net Recoverable	Total Collateral (Cols. 21 + 22 + 24, not	Stressed Net Recoverable Net of Collateral	Reinsurer	(Col. 32 * Factor Applicable to Reinsurer Designation	(Col. 33 * Factor Applicable to Reinsurer Designation		
From Col. 1	Name of Reinsurer From Col. 3	Beneficiary Trusts	Letters of Credit	Reference Number	Allowable Collateral	Payables & Collateral	Held & Collateral	Penalty (Col. 78)		(Col. 28 * 120%)	excess of Col. 29)	(Cols. 29 – 30)	in Excess of Col. 31)	Offsets (Cols. 31 - 32)	Designation Equivalent	Equivalent in Col. 34)			
	Affiliates - U.S. Intercompany Pooling	Trusis	Credit	Number	Collateral	Collateral	Collateral	76)	21)	120%)	Coi. 29)	30)	01 (01. 31)	31-32)	Equivalent	Coi. 34)	Col. 34)		
42-0331872	FARM BUREAU PROP & CAS INS CO.	I	I	L	L		199,679		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	I XXX		
0199999 - T	otal Authorized - Affiliates - U.S. Intercompany Pooling			XXX			199,679		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0899999 - T	otal Authorized – Affiliates – Total Authorized – Affiliates			XXX			199,679								XXX				
	Authorized - Other U.S. Unaffiliated Insurers																		
95-3187355	ACE AMER INS COALLIANZ GLOBAL RISKS US INS CO					25	93,385 286		93,385	112,062	25	112,062		112,062	12		1,793		
06-1182357 36-2661954	ALLIED WORLD INS CO					150	20 1.513		1,663	24 1.996	150	24 1.846		1,846	3		1 52		
06 - 1430254	ARCH REINS CO														22		52		
51-0434766 47-0574325	BERKLEY INS CO.					16 164	106 375		122 539	146 647	16 164	130 483		130	2		4 10		
42-0234980	EMPLOYERS MUT CAS CO.					12	416		428	514	12	502		502	3		14		
22-2005057 05-0316605	EVEREST REINS CO		ļ	<u> </u>		584	61 1.650		2,234	73 2.681	584	73 2.097			22		2		
43-1898350	FLETCHER REINS CO.				474	474	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		474	569		569	474		6	14	11		
13-6108721	HARCO NATL INS CO.					51	266		317	380	51	329		329	4		11		
06-0384680 74-2195939	HARTFORD STEAM BOIL INSPEC & INS CO					82 24	351 58		433 82	520 98	82 24	438 74		438	ļ1		7		
04-1543470	LIBERTY MUT INS CO.	-	 			24	404		433		24	491		491	3		14		
06-1481194	MARKEL GLOBAL REINS CO.						270		270	324		324		324	3		9		
	MUNICH REINS AMER INC.		ļ	ļ		58	134		192	230	58	172		172	2		ļ4		
	NATIONWIDE MUT INS CO					4	183		187 367	224 440	4	220 389		220	2		5		
47 - 0698507	ODYSSEY REINS CO.					35	349		384	461	35	426		426	3		12		
	PARTNER REINS CO OF THE US.		ļ		ļ	11	448		459	551	11	540		540	2		11		
35-6021485 23-1641984	PROTECTIVE INS CO		 	 	ļ		ļ1		1	1 1	····	1			3		ł		
52-1952955	RENAISSANCE REINS US INC.					17	692		709	851	17	834		834	2		18		
43-0727872	SAFETY NATL CAS CORP.					56	1,756		1,812	2,174	56	2,118		2,118	1		34		
75-1444207 75-1980552	SCOR REINS CO			 	ļ	25	152 198			182 268	25	182 243			<u>2</u>		·····4		
	SWISS REINS AMER CORP.	1	İ	İ	l	25	1,191		1,293	208 1,552	25	1,450		1,450	2		30		
02-0449082	TECHNOLOGY INS CO INC.		ļ	[620	620	<u> </u>			744		744	620	124	4	19	4		
	THE CINCINNATI INS CO		ļ		ļ	6	134		140	168	6	162		162	2		3		
42-0644327 20-3145738	UNITED FIRE & CAS CO	·	<u> </u>	<u> </u>	ļ	(1)	50		49	59	(1)	60			3		2		
13-1290712	XL REINS AMER INC					102	84		186	59 223	102	121		121	2		3		
	otal Authorized – Other U.S. Unaffiliated Insurers			XXX	1,094	2,697	104,850		107,547	129,056	1,603	127,453	1,094	126,359	XXX	33	2,123		
	Pools - Mandatory Pools		1				7	Г	I yvv	VVV	T VVV	l vvv	VVV	I vvv	I VVV	I vvv	VVV		
	MINNESOTA WORKERS COMP otal Authorized - Pools - Mandatory Pools			XXX		24 24			XXX	XXXXXX	XXX	XXXXXX	XXX XXX	XXX	XXX	XXX	XXX		
	Other Non-U.S. Insurers	1	I	1 ^^^	I	Z4		I	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸		۸۸۸			
AA-1120337	Aspen Ins UK Ltd					47	151 373		151 420	181 504	47	181 457		181 457	3		5		
	Endurance Specialty Ins Ltd.		İ	İ			7			8		8			2				
AA - 1340125	Hannover Rueck SE		ļ			84	540		624	749	84	665			2		14		
AA -3190871	Lancashire Ins Co Ltd.		ļ		ļ	40	471		514	^/7	ļ	574			ļ <u>3</u>	ļ	10		
AA - 1126033 AA - 1126435	Lloyd's Syndicate Number 33Lloyd's Syndicate Number 435	1	<u> </u>	<u> </u>		43 22	61			617 100	43			574 78	3		16		
	Lloyd's Syndicate Number 510.					46	469		515	618	46	572		572	3		16		

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

Ceded Reinstrance as of December 31, Current Fear (\$000 Offitted) (Credit Risk) Collateral 25 26 27 Ceded Reinstrance Credit Risk																		
			Colla	ateral		25	26	27	Ceded Reinsurance Credit Risk									
		21	22	23	24				28	29	30	31	32	33	34	35 Credit Risk	36 Credit Risk on	
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net of Funds Held & Collateral	Sch. F Penalty (Col. 78)		Stressed Recoverable (Col. 28 * 120%)	excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)		Offsets (Cols 31 - 32)	Reinsurer Designation Equivalent	Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation	Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	
AA-1120085 AA-1127301	Lloyd's Syndicate Number 1274			 			82 6162		188	109 226		200		100		-	ا 6	
AA-1127414	Lloyd's Syndicate Number 1301.					78	64		142	170	78	92		92	3		3	
AA-1120156	Lloyd's Syndicate Number 1686.					37	360		397	476	37	439			3		12	
AA-1120157	Lloyd's Syndicate Number 1729			ļ		42	346			466	42	424			33		12	
AA - 1120171	Lloyd's Syndicate Number 1856			ļ		23			204	245		222		222		-	6	
AA-1120096 AA-1120083	Lloyd's Syndicate Number 1880. Lloyd's Syndicate Number 1910.	·		<u> </u>		12 70			1.498	155 1.798		143 1,728		143 1,728		-	48	
AA-1120065	Lloyd's Syndicate Number 1947.			İ		1	32		33			39		39			1	
AA-1120084	Lloyd's Syndicate Number 1955.					I8	37		45	54	8	46					11	
AA-1120106	Lloyd's Syndicate Number 1969.			ļ			50		50	60		60		60			ļ2	
AA - 1128001	Lloyd's Syndicate Number 2001			ļ		69	695			917		848		848			24	
AA-1128003 AA-1128010	Lloyd's Syndicate Number 2003 Lloyd's Syndicate Number 2010			 	·	30)			41	(1)			42 302	3	-	ļ ¹	
AA - 1128121	Lloyd's Syndicate Number 2010.						33		42	50	0د			41	3	-	0 	
AA-1128791	Llovd's Syndicate Number 2791					79			959	1,151	79	1,072		1,072	3		30	
AA-1128987	Llovd's Syndicate Number 2987.					3	105		108	130	3	127		127	3		4	
AA-1129000	Lloyd's Syndicate Number 3000.					11	l		1	1	1				3			
AA - 1126005	Lloyd's Syndicate Number 4000. Lloyd's Syndicate Number 4141.			ļ					13	16		16 48		16		-		
AA-1120086 AA-1126006	Lloyd's Syndicate Number 4441Lloyd's Syndicate Number 4472						40		40	48		40		48	3	-		
AA - 1120181	Lloyd's Syndicate Number 5886.			<u> </u>		38	3		333	400	38	362		362	3	-	10	
AA - 1840000	Mapfre Re Compania de Reaseguros SA						1		1	1		1		1	3			
	Markel Bermuda Ltd			ļ		ļ					ļ	054		ļ	3			
	Partner Reins Co Ltd					28			318	382 371		354 340		354 340		-	/	
AA-3190870	Validus Reins Ltd.			†		31 70			1,510	1,812	31	1,742		1,742	3	-	49	
	otal Authorized – Other Non-U.S. Insurers			XXX		905			10,188	12,226		11,320		11,320			307	
1499999 - To	otal Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	1,094	3,626			117,735	141,282		138,774	1,094	137,680		33	2,431	
	- Other non-U.S. Insurers																	
AA 9240012	China Prop & Cas Reins Co Ltd.		288	ļ <u>1</u>	ļ	303	<u> </u>		303	364	15	349	288	61	3	. 8	ļ ²	
	China Reins Grp Corp Conduit Reins Ltd	·	105	J2	ļ	116	{ }	+	2	139	11	128	105	23	31	·	·····	
AA - 1340028	Devk Ruckversicherungs und Beteiligungs AG.		294	4		325	;	1		390	31	359	294	65		, 8		
AA-3191289	Fidelis Ins Bermuda Ľtd.		75	5.		74	! [74	89	L(1)	90		15	3	2		
AA - 1120175	Fidelis Underwriting Ltd. GEN INS CORP OF INDIA.		148	6	ļ	147	7	4	147	176	(1)	177	148	29		4		
AA -5340310	GEN INS CORP OF INDIA.		28	ļ	ļ	28	}	+	28	34		34	28	6	5	<u>.</u> 1	ļ	
	Hamilton Re Ltd	+	517	8	ļ		<u> </u>	+		686 1,372	55	631	517 1.061	114		16	} <u>-</u>	
	Hannover Re (Bermuda) Ltd HELVETIA SCHWEIZERISCHE VERSICHERUNGS	·		10		108		-	1, 143	1,372		1,290	102	229				
	Hiscox Ins Co (Bermuda) Ltd.	1	4	11		4	1	1	1 4	5		5	4	1	3	1		
AA-8310008	Humboldt Re Ltd.		32	12		32	2		32	38		38	32	6	6	1	11	
AA - 5420050	KOREAN REINS CO.		229	13	ļ		3 L	+	263	316	34	282	229	53		6	ļ	
AA-1440060 AA-3191239	LANSFORSAKRINGS BOLAG ENS AB	-	176	14	ļ	110 195	<u> </u>	+	110 195	132 234	111	21 215	176	21			ļ	
AA - 1460019	MS Amlin AG		11/0	15		1 195	;	+	1 195		19	ZI5	1	39	3	·		
	NEW INDIA ASSUR CO LTD		39	16		39		1	39	47		47	39	8	5	1		
AA-5320039	Peak Reins Co Ltd.		589	17			1			797		722	589	133		18		
AA-3191298	Qatar Reins Co Ltd.		264	18	ļ	292	2		292	350	28	322	264	58	4	8	 2	
	QBE Europe NV/SA		4 004	40	ļ	4 400	,		4 400	1.714	404	4.500	4 004		3	37	ļ,	
	R V Versicherung AG SiriusPoint Intl Ins Corp (publ)	-	1,304	1920		1 , 428 40		-	1,428 40	1 , / 14 		1,590 45	1,304	286		3/	٥	
MM - 1440010	orriuscome mer ms corp (publ)		الا	J∠∪	ļ	44	·	-+	.440	40	J	43	الا	J0	J4		ļ	

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Credit Risk)

							(Credit Ris	k)									
			Colla	ateral		25	26	27				Ceded	Reinsurance (Credit Risk			
		21	22	23	24				28	29	30	31	32	33	34	Collateralized	36 Credit Risk on Uncollateralized
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)		Stressed Net Recoverable (Cols. 29 – 30)	22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
	Taiping Reins Co Ltd.		329	21					363	436		402	329	73	3	9	2
AA-3191388	Vantage Risk Ltd Vermeer Reins LtdXL Bermuda Ltd		253 117	22 23 24		281 122 1			281 122	337 146 1	28 5	309 141	253 117 1	56	432		1
	otal Unauthorized – Other Non-U.S. Insurers		5.995	XXX		6.653			6.653	7.984	659	7.325	5.995	1.330	XXX	164	38
2899999 - To	otal Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		5,995	XXX		6,653			6,653	7,984		7,325	5,995	1,330	XXX	164	38
	ther Non-U.S. Insurers							_									
CR-3190875	Arch Reins Ltd		1	25 11		1	1,292		5 1,708 49	6 2,050 .59	92	6 1,958 54	1	5 1,634 54	23	9	46
	otal Certified - Other Non-U.S. Insurers		325	XXX		422			1.762	2.114	97	2.017	325		XXX	0	47
	otal Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	,	325	XXX		422	,		1,762	2,114		2,017	325	1,692	XXX	9	47
	risdiction – Other Non–U.S. Insurers																
RJ-3191400	Convex Ins UK Ltd					30 30	176		206 206	247 247	30	217 217		217 217	44		7
	otal Reciprocal Jurisdiction – Other Non–U.S. Insurers			XXX		60	352		412	494	60	434		434	XXX		14
	otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX		60	352		412	494	60	434		434	XXX		14
	otal Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		6,320	XXX	1,094	10,761	315,511		126,562	151,874	3,324	148,550	7,414	141,136	XXX	206	2,530
9999999 T	otals		6,320	XXX	1,094	10,761	315,511		126,562	151,874	3,324	148,550	7,414	141,136	XXX	206	2,530

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

	Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Aging of Ceded Reinsurance) Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses 44 45 46 47 48 49 50 51 52 53																	
	T	5 .	D		.:	D-:-II			T	1	I 4-							
			surance Reco	overable on Pa		Paid Loss Ad	justment Expe		44	45	46	47	48	49	50	51	52	53
		37			Overdue			43										
			38	39	40	41	42		Total Recoverable on Paid	Recoverable on Paid Losses & LAE Over 90 Days Past	Total	Recoverable on Paid Losses & LAE Over 90 Days Past			Percentage of Amounts More Than			Amountoin
ID Number From	Name of Reinsurer		1 – 29	30 – 90	91 120	Over 120	Overdue Cols. 38 + 39	Total Due Cols. 37 + 42 (In total should equal	Losses & LAE Amounts in Dispute Included in	Due Amounts in Dispute Included in Cols.	Losses & LAE Amounts Not in Dispute (Cols. 43 –	Due Amounts Not in Dispute (Cols. 40 +	Amounts Received Prior 90	Percentage Overdue Col. 42/Col.	90 Days Overdue Not in Dispute (Col. 47/ [Cols. 46 +	120 Days Overdue (Col. 41/	Col. 50 Less Than 20%	20% in Col.
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+ 40 + 41	Cols. 7 + 8)	Col. 43	40 & 41	44)	41 – 45)	Days	43	48])	Col. 43)	(Yes or No)	50
	Affiliates - U.S. Intercompany Pooling		1			Ι	1				1		1	1	1		VEC	
	FARM BUREAU PROP & CAS INS CO.																YES	
	otal Authorized – Affiliates – U.S. Intercompany Pooling																XXX	
	otal Authorized - Affiliates - Total Authorized - Affiliates																XXX	
	Other U.S. Unaffiliated Insurers									_								
	ACE AMER INS CO.		ļ				ļ				ļ			ļ	ļ		YES	
95-3187355	ALLIANZ GLOBAL RISKS US INS CO.	19						19			19						YES	
06-1182357	ALLIED WORLD INS CO.	3						3			3						YES	
36-2661954	AMERICAN AGRICULTURAL INS CO.	5					 	ļ5		 	5				ł		YES	·
06 - 1430254 51 - 0434766	ARCH REINS CO		†	+	+			‡		 	·						YESYES	
47 - 0574325	BERKLEY INS CO.	4			+			44		 	4			+	+		YES	
42-0234980	EMPLOYERS MUT CAS CO.			+	+		†			 				·	†		YES	
22-2005057	EVEREST REINS CO	1						1		†	1						YES	
05-0316605	FACTORY MUT INS CO.	349			·			349		<u> </u>	349			1	1		YES	
43 - 1898350	FLETCHER REINS CO.	12						12		T	12						YES	
13-6108721	HARCO NATL INS CO.	5						5			5						YES.	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO																YES	
74-2195939	HOUSTON CAS CO	3						3			3						YES	
04 - 1543470	LIBERTY MUT INS CO	9						9		ļ	9	ļ		ļ	ļ		YES	
06-1481194	MARKEL GLOBAL REINS CO	10					ļ	10		ļ	10				ļ		YES	
13-4924125	MUNICH REINS AMER INC.	7						 7		ļ	7						YES	
	NATIONWIDE MUT INS CO	45						45			45						YES	
13-3138390	NAVIGATORS INS CO	15					 	15		 	15	ļ			ł		YES	·
47-0698507 13-3031176	ODYSSEY REINS CO	21		+	+			21		 	21						YESYES	
35-6021485	PROTECTIVE INS CO.		 		+		†	†		 	+			†	†		YES	
23-1641984	QBE REINS CORP		†				†			†	+			+			YES.	
52-1952955	RENAISSANCE REINS US INC		†	·	†		†	†		†	†			 	†		YES	
43-0727872	SAFETY NATL CAS CORP	47	1	1	1		1	47		†	47	İ		1	†		YES	
75-1444207	SCOR REINS CO.	1		I	I	I	I	I1		I	1		I	I	I		YES.	
75-1980552	STATE NATL INS CO INC	10						10			10						YES	
13-1675535	SWISS REINS AMER CORP.	28						28			28						YES	
02-0449082	TECHNOLOGY INS CO INC	19						19		ļ	19			ļ	ļ		YES	
31-0542366	THE CINCINNATI INS CO	8					4	88			8				ļ		YES	
	UNITED FIRE & CAS CO	ļ	‡			ļ	‡	ļ	ļ		ļ	ļ	ļ	 	ļ		YES	ļ
	UNITED SPECIALTY INS CO.	2						2			 2				ļ		YES	ļ
	XL REINS AMER INC.			<u> </u>	<u> </u>												YES	
	otal Authorized - Other U.S. Unaffiliated Insurers	587						587			587						XXX	
	Pools - Mandatory Pools JMINNESOTA WORKERS COMP	I			T		<u> </u>	1		Ι		I					YES	I
	otal Authorized - Pools - Mandatory Pools		 		+		 				+			 			XXX	
	Other Non-U.S. Insurers	<u> </u>	1		1	I					<u> </u>	<u> </u>	<u> </u>		l			<u> </u>
	Aspen Ins UK Ltd			1	1					1		1					YES.	1
	DaVinci Reins Ltd	30		†	†		t	30		†	30	l	l	†	†		YES	l
	Endurance Specialty Ins Ltd.			†	†		t	1		†	1			†	†		YES	
	Hannover Rueck SE	21		1	1		T	21		1	21			1	†		YES	
	Lancashire Ins Co Ltd.		L			I	I	I		I	I		I	I			YES	
	Llovd's Syndicate Number 33	27						27			27						YES	

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

		Ceded Reinsurance as or December 31, Current Year (\$000 Omitted) (Aging of Ceded Reinsurance) Reinsurance Recoverable on Paid Losse and Paid Loss Adjustment Expenses 44 45 46 47 48 49 50 51 52 53																
		nses	44	45	46	47	48	49	50	51	52	53						
		37			Overdue		'	43	1			''						
			38	39	40	41	42	-	Total Recoverable	Recoverable on Paid Losses & LAE Over 90	Total Recoverable	Recoverable on Paid Losses & LAE Over 90			Percentage of Amounts			
ID Number							Overdue	Total Due Cols. 37 + 42 (In total	on Paid Losses & LAE Amounts in Dispute	Days Past Due Amounts in Dispute Included	on Paid Losses & LAE Amounts Not in Dispute	Days Past Due Amounts Not in Dispute	Amounts Received	Percentage Overdue	More Than 90 Days Overdue Not in Dispute (Col. 47/	Percentage More Than 120 Days Overdue	Is the Amount in Col. 50 Less	Less Than
From	Name of Reinsurer		1 – 29	30 – 90	91 – 120		Cols. 38 + 39		Included in	in Cols.	(Cols. 43 –	(Cols. 40 +	Prior 90	Col. 42/Col.	[Cols. 46 +	(Col. 41/	Than 20%	
Col. 1	From Col. 3 Lloyd's Syndicate Number 435	Current	Days	Days	Days	Days	+ 40 + 41	Cols. 7 + 8)	Col. 43	40 & 41	44)	41 – 45)	Days	43	48])	Col. 43)	(Yes or No)	50
AA-1126510	Lloyd's Syndicate Number 435Lloyd's Syndicate Number 510			†				25			25						YES	-
	Lloyd's Syndicate Number 1274	3						3			3						YES	
AA-1127301	Lloyd's Syndicate Number 1301	20						20			20						YES	
AA-1127414	Lloyd's Syndicate Number 1414.		_														YES	
AA-1120156	Lloyd's Syndicate Number 1686.	16						16		ļ	16						YES	
AA-1120157 AA-1120171	Lloyd's Syndicate Number 1729 Lloyd's Syndicate Number 1856	19		·				19 10		 	19 10						YESYESYES	·
AA-1120171	Lloyd's Syndicate Number 1880										16						YES	
AA - 1120083	Lloyd's Syndicate Number 1910	85						85			I85						YES	
AA-1120186	Lloyd's Syndicate Number 1947	2						2			1 2						YES	
AA-1120084	Lloyd's Syndicate Number 1955	5						5			5						YES	
	Lloyd's Syndicate Number 1969	5						5			5						YES	
AA - 1128001	Lloyd's Syndicate Number 2001.	38						38			38						YES	
	Lloyd's Syndicate Number 2003.	17		 				1 17			11 17						YES	
AA-1128010 AA-1128121	Lloyd's Syndicate Number 2010Lloyd's Syndicate Number 2121	1/						17			t1/						YESYESYES	
AA-1128791	Lloyd's Syndicate Number 2791	55						55			55						YES	
	Lloyd's Syndicate Number 2987.	11		1				11			I11						YES	
AA - 1129000	Llovd's Syndicate Number 3000	1						1			I1						YES	
AA-1126005	Lloyd's Syndicate Number 4000.	1						1			 1						YES	
AA - 1120086	Lloyd's Syndicate Number 4141	4						4			44						YES	
	Lloyd's Syndicate Number 4472	16		 				16			16						YESYES	
	Lloyd's Syndicate Number 5886	10						10			16						YES	
AA-3190829	Markel Bermuda Ltd		†								†						YES	
	Partner Reins Co Ltd.	17						17			17						YES	
AA-3190339	RENAISSANCE REINS LTD.	23						23			23						YES	
	Validus Reins Ltd	85						85									YES	
	otal Authorized – Other Non-U.S. Insurers	555						555			555						XXX	
	otal Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	1,142						1,142			1,142						XXX	
	- Other non-U.S. Insurers China Prop & Cas Reins Co Ltd	20		 				22	I	1	20						VEC	Т
AA-9240012	China Reins Grp Corp.	22		†				22		†	22						YES YES	
	Conduit Reins Ltd	4	t	†			†	Λ	 	†	4	†					YES	ļ
	Devk Ruckversicherungs und Beteiligungs AG.	16						16		İ	16						YES	
AA-3191289	Fidelis Ins Bermuda Ltd.	7						7			7						YES	
AA-1120175	Fidelis Underwriting Ltd	14		ļl				14		ļ	14						YES	
	GEN INS CORP OF INDÍA	5		ļ				5		ļ	5						YES	
	Hamilton Re Ltd.	29	ļ			ļ	ļ	29		 	29	ļ					YES	·}
	Hannover Re (Bermuda) Ltd	62		 			ł	62	ļ	 	62	ļ		ļ			YESYES	·
	HELVETIA SCHWEIZERISCHE VERSICHERUNGSHiscox Ins Co (Bermuda) Ltd	Λ	 	†				<i>1</i>			† <i>1</i>						YESYES	
	Humboldt Re Ltd.	5	ļ	†			†	4 5	·····	†	†4	ļ		·			YES	
	KOREAN REINS CO.	, 8						8		İ	1 8						YES	
	LANSFORSAKRINGS BOLAG ENS AB.	4						4			I 4						YES	
AA-3191239	Lumen Re Ltd.	7						7			7						YES	
AA - 1460019	MS Amlin AG									ļ							YES	
	NEW INDIA ASSUR CO LTD.	6		ļ			ļ	6		ļ	6						YES	
AA-5320039	Peak Reins Co Ltd	32	ļ					32			32						YES	

							(Aging of Ceded Reinsur	ance)									
		Reins	surance Reco	overable on Pa	id Losses and	Paid Loss Ad	justment Expenses	44	45	46	47	48	49	50	51	52	53
		37			Overdue		43	1									
		Ī	38	39	40	41	42		Recoverable		Recoverable						
							_		on Paid		on Paid						
								Total	Losses &	Total	Losses &			Percentage			
								Recoverable		Recoverable				of Amounts			
								on Paid	Days Past	on Paid	Days Past			More Than			Amounts in
								Losses &	Due	Losses &	Due			90 Days	Percentage		Col. 47 for
							Total Due	LAE	Amounts	LAE	Amounts			Overdue Not		Is the	Reinsurers
ID							Total Cols. 37 + 42			Amounts Not		A	Darsantana		120 Days	Amount in	with Values
Number									Included			Amounts Received	Percentage Overdue		Overdue	Col. 50 Less	
	Name of Reinsurer		4 00	00 00	04 400		Overdue (In total	Dispute		in Dispute	Dispute			(Col. 47/			20% in Col.
From			1 – 29	30 – 90	91 – 120		Cols. 38 + 39 should equal		in Cols.	(Cols. 43 –	(Cols. 40 +	Prior 90	Col. 42/Col.	[Cols. 46 +	(Col. 41/	Than 20%	
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+ 40 + 41 Cols. 7 + 8)	Col. 43	40 & 41	44)	41 – 45)	Days	43	48])	Col. 43)	(Yes or No)	50
AA - 3191298 AA - 1240051	Qatar Reins Co Ltd	14					 14			+14				 		YESYES	
AA - 124005 1	R V Versicherung AG	63		+			63	 		63	 		+			YESYES	
	SiriusPoint Intl Ins Corp (publ)								+					†		YES	
	Taiping Reins Co Ltd.	19					19			10						YES	
	Vantage Risk Ltd.	13					13			13						YES	
AA-3191388	Vermeer Reins Ltd.	12					12		-	12						YES	
AA-3191315	XL Bermuda Ltd	1					1		-	1						YES	
	otal Unauthorized - Other Non-U.S. Insurers	351					351			351						XXX	
	otal Unauthorized Excluding Protected Cells (Sum of	001					001			001						7////	
2000000	2299999, 2399999, 2499999, 2599999 and 2699999)	351					351			351						XXX	
	ther Non-U.S. Insurers	001		1			55.	1					1			7000	•
	Arch Reins Ltd.	5					5			5						YES	
CR-3190875	Hiscox Ins Co (Bermuda) Ltd	93					I 93			93			1			YES	
	New Reins Co Ltd.	6					I 6			I6						YES.	
	otal Certified – Other Non-U.S. Insurers	104					104			104						XXX	
4299999 - To	tal Certified Excluding Protected Cells (Sum of	-								1							
	3699999, 3799999, 38999999, 3999999 and 4099999)	104					104			104			1			XXX	
Reciprocal Ju	risdiction - Other Non-U.S. Insurers								•							•	
RJ-1120191	Convex Ins UK Ltd	7					7			7						YES	
RJ-3191400	Convex Re Ltd.	7					7			7						YES	
5499999 - To	otal Reciprocal Jurisdiction – Other Non–U.S.																
	Insurers	14					14			14						XXX	
5699999 - To	otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999																
	Cells (Sum of 5099999, 5199999, 5299999, 5399999															1	
	and 5499999)	14					14			14						XXX	
	tal Authorized, Unauthorized, Reciprocal																
	Jurisdiction and Certified Excluding Protected															1	
	Cells (Sum of 1499999, 28999999, 42999999 and									1						VVV	
	5699999)	1,611					1,611			1,611			-			XXX	
9999999 To	otals	1,611					1,611			1,611						XXX	

								, Current Year Certified Reins		u)							
		1			(110	VISION TO TACH	isararice for		ovision for Cer	tified Reinsura	nce						
		54	55	56	57	58	59	60	61	62	63	64	65	Complete i	f Col. 52 = "No"	; Otherwise	69
															Enter 0		
								Percent of	Percent					66	67	68	Provision for
								Collateral	Credit				20% of				Overdue
								Provided for		20% of			Recoverable				Reinsurance
								Net	Net	Recoverable		Provision for	on Paid				Ceded to
						Net			Recoverables			Reinsurance	Losses &	Total			Certified
						Recoverables		Subject to	Subject to	Losses &	Amount of	with Certified			Net		Reinsurers
				Percent	1	Subject to	Dollar	Collateral	Collateral	LAE Over	Credit	Reinsurers	_ Days Past	Provided	Unsecured		(Greater of
			L	Collateral	Catastrophe	1	Amount of	Requirements			Allowed for	Due to	Due Amounts		Recoverable		[Col. 62 +
ID.		Certified	Effective Date			Requirements	Collateral		(Col. 60 / Col.		Net	Collateral	Not in	21+Col.22+	for Which	000/ 1	Col. 65] or
Number	Name of Dainessee	Reinsurer	of Certified	Full Credit		for Full Credit	Required	21+Col.	56, not to	Amounts in			Dispute	Col. 24; not	Credit is	20% of	Col. 68; not
From Col. 1	Name of Reinsurer From Col. 3	Rating	Reinsurer Rating	(0% through 100%)	Collateral Deferral	(Col. 19 – Col. 57)	(Col. 56 *	22+Col. 24]/Col. 58)	exceed 100%)	Dispute (Col. 45 * 20%)	(Col. 57+[Col. 58 * Col. 61])	(Col. 19 –	(Col. 47 * 20%)	to Exceed Col. 63)	Allowed (Col. 63-Col. 66)	Amount in Col. 67	to Exceed
	Affiliates - U.S. Intercompany Pooling	(1 through 6)) Raung	100%)	Deletral	Col. 57)	Col. 58)	[24]/C0I. 56)	100%)	45 20%)	[56 Col. 61])	Col. 63)	20%)	Col. 63)	63-C0l. 66)	Col. 67	Col. 63)
	FARM BUREAU PROP & CAS INS CO.	XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	XXX	I XXX	I XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Intercompany Pooling	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Total Authorized -	7777	7///	7///	7///	700	7///	7///	7///	7077	7777	7077	7///	7,7,7	AAA	7///	1 777
	Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Other U.S. Unaffiliated Insurers																
	ACE AMER INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
95-3187355	ALLIANZ GLOBAL RISKS US INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1182357 36-2661954	ALLIED WORLD INS CO	XXX	XXXXXX	XXX XXX	XXX XXX	XXXXXX	XXX XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXXXXX	XXXXXX
06-1430254	ARCH REINS CO.	XXX	xxx	1xxx	1xxx	1xxx	xxx		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
	AXIS REINS CO.	XXX	XXX	XXX	XXX	1 XXX	XXX	1 XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47 - 0574325	BERKLEY INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980	EMPLOYERS MUT CAS CO	XXX	. LXXX	ХХХ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22-2005057	EVEREST REINS CO	XXX	. LXXX	XXX	. . XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. LXXX
05-0316605	FACTORY MUT INS CO	XXX	XXX	XXX	XXX	XXX	LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43-1898350 13-6108721	FLETCHER REINS CO	XXX	XXX	XXX	XXXXXX	XXX	XXX XXX		XXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXX	XXX	XXX XXX	XXX
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO.	XXX	T	XXX	XXX	†^^^-	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
74-2195939	HOUSTON CAS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04-1543470	LIBERTY MUT INS CO.	XXX	XXX	XXX	xxx	xxx	ХХХ	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
06-1481194	MARKEL GLOBAL REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	MUNICH REINS AMER INC	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	NATIONWIDE MUT INS CO	XXX	XXX	XXXXX	LXXXXXX	XXX	XXXXXX	XXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXXXXX	XXXXXX
47 - 0698507	ODYSSEY REINS CO.	XXX	·†	XXX	xxx	†	**************************************		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
13-3031176	PARTNER REINS CO OF THE US.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35-6021485	PROTECTIVE INS CO.		XXX	xxx	XXX	xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23-1641984	QBE REINS CORP.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52 - 1952955	RENAISSANCE REINS US INC.	XXX	XXX	XXX	XXX	XXX	LXXX	XXX	LXXX	LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	SAFETY NATL CAS CORPSCOR REINS CO	XXX	XXXXXX	XXX	XXX	XXXXXX	XXX XXX	XXX	XXXXXX	XXX XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX XXX	XXX
	STATE NATL INS CO INC.	XXX	XXX	XXX	1xxx	†^^^-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
02-0449082	TECHNOLOGY INS CO INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-0542366	THE CINCINNATI INS CO	XXX	. . XXX	ххх	ххх	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. . XXX
	UNITED FIRE & CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	UNITED SPECIALTY INS CO.	XXX	XXX	XXX	XXXXXX	XXXXXX	XXX XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXX
	XL REINS AMER INC.	XXX	XXX	XXX XXX	. ХХХ	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX		XXX	XXX XXX	XXX
	otal Authorized - Other U.S. Unaffiliated Insurers Pools - Mandatory Pools	1 , , , ,	1 , , , ,	1 , , , ,	1 , , , ,	I vvv	I vvv	I vvv	1 444	1 , , , ,	1 , , , ,			٨٨٨	۸۸۸	1 444	T vvv
	MINNESOTA WORKERS COMP.	XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	XXX	I XXX	I XXX	I XXX	XXX	XXX	I XXX
	otal Authorized - Pools - Mandatory Pools	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Other Non-U.S. Insurers	ΛΛΛ	1 ^^^	1 ,,,,,	1 ,,,,,	1 444	1 ,,,,,	1 ,,,,,		7///	1 444	7/1/1	7/1/1	AAA	ΛΛΛ	ΛΛΛ	T
	Aspen Ins UK Ltd	XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	I XXX	XXX	XXX	XXX	XXX	XXX	XXX	I XXX
	DaVinci Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Endurance Specialty Ins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190871	Lancashire Ins Co Ltd	XXX	. . XXX	XXX	. . XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. .

	1			(Prov	vision for Rein	surance for			v.c 1 D - i							
	54	55	56	57	58	59	60 Pro		tified Reinsura		64	65	Complete it	f Col. 52 = "No"	· Othonwico	69
	54	55	56	57	58	59	60	61	62	63	64	65	Complete	Enter 0	, Otherwise	69
							Percent of Collateral Provided for	Percent Credit Allowed on	20% of			20% of Recoverable	66	67	68	Provision for Overdue Reinsurance
					Net Recoverables		Net Recoverables Subject to	Net Recoverables Subject to	Recoverable on Paid Losses &	Amount of	Provision for Reinsurance with Certified	on Paid Losses & LAE Over 90	Total Collateral	Net		Ceded to Certified Reinsurers
			Percent		Subject to	Dollar	Collateral	Collateral	LAE Over	Credit	Reinsurers	Days Past	Provided	Unsecured		(Greater of
			Collateral	Catastrophe	Collateral	Amount of	Requirements			Allowed for	Due to	Due Amounts		Recoverable		[Col. 62 +
ID I	Certified	Effective Date		Recoverables		Collateral		(Col. 60 / Col.	Past Due	Net	Collateral	Not in	21+Col.22+	for Which	000/ 5	Col. 65] or
Number	Reinsurer Rating	of Certified Reinsurer	Full Credit (0% through	Collateral	for Full Credit (Col. 19 –	Required (Col. 56 *	21+Col. 22+Col.	56, not to exceed	Amounts in Dispute (Col.	Recoverables (Col. 57+[Col.	Deficiency (Col. 19 –	Dispute (Col. 47 *	Col. 24; not to Exceed	Credit is Allowed (Col.	20% of Amount in	Col. 68; not to Exceed
Col. 1 From Col. 3	(1 through 6)		100%)	Deferral	Col. 19 – Col. 57)	Col. 58)	24]/Col. 58)	100%)	45 * 20%)	58 * Col. 61])	Col. 19 –	20%)	Col. 63)	63-Col. 66)	Col. 67	Col. 63)
AA-1126033Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126435Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126510Lloyd's Syndicate Number 510 AA-1120085Lloyd's Syndicate Number 1274	XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX
AA-1120085Lloyd's Syndicate Number 1274 AA-1127301Lloyd's Syndicate Number 1301.	XXX	XXX	XXX	XXX	TXXX	XXXXXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXXXXX	XXX
AA-1127414Lloyd's Syndicate Number 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156Lloyd's Syndicate Number 1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157Lloyd's Syndicate Number 1729 AA-1120171Lloyd's Syndicate Number 1856	XXXXXX	XXX	XXXXXX	XXX	XXX	XXXXXX	XXXXXX	XXX XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
AA-1120096Lloyd's Syndicate Number 1880	XXX	XXX	XXX	1xxx	†	XXX	XXX	XXX	XXX	XXX	XXX	1xxx	XXX	XXX	XXX	XXX
AA-1120083Lloyd's Syndicate Number 1910	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120186Lloyd's Syndicate Number 1947	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084Lloyd's Syndicate Number 1955 AA-1120106Lloyd's Syndicate Number 1969.	XXXXXX	LXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
AA-1128001Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128003Lloyd's Syndicate Number 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
AA-1128010Lloyd's Syndicate Number 2010	XXX XXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXX XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
AA-1128121Lloyd's Syndicate Number 2121 AA-1128791Lloyd's Syndicate Number 2791	XXX	XXX		†XXX	†^^^-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	**************************************	XXX	XXX
AA-1128987Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1129000Lloyd's Syndicate Number 3000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126005Lloyd's Syndicate Number 4000 AA-1120086Lloyd's Syndicate Number 4141.	XXX	LXXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXX	XXXXXX	XXXXXX	XXX
AA-1126006. Lloyd's Syndicate Number 4472.	XXX	XXX		TXXX	t^^^t	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	-txxx
AA-1120181Lloyd's Syndicate Number 5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1840000Mapfre Re Compania de Reaseguros SA	XXX	XXX	XXX	XXX	XXX	XXX	LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829Markel Bermuda Ltd	XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX XXX	XXXXXX	XXXXXX	XXX XXX	XXX	XXX XXX	XXX	XXXXXX	XXX
AA-3190339 RENAISSANCE REINS LTD.	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	xxx	XXX	xxx
AA-3190870	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999 - Total Authorized - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 099999, 199999) and 1299999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Unauthorized - Other non-U.S. Insurers AA-9240012China Prop & Cas Reins Co Ltd	T XXX	I XXX	I XXX	IXXX	I XXX I	XXX	I XXX	XXX	I XXX	I XXX	XXX	XXX	XXX	I XXX I	XXX	XXX
AA-9240020. China Reins Grp Corp.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3191435. Conduit Reins Ltd.	XXX	XXX	XXX	xxx	xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
AA-1340028 Devk Ruckversicherungs und Beteiligungs AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. . XXX
AA-3191289Fidelis Ins Bermuda Ltd	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXX XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX
AA-5340310. GEN INS CORP OF INDIA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3191190Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190060Hannover Re (Bermuda) Ltd	XXX XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX
AA-1460080HELVETIA SCHWEIZERISĆHE VERSICHERUNGS AA-3190875Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX XXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX
AA-8310008. Humboldt Re Ltd.	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
AA-5420050 KOREAN REINS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1440060. LANSFORSAKRINGS BOLAG ENS AB.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Provision for Reinsurance for Certified Reinsurers)

		1			(Pro	vision for Rein	surance for			.c							
									ovision for Cert				1				
		54	55	56	57	58	59	60	61	62	63	64	65	Complete in	f Col. 52 = "No"	; Otherwise	69
															Enter 0		
								Percent of	Percent					66	67	68	Provision for
								Collateral	Credit				20% of				Overdue
								Provided for	Allowed on	20% of			Recoverable				Reinsurance
								Net	Net	Recoverable		Provision for					Ceded to
						Net			Recoverables	1		Reinsurance		Total			Certified
						Recoverables		Subject to	Subject to	Losses &	Amount of	with Certified			Net		Reinsurers
						1 1	Б. II				Amount of						
				Percent	l	Subject to	Dollar	Collateral	Collateral	LAE Over	Credit	Reinsurers		Provided	Unsecured		(Greater of
				Collateral	Catastrophe		Amount of	Requirements			Allowed for	Due to	Due Amounts		Recoverable		[Col. 62 +
ID		-	Effective Date		Recoverables		Collateral		(Col. 60 / Col.	Past Due	Net	Collateral	Not in	21+Col.22+	for Which		Col. 65] or
Number		Reinsurer	of Certified		Qualifying for		Required	21+Col.	56, not to		Recoverables		Dispute	Col. 24; not	Credit is	20% of	Col. 68; not
From	Name of Reinsurer	Rating	Reinsurer	(0% through	Collateral	(Col. 19 –	(Col. 56 *	22+Col.	exceed	Dispute (Col.	(Col. 57+[Col.		(Col. 47 *	to Exceed	Allowed (Col.	Amount in	to Exceed
Col. 1	From Col. 3	(1 through 6)	Rating	100%)	Deferral	Col. 57)	Col. 58)	24]/Col. 58)	100%)	45 * 20%)	58 * Col. 61])	Col. 63)	20%)	Col. 63)	63-Col. 66)	Col. 67	Col. 63)
AA-3191239	Lumen Re Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 5340660	NEW INDIA ASSUR CO LTD.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Peak Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191298	Qatar Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. . XXX
AA - 1240051	QBE Europe NV/SA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	R V Versicherung AG.	XXX	XXX	XXX	XXX	XXX	XXX	. LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1440076	SiriusPoint Inti Ins Corp (publ)	XXX	XXX	XXX	XXX	XXX	XXX	. LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 5324100	Taiping Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191432	Vantage Risk Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	LXXX	LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Vermeer Reins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	LXXX	LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	XL Bermuda Ltd	XXX.	XXX	XXX	XXX	XXX	XXX	XXX	XXX_	XXX.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized – Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized Excluding Protected Cells (Sum of	,,,,,,	VVV	VVV	VVV	,,,,,	WWW	WWW	, , , , , , , , , , , , , , , , , , ,					VVV	VVV	.,,,,	
	2299999, 2399999, 2499999, 2599999 and 2699999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	ther Non-U.S. Insurers																
	Arch Reins Ltd	3	05/06/2016	20.000		ļ5 ļ	1	20.000	100.000	ļ	ļ <u>5</u>				ļ		·
	Hiscox Ins Co (Bermuda) Ltd.	J3	06/13/2017	20.000		1,616	323		100.000	ļ	1,616	ļ		ļ	ļ		·
	New Reins Co Ltd	22	05/09/2018	10.000		49	5	10.204	100.000		49						
	otal Certified - Other Non-U.S. Insurers	XXX	XXX	XXX		1,670	329	XXX	XXX		1,670						
	otal Certified Excluding Protected Cells (Sum of 3699999,																
	3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX		1,670	329	XXX	XXX		1,670						
	risdiction – Other Non-U.S. Insurers																
	Convex Ins UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	. LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Convex Re Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction – Other Non–U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999 - To	otal Reciprocal Jurisdiction Excluding Protected Cells (Sum																
	of 5099999, 5199999, 5299999, 5399999 and 5499999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 T	otals	XXX	XXX	XXX		1,670	329	XXX	XXX		1,670						

		`		of December 31, Curr I Provision for Reinsu		;u)				
		70		norized Reinsurance	Provision for Over	due Authorized and iction Reinsurance		Total Provision	for Reinsurance	
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute		Ceded to Authorized and Reciprocal Jurisdiction	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Authorized -	Affiliates - U.S. Intercompany Pooling	Т	T VVV	I vvv		T	T	I vvv	I vvv	
	FARM BUREAU PROP & CAS INS CÓ		XXX	XXX				XXX	XXX	
	otal Authorized - Affiliates - U.S. Intercompany Pooling otal Authorized - Affiliates		XXX	XXX				XXX	XXX	
Authorized -	Other U.S. Unaffiliated Insurers	ı	AAA	I AAA		l	ı	AAA	I AAA	
95-2371728	ACE AMER INS CO		XXX	XXX				XXX	XXX	
95-3187355	ALLIANZ GLOBAL RISKS US INS CO.		XXX	XXX				XXX	XXX	
06-1182357 36-2661954	ALLIED WORLD INS CO		XXXXXX	XXXXXX				XXXXXX	XXXXXX	
06-1430254	ARCH REINS CO.		XXX	XXX				XXX	XXX	
51-0434766	AXIS REINS CO.		XXX	XXX				XXX	XXX	
47 - 0574325	BERKLEY INS CO		XXX	XXX				XXX	XXX	
	EMPLOYERS MUT CAS CO		XXX XXX	XXX XXX				XXX XXX	XXX XXX	
05-0316605	FACTORY MUT INS CO.		XXX	XXX				XXX	XXX	
43 - 1898350	FLETCHER REINS CO		XXX	XXX				XXX	XXX	
	HARCO NATL INS CO.		XXX	XXX				XXX	XXX	
06-0384680 74-2195939	HARTFORD STEAM BOIL INSPEC & INS CO		XXXXXX	XXX XXX				XXX XXX	XXXXXX	
04 - 1543470	LIBERTY MUT INS CO.		XXX	XXX				XXX	XXX	
06-1481194	MARKEL GLOBAL REINS CO.		XXX	XXX				XXX	XXX	
13-4924125	MUNICH REINS AMER INC.		XXX	XXX				ХХХ	XXX	
	NATIONWIDE MUT INS CO		XXX	XXX				XXX	XXX	
13-3138390 47-0698507	NAVIGATORS INS CO		XXX XXX	XXX XXX				XXX XXX	XXXXXX	
13-3031176	PARTNER REINS CO OF THE US		XXX	XXX				XXX	XXX	
35-6021485	PROTECTIVE INS CO.		XXX	XXX				XXX	XXX	
23-1641984	QBE REINS CORP		XXX	XXX		 	ļ	XXX	XXX	
	RENAISSANCE REINS US INC		XXXXXX	XXXXXX				XXXXXX	XXXXXX	
75-1444207	SCOR REINS CO		XXX	XXX				XXX	XXX	
75 - 1980552	STATE NATL INS CO INC.		ХХХ	XXX				ХХХ	XXX	
	SWISS REINS AMER CORP		XXX	XXX				XXX	XXX	
	TECHNOLOGY INS CO INC		XXX XXX	XXX XXX				XXX XXX	XXX XXX	
	UNITED FIRE & CAS CO.		XXX	XXX				XXX	XXX	
20-3145738	UNITED SPECIALTY INS CO.		XXX	XXX				XXX	XXX	
	XL REINS AMER INC		ХХХ	ХХХ				ХХХ	ХХХ	
	otal Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
	Pools – Mandatory Pools MINNESOTA WORKERS COMP	Т	I XXX	L XXX		I	Т	I yvv	L XXX	
	MINNESULA WURKERS CUMP		XXX	XXX				XXX	XXX	
	Other Non-U.S. Insurers	l	۸۸۸	۸۸۸			l	^^^	۸۸۸	
AA - 1120337	Aspen Ins UK Ltd.		L XXX	XXX				I XXX	XXX	
AA-3194122	Aspen Ins UK Ltd. DaVinci Reins Ltd.		XXX	XXX.				XXX	XXX	
AA-3194130	Endurance Specialty Ins Ltd		XXX	XXX				XXX	XXX	
AA - 1340125	Hannover Rueck SE.		XXX	XXX			ļ	XXX	XXX	

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Total Provision for Reinsurance)

			(Tota	I Provision for Reinsu	rance)					
		70	Provision for Unauth	norized Reinsurance	Provision for Over	due Authorized and		Total Provision	for Reinsurance	
					Reciprocal Jurisd	liction Reinsurance				
			71	72	73	74	75	76	77	78
			7.1	12	73	Complete if	'3	1 70	11	ı '°
										(
						Col. 52 = "No";				(
					Complete if	Otherwise Enter 0				(
					Col. 52 = "Yes":					(
					Otherwise Enter 0	Greater of 20% of Net				(
					Otherwise Enter 0					(
						Recoverable Net of				(
					20% of Recoverable					(
				Provision for Overdue	on Paid Losses & LAE	Collateral, or 20% of				(
		20% of Recoverable	Provision for	Reinsurance from	Over 90 Days Past		Provision for Amounts	Provision for Amounts		(
		on Paid Losses &	Reinsurance with	Unauthorized	Due Amounts Not in		Ceded to Authorized	Ceded to		(
ID									D	(
		LAE Over 90 Days	Unauthorized	Reinsurers and	Dispute + 20% of	90 Days Past Due	and Reciprocal	Unauthorized	Provision for Amounts	
Number		Past Due Amounts	Reinsurers Due to	Amounts in Dispute	Amounts in Dispute	(Greater of Col. 26 *	Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Name of Reinsurer	Not in Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or [Col. 40 + 41]	Reinsurers	(Cols. 71 + 72 Not in	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	`Amount in Col. 16)	"[Col. 45 * 20%])	* 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Col. 64 + 69)	(Cols. 75 + 76 + 77)
	Lancashire Ins Co Ltd.	()	XXX	XXX	[::::::=::::]/	† <i></i>	(22.2	XXX	XXX	(
	Lloyd's Syndicate Number 33		XXX	XXX		<u>†</u>	İ	XXX	XXX	
AA-1126435	Lloyd's Syndicate Number 435		XXX	XXX		†	†	XXX	XXX	(
	Lloyd's Syndicate Number 435. Lloyd's Syndicate Number 510.		XXX	XXX		†	t	XXX	XXX	ſ
						+				f
	Lloyd's Syndicate Number 1274.		XXX	XXX		+	 	XXX	XXX	f
AA - 1127301	Lloyd's Syndicate Number 1301		XXX	XXX		+	 	XXX	XXX	t
	Lloyd's Syndicate Number 1414		XXX	XXX				XXX	XXX	k
AA-1120156	Lloyd's Syndicate Number 1686		XXX	XXX				XXX	XXX	k
AA-1120157	Lloyd's Syndicate Number 1729.		XXX	XXX				XXX	XXX	L
AA-1120171	Lloyd's Syndicate Number 1856		XXX	XXX		1		LXXX	XXX	L
AA - 1120096	Lloyd's Syndicate Number 1880		XXX	XXX		1		XXX	XXX	L
AA-1120083	Lloyd's Syndicate Number 1910.		XXX	XXX				XXX	XXX	1
AA-1120186	Lloyd's Syndicate Number 1947		XXX	XXX				I XXX	XXX	í
AA - 1120084	Llovd's Syndicate Number 1955		XXX	XXX		1		XXX	XXX	1
AA - 1120106	Lloyd's Syndicate Number 1969		XXX	XXX		1		XXX	XXX	[
AA-1128001	Lloyd's Syndicate Number 2001.		XXX	XXX		· 		XXX	XXX	(
AA-1128003	Lloyd's Syndicate Number 2001.		XXX	XXX				XXX	XXX	[
AA 4400040	Lloyd S Sylldicate Nulliper 2005		XXX	XXX		+			XXX	f
AA - 1128010	Lloyd's Sýndicate Number 2010		XXX	XXX		+		XXX	XXX	f
AA - 1128121	Lloyd's Syndicate Number 2121. Lloyd's Syndicate Number 2791.									t
AA-1128791	Lloyd's Syndicate Number 2/91		XXX	XXX				XXX	XXX	t
	Lloyd's Syndicate Number 2987		XXX	XXX				ХХХ	XXX	†
	Lloyd's Syndicate Number 3000.		XXX	XXX				XXX	XXX	k
AA - 1126005	Lloyd's Syndicate Number 4000		XXX	XXX				XXX	XXX	k
	Lloyd's Syndicate Number 4141		XXX	XXX				ХХХ	XXX	ļ
AA - 1126006	Lloyd's Syndicate Number 4472		XXX	XXX				XXX	XXX	
AA-1120181	Lloyd's Syndicate Number 5886		XXX	XXX			.	XXX	XXX	ļ
AA - 1840000	Mapfre Re Compania de Reaseguros SA		XXX	XXX		1		XXX	XXX	L
AA-3190829	Markel Bermuda Ltd.		XXX	XXX				XXX	XXX	L
AA-3190686	Partner Reins Co Ltd.		XXX	XXX				XXX	XXX	l
AA-3190339	RENA ISSANCE REINS LTD.		XXX	XXX		T		XXX	XXX	1
	Validus Reins Ltd.		XXX	XXX	•	1	1	XXX	XXX	i
	otal Authorized – Other Non-U.S. Insurers		XXX	XXX		+		XXX	XXX	
			۸۸۸	۸۸۸		 		^^^	۸۸۸	
	otal Authorized Excluding Protected Cells (Sum of 0899999, 09999999, 10999999,		VVV	VVV				VVV	VVV	ĺ
	1199999 and 1299999)		XXX	XXX				XXX	XXX	i
	- Other non-U.S. Insurers									
AA -9240012	China Prop & Cas Reins Co Ltd.				XXX	XXX	XXX		XXX	
AA-9240020	China Reins Grp Corp				XXX	XXX	XXX		XXX	L
AA-3191435	Conduit Reins Ltd.				XXX	XXX	XXX	L	XXX	L
	Devk Ruckversicherungs und Beteiligungs AG.				XXX	XXX	XXX		XXX	1
	Fidelis Ins Bermuda Ltd				XXX	XXX	XXX		XXX	i
	Fidelis Underwriting Ltd.				XXX	XXX	XXX	İ	XXX	í
AA-5340310	GEN INS CORP OF INDIA.				XXX	XXX	XXX		XXX	í
AA-3191190	Hamilton Re Ltd.				XXX	XXX	XXX		XXX	ſ
							XXX	····		ſ
	Hannover Re (Bermuda) Ltd				XXX	XXX			XXX	f
	HELVETIA SCHWEIZERISCHE VERSICHERUNGS.				XXX	XXX	XXX		XXX	t
[AA-31908/5	Hiscox Ins Co (Bermuda) Ltd				XXX	XXX	XXX	ļ	XXX	L

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Total Provision for Reinsurance)

				<u>al Provision for Reinsu</u>	rance)					
		70	Provision for Unaut	thorized Reinsurance	Provision for Over	due Authorized and		Total Provision	for Reinsurance	
					Reciprocal Jurisdi	iction Reinsurance				
			71	72	73	74	75	76	77	78
			, · ·	1 '-	, 0	Complete if	1	1		, 0
						Col. 52 = "No";				
					Complete if	Otherwise Enter 0				
					Col. 52 = "Yes";					
					Otherwise Enter 0	Greater of 20% of Net				
					0 2 0	Recoverable Net of				
					20% of Recoverable	Funds Held &				
				Provision for Overdue						
		20% of Recoverable	Provision for	Reinsurance from	Over 90 Days Past	Recoverable on Paid		Provision for Amounts		
		on Paid Losses &	Reinsurance with	Unauthorized	Due Amounts Not in	Losses & LAE Over	Ceded to Authorized	Ceded to		
ID		LAE Over 90 Days	Unauthorized	Reinsurers and	Dispute + 20% of	90 Days Past Due	and Reciprocal	Unauthorized	Provision for Amounts	
Number		Past Due Amounts	Reinsurers Due to	Amounts in Dispute	Amounts in Dispute	(Greater of Col. 26 *	Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Name of Reinsurer	Not in Dispute	Collateral Deficiency			20% or [Col. 40 + 41]		(Cols. 71 + 72 Not in	Reinsurers	Reinsurance
		(O L 47 * 000()			([COI. 47 20%] +	20% 01 [C01. 40 + 41]	Kellisuleis			
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	* 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Col. 64 + 69)	(Cols. 75 + 76 + 77)
AA-8310008	Humboldt Re Ltd.				XXX	XXX	XXX		XXX	
AA-5420050	KOREAN REINS CO.				XXX	XXX	XXX		XXX	
	LANSFORSAKRINGS BOLAG ENS AB.				XXX	XXX	XXX		XXX	
AA-3191239	Lumen Re Ltd				XXX	XXX	XXX		XXX	
	MS Amlin AG.				XXX	XXX	XXX		XXX	
	NEW INDIA ASSUR CO LTD				XXX	XXX	XXX		XXX	
AA-5320039	Peak Reins Co Ltd.				XXX	XXX	XXX		XXX	
AA-3191298	Qatar Reins Co Ltd				XXX	XXX	XXX		XXX	
AA-1240051	QBE Europe NV/SA				XXX	XXX	XXX		XXX	
AA - 1340004	R V Versicherung AG				XXX	XXX	XXX		XXX	
AA-1440076	SiriusPoint Intl Ins Corp (publ)				XXX	XXX	XXX		XXX	
AA-5324100	Taiping Reins Co Ltd				XXX	XXX	XXX		XXX	
AA-3191432	Vantage Risk Ltd.				XXX	XXX	XXX		XXX	
AA-3191388	Vermeer Reins Ltd				XXX	XXX	XXX		XXX	
AA-3191315	XL Bermuda Ltd				XXX	XXX	XXX		XXX	
	otal Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX		XXX	
	otal Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999,				AAA	AAA	AAA		AAA	
2099999 - 10	2599999 and 2699999)				XXX	XXX	XXX		XXX	
04:6:-4 0					۸۸۸	^^^	^^^	l .	۸۸۸	
	ther Non-U.S. Insurers	VVV	I VVV	VVV	VVV	I VVV	I VVV	I VVV	1	
	Arch Reins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
LK-31908/5	Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	New Reins Co Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	otal Certified – Other Non–U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999 - To	otal Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999,									
	3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
Reciprocal Ju	risdiction - Other Non-U.S. Insurers		•	•		•	•	•		
	Convex Ins UK Ltd		XXX	L XXX				I XXX	XXX	
	Convex Re Ltd		XXX	XXX		I	I	XXX	XXX	
	otal Reciprocal Jurisdiction - Other Non-U.S. Insurers		XXX	XXX				XXX	XXX	
	otal Reciprocal Jurisdiction - other Non-ots, misurers otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999,		۸۸۸	۸۸۸				۸۸۸	۸۸۸	
0099999 - 10	Dial Reciprocal Julisdiction Excluding Protected Cells (Sum of 5099999, 5199999,		vvv	VVV				VVV	VVV	
5700000	5299999, 5399999 and 5499999)		XXX	XXX				XXX	XXX	
	otal Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding									
	Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)									
9999999 T	otals									

SCHEDULE F - PART 4

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

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
1		026001591	Standard Chartered Bank.	Letters of Credit Amount
າ	1	026001591	Standard Chartered Bank.	
₹	1	026002655	Lioyds Bank PLC	
Λ	1	026013453	Landesbank Baden-Wurttemberg, New York Branch	
	1	021000089	Citibank Europe PLC.	1
6	1	026002655	Lioyds Bank PLC.	
7	1	026002574	Barclays Bank PLC	
8	1	026007993	UBS AG	
9	1	026008008	UniCredit Bank AG	1
10	1	026010786	Nordea Bank ABP New York Branch	
11	1	026007728	National Australia Bank, A.B.N.	
12	1	026002574	Barclays Bank PLC	
13	1	026009917	ANZ Bank New York	
14	1	026009179.	Credit Suisse AG	
15	2	026002574	Barclays Bank PLC	
15	2	026002655	Lioyds Bank PLC	
15	2	026007728	National Australia Bank, A.B.N.	
15	2	026007689	BNP Paribas	
15	2	026008044	Commerzbank AG	
16	1	026002574	Barclays Bank PLC	
17	1	026007728	National Australia Bank, A.B.N.	
18	1	026009632	Bank of Tokyo-Mitsubishi UFG	
19	1	021000089	Citibank Europe PLC.	1
20	1	021000089	Citibank Europe PLC.	
21	1	021000089	Citibank Europe PLC	
22	1	121000248	Wells Fargo Bank, N.A.	
23	1	021000089	Citibank Europe PLC	
24	2	026009632	Bank of Tokyo-Mitsubishi UFG	
24	2	026002574	Barclays Bank PLC	
24	2	021000089	Citibank Europe PLC.	
24	2	026009179	Credit Suisse AG	
24	2	021001033	Deutsche Bank AG.	
24	2	021001088	HSBC Bank USA, N.A.	
24	2	026014601	Goldman Sachs Bank	
24	2	021000021	JPMorgan Chase Bank, N.A.	
24	2	026014630	Morgan Stanley Bank, N.A.	
24	2	021000018	The Bank of New York Mellon.	
24		121000248	Wells Fargo Bank, N.A.	
25.		026009593	Bank of America, N.A.	
otal				(

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A.	Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be	pe reported is by contract with ceded premium in excess of \$50,000:
	1	2 3
	Name of Reinsurer	Commission Rate Ceded Premium
1.		
2.		
3.		
4.		
5.		
В.	Report the five largest reinsurance recoverables reported in Schedule F, Part 3.Column 15, due from any one reinsurer (bas an affiliated insurer.	sed on-the total recoverables), Schedule F, Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are c
	1	2 3 4
	Name of Reinsurer	<u>Total Recoverables</u> <u>Ceded Premiums</u> <u>Affiliated</u>
6.	FARM BUREAU PROP & CAS INS CO	<u>Total Recoverables</u> <u>Ceded Premiums</u> <u>Affiliated</u> 199,67997,656 Yes [X] No []
7.	FARM BUREAU PROP & CAS INS CO.	
7. 8.	FARM BUREAU PROP & CAS INS CO	

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	Restatement of Balance Sneet to Identify Net Credit	1 As Reported	2 Restatement	3 Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
ASSET	<u>rs</u> (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	4,542,430		4,542,430
		000 704		000 704
2.	Premiums and considerations (Line 15)	366,704		366 , 704
2	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1 610 852	(1 610 852)	
3.	Reinsulance recoverable of loss and loss adjustifient expense payments (Line 10.1)	1,010,002	(1,010,002)	
4	Funds held by or deposited with reinsured companies (Line 16.2)	40,072		40,072
5.	Other assets	8,962,852		8,962,852
6.	Net amount recoverable from reinsurers		324 , 191 , 449	324 , 191 , 449
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	15,522,910	322,580,597	338 , 103 , 507
LIABIL	ITIES (Page 3)			
	Losses and loss adjustment expenses (Lines 1 through 3)	00.440	172 027 504	172 010 022
9.	Losses and loss adjustment expenses (Lines 1 through 3)	90,449	173,027,304	173,910,033
10	Taxes, expenses, and other obligations (Lines 4 through 8)	1 377 042	1 302 654	2 679 696
10.	Taxos, oxpenses, and other sungations (Elies Tanloagh o)	1,017,012	1,002,001	2,070,000
11.	Unearned premiums (Line 9)		150,833,756	150,833,756
12.	Advance premiums (Line 10)			
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	3,279,397	(3,279,397)	
15.	Funds held by company under reinsurance treaties (Line 13)	104,000	(104,000)	
16.	Amounts withheld or retained by company for account of others (Line 14)			
17	Provision for reinsurance (Line 16)			
''.	riovision for refusarance (Line 10)			
18.	Other liabilities	679,042		679,042
		3.0,0.2		3.0,012
19.	Total liabilities excluding protected cell business (Line 26)	5,529,930	322,580,597	328,110,527
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	9,992,980	xxx	9,992,980
22.	Totals (Line 38)	15,522,910	322,580,597	338,103,507

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

If yes, give full explanation:
The company participates in a reinsurance pooling agreement with an affiliated company. Under the terms of the agreement, the Company cedes to the affiliate all of its business......

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

Schedule P - Part 1 - Summary

NONE

Schedule P - Part 2 - Summary

NONE

Schedule P - Part 3 - Summary

NONE

Schedule P - Part 4 - Summary

Schedule P - Part 1A - Home/Farm NONE

Schedule P - Part 1B - Private Passenger NONE

Schedule P - Part 1C - Comm Auto/Truck
NONE

Schedule P - Part 1D - Workers' Comp

Schedule P - Part 1E - Comm Multi Peril NONE

Schedule P - Part 1F - Med Pro Liab Occ NONE

Schedule P - Part 1F - Med Pro Liab Clm

NONE

Schedule P - Part 1G - Special Liability

NONE

Schedule P - Part 1H - Other Liab Occur NONE

Schedule P - Part 1H - Other Liab Claims

NONE

Schedule P - Part 1I - Special Property

NONE

Schedule P - Part 1J - Auto Physical NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other NONE

Schedule P - Part 1M - International NONE

Schedule P - Part 1N - Reinsurance
NONE

Schedule P - Part 10 - Reinsurance NONE

Schedule P - Part 1P - Reinsurance NONE

Schedule P - Part 1R - Prod Liab Occur NONE

Schedule P - Part 1R - Prod Liab Claims NONE

Schedule P - Part 1S-Fin./Mtg. Guaranty
NONE

Schedule P - Part 1T - Warranty
NONE

Schedule P - Part 2A

NONE

Schedule P - Part 2B

NONE

Schedule P - Part 2C

NONE

Schedule P - Part 2D

NONE

Schedule P - Part 2E

Schedule P - Part 2F - Section 1

NONE

Schedule P - Part 2F - Med Pro Liab Clm

NONE

Schedule P - Part 2G

NONE

Schedule P - Part 2H - Other Liab Occur

NONE

Schedule P - Part 2H - Other Liab Claim

NONE

Schedule P - Part 2I

NONE

Schedule P - Part 2J

NONE

Schedule P - Part 2K

NONE

Schedule P - Part 2L

NONE

Schedule P - Part 2M

Schedule P - Part 2N

NONE

Schedule P - Part 20

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

Schedule P - Part 3F - Med Pro Liab Occ

NONE

Schedule P - Part 3F - Med Pro Liab Clm

NONE

Schedule P - Part 3G

NONE

Schedule P - Part 3H - Other Liab Occur

NONE

Schedule P - Part 3H - Other Liab Claims

Schedule P - Part 3I

NONE

Schedule P - Part 3J

NONE

Schedule P - Part 3K

NONE

Schedule P - Part 3L

NONE

Schedule P - Part 3M

NONE

Schedule P - Part 3N

NONE

Schedule P - Part 3O

NONE

Schedule P - Part 3P

Schedule P - Part 3R - Prod Liab Occur NONE

Schedule P - Part 3R - Prod Liab Claims

NONE

Schedule P - Part 3S

NONE

Schedule P - Part 3T

NONE

Schedule P - Part 4A

NONE

Schedule P - Part 4B

NONE

Schedule P - Part 4C

NONE

Schedule P - Part 4D

NONE

Schedule P - Part 4E

Schedule P - Part 4F - Med Pro Liab Occ NONE

Schedule P - Part 4F - Med Pro Liab Clm
NONE

Schedule P - Part 4G NONE

Schedule P - Part 4H - Other Liab Occur NONE

Schedule P - Part 4H - Other Liab Claims

NONE

Schedule P - Part 4I

Schedule P - Part 4J

NONE

Schedule P - Part 4K

NONE

Schedule P - Part 4L

NONE

Schedule P - Part 4M

Schedule P - Part 4N

NONE

Schedule P - Part 40

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

NONE

Schedule P - Part 5B- SN1

NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

Schedule P - Part 5F- SN1A

NONE

Schedule P - Part 5F- SN2A

NONE

Schedule P - Part 5F- SN3A

Schedule P - Part 5F- SN1B

NONE

Schedule P - Part 5F- SN2B

NONE

Schedule P - Part 5F- SN3B

NONE

Schedule P - Part 5H- SN1A

NONE

Schedule P - Part 5H- SN2A

NONE

Schedule P - Part 5H- SN3A

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

Schedule P - Part 6E - SN1

NONE

Schedule P - Part 6E - SN2

NONE

Schedule P - Part 6H - SN1A

NONE

Schedule P - Part 6H - SN2A

NONE

Schedule P - Part 6H - SN1B

NONE

Schedule P - Part 6H - SN2B

NONE

Schedule P - Part 6M - SN1

NONE

Schedule P - Part 6M - SN2

Schedule P - Part 6N - SN1

NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 6O - SN1

NONE

Schedule P - Part 60 - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

Schedule P - Part 7A - Section 1

NONE

Schedule P - Part 7A - Section 2

NONE

Schedule P - Part 7A - Section 3

NONE

Schedule P - Part 7A - Section 4

NONE

Schedule P - Part 7A - Section 5

Schedule P - Part 7B - Section 1

NONE

Schedule P - Part 7B - Section 2

NONE

Schedule P - Part 7B - Section 3

NONE

Schedule P - Part 7B - Section 4

NONE

Schedule P - Part 7B - Section 5

NONE

Schedule P - Part 7B - Section 6
NONE

Schedule P - Part 7B - Section 7

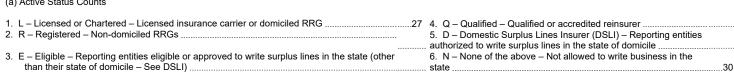
NONE

Schedule P Interrogatories
NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

		1 1	Gross Premiu		ated By States A	4nd Territories	6	7	8	9
		'	Policy and Mer Less Return F Premiums on Tak	mbership Fees Premiums and I Policies Not Ken	Dividends Paid		6	,	Finance and	Direct Premium Written for Federal
	States, etc.	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Service Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	Alabama AL AK	L								
	Arizona	LL	29,836,869	27 ,887 ,018		21,350,324	22,766,679	11,413,895	11,833	
4.	ArkansasAR	L					, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
	California CA	N	265.838	157,742		305.238	308.347	349,124		
	Colorado CO Connecticut CT	N	200,030	137 ,742				349 , 124		
8.	Delaware DE	N								
	Dist. ColumbiaDC Florida FL	N N								
	Florida FL Georgia GA	N								
12.	Hawaii HI	N								
	IdahoID	<u> </u>	94,564 11,780	114,759 11,780		101,847	110,544	12,557		
	IllinoisILIN	<u> </u>	3,800,240	3,000,723		4,148,943	4,531,307	650,675		
16.	lowaIA	Ē	118,679,055	115,316,733		49,627,634	48,142,960	24,767,604	18,912	
	Kansas KS Kentucky KY	L	153,260,194	140,451,949		160 , 181 , 599	180,619,835	51,374,937	17,800	
	Louisiana LA	N								
20.	Maine ME	N								
	Maryland MD Massachusetts MA	N								
	Michigan MI	LIN								
24.	Minnesota MN	L	27 , 343 , 259	25,784,084		26,435,363	32,284,375	16,513,375	9,706	
	Mississippi MS Missouri MO	N	230.796	236 . 184		414.420	188.490	L11.192		
	MontanaMT	 	230,790	230, 164		33,537	40,666	11,192		
28.	Nebraska NE	L.	63 ,067 ,591	59,819,879		46,960,361	61,197,209	28,300,801	10 , 136	
29.	Nevada NV	LL	688 , 118	638,590		848,659	985,796	186 , 176		
	New Hampshire NH New JerseyNJ	N								
32.	New MexicoNM	L	17 , 554 , 966	16,573,522		9,803,512	10,205,058	5,665,026	7,052	
33.	New York	N								
	No.Dakota ND	lN	186,531	151,532		130,268	215,448			
36.	OhioOH	Ī	3,282,697	2,699,517		1,270,449	1,746,226	806,103		
	Oklahoma OK Oregon OR	L N	246 , 858	270,570		688,864	689 , 154	2,241		
39.	Oregon OR Pennsylvania PA	N								
40.	Rhode IslandRI	N								
	So. Carolina SC So. DakotaSD	<u>L</u>	16,653,051	15,667,473		13,973,857	17 . 284 . 548	6,494,747	3.720	
	So. DakotaSD	L	10,000,001	10,007,473		13,973,007	17 ,204 ,340			
44.	Texas TX	L	45 , 279	13,584			3,583	3,583		
	UtahUT	L	32 ,716 ,574	29,781,396		24,315,332	25,762,787	10,954,112	6,088	
	VermontVT	N LL								
48.	Washington WA	N								
	West Virginia WV Wisconsin WI	N	428.930	4 , 105			(189,689)			
	WyomingWY	LL	35,099	34,996		18,959	24,809	6,944		
52.	American Samoa AS	N		·				ļ	ļ	
	Guam GU Puerto Rico PR	N N				 				
	U.S. Virgin Islands	N								
	Northern Mariana Islands MP	N								
	Canada CAN Aggregate other alienOT	XXX								
59.	Totals	XXX	468,457,780	438,644,105		360,609,166	406,918,132	157,613,229	85,247	
DETAI I 58001.	LS OF WRITE-INS	xxx								
58001. 58002.		xxx								
58003.	Cum ofi-'	xxx								
	Sum. of remaining write-ins for Line 58 from overflow page Totals (Lines 58001	xxx								
	through 58003 + 58998) (Line 58 above)	xxx								

(a) Active Status Counts



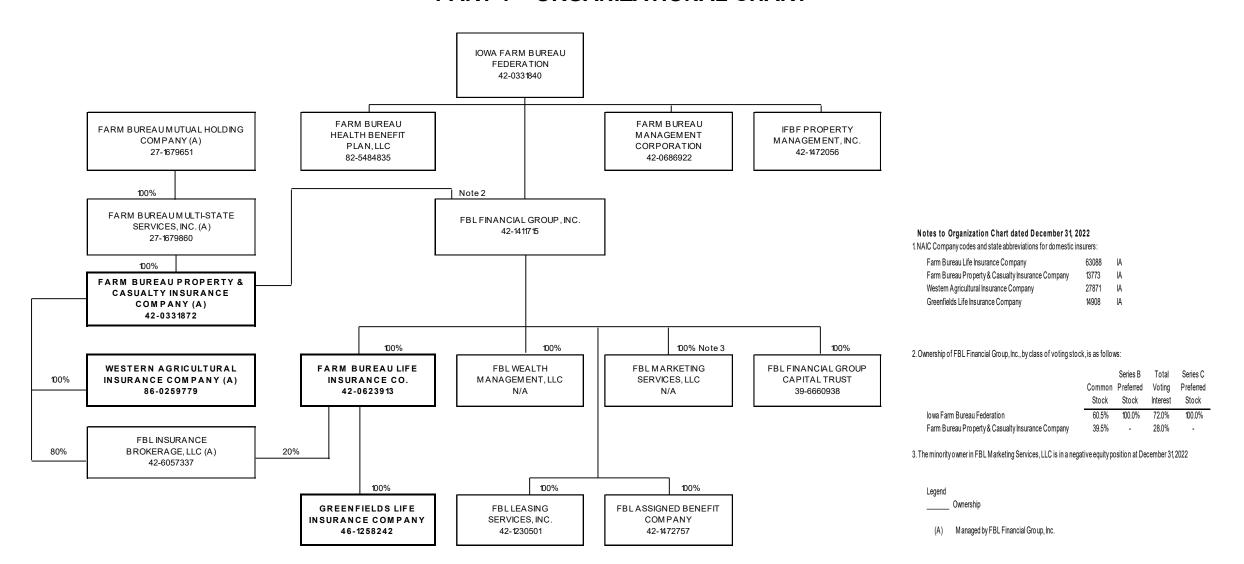
(b) Explanation of basis of allocation of premiums by states, etc.

Gross premiums were allocated to states based on location of risk.

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

	}	4	1 ^		siness Only	· -	
		1	2	3 Disability	4	5	6
		1:4-		Disability	1 T O		
		Life	A	Income	Long-Term Care	D	
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL	ilidividuai)	and individual)	ilidividual)	individual)	Contracts	Totals
	AK						
3. Arizona	AZ						-
4. Arkansas			-		-		-
5. California	CA						
6. Colorado	co						
7. Connecticut	CT						
8. Delaware	DE						
District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
•							
12. Hawaii							
13. Idaho	ID						
14. Illinois						ļ	
15. Indiana	IN						
16. lowa	IA						.
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME		†	ļ	1	İ	1
			·	ļ	·	l	·
21. Maryland							-
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	МО						
27. Montana							
28. Nebraska							
29. Nevada					-		-
30. New Hampshire			-		-		-
31. New Jersey							
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
	OK				-		
37. Oklahoma							·
38. Oregon			·		·	····	·
39. Pennsylvania			·	 	-	ł	
40. Rhode Island				ļ	ļ	ļ	-
41. South Carolina	SC						
42. South Dakota	SD						.
43. Tennessee	TN						
44. Texas							
45. Utah							
			1			İ	1
46. Vermont			·		-	l	·
47. Virginia	VA		-		-	·	·
48. Washington							
49. West Virginia	WV			ļ		ļ	.
50. Wisconsin	WI						.
51. Wyoming	wy						
52. American Samoa							
53. Guam							
			<u> </u>		1	İ	1
54. Puerto Rico			·	 		l	·
55. US Virgin Islands			-		-	·	·
56. Northern Mariana Islands						ļ	
57. Canada							
58. Aggregate Other Alien	ТО						
59. Totals			1	1		1	

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



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
	-	·	· ·	Ŭ	ŭ	Name of	Ĭ		.0		Type of Control	10		"	.0
						Securities					(Ownership.				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filina	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,		Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Yes/No)	*
	·					•	FARM BUREAU LIFE INSURANCE			<u> </u>	,	Ŭ	IOWA FARM BUREAU	<u> </u>	
00513	IOWA FARM BUREAU GROUP OF IOWA	63088	42-0623913	2506551	0000911209		COMPANY	I A	I A.	FBL FINANCIAL GROUP, INC	OWNERSHIP.	100.0	FEDERATION.	NO.	
							FARM BUREAU PROPERTY & CASUALTY			FARM BUREAU MULTI-STATE			IOWA FARM BUREAU		
00513	IOWA FARM BUREAU GROUP OF IOWA	13773	42-0331872				INSUR CO.	I A	UDP	SERVICES, INC.	OWNERSHIP.	100.0	FEDERATION.	YES	1
							WESTERN AGRICULTURAL INSURANCE			FARM BUREAU PROPERTY &			IOWA FARM BUREAU		
00513	IOWA FARM BUREAU GROUP OF IOWAL	27871	86-0259779				COMPANY.	I A	RE	CASUALTY INSUR CO	OWNERSHIP	100.0	FEDERATION	NO	1
							GREENFIELDS LIFE INSURANCE			FARM BUREAU LIFE INSURANCE			IOWA FARM BUREAU		
00513	IOWA FARM BUREAU GROUP OF IOWA	14908	46 - 1258242				COMPANY	I A	I A	COMPANY	OWNERSHIP	100.0	FEDERATION.	NO	
													IOWA FARM BUREAU		
			42-1411715	3894291	0001012771		FBL FINANCIAL GROUP, INC.	I A	NIA	IOWA FARM BUREAU FEDERATION	OWNERSHIP.	72.0	FEDERATION	NO.	
							,			FARM BUREAU PROPERTY &			IOWA FARM BUREAU		
			42-1411715	3894291	0001012771		FBL FINANCIAL GROUP. INC	I A	N I A	CASUALTY INSUR CO	OWNERSHIP	28.0	FEDERATION	NO	
							,						IOWA FARM BUREAU		
			42-0331840		0001033753		IOWA FARM BUREAU FEDERATION	I A	NIA	ELECTED BOARD OF DIRECTORS	MANAGEMENT.		FEDERATION	NO.	
							FARM BUREAU MANAGEMENT						IOWA FARM BUREAU		
			42-0686922				CORPORATION	I A	N I A	IOWA FARM BUREAU FEDERATION	OWNERSHIP.	100.0	FEDERATION	NO	
													IOWA FARM BUREAU		
			42-1472056				IFBF PROPERTY MANAGEMENT, INC	I A	NIA	IOWA FARM BUREAU FEDERATION	OWNERSHIP.	100.0	FEDERATION.	NO.	
							FBL FINANCIAL GROUP CAPITAL						IOWA FARM BUREAU		
			39-6660938				TRUST	DE	N I A	FBL FINANCIAL GROUP, INC	OWNERSHIP	100.0	FEDERATION	NO	
										FARM BUREAU PROPERTY &			IOWA FARM BUREAU		
			42-6057337				FBL INSURANCE BROKERAGE, LLC.	I A	N I A	CASUALTY INSUR CO	OWNERSHIP	80.0	FEDERATION.	NO.	1
													IOWA FARM BUREAU		
			42-6057337				FBL INSURANCE BROKERAGE, LLC	I A	NIA	FARM BUREAU LIFE INSURANCE CO.	OWNERSHIP.	20.0	FEDERATION	NO	1
							,						IOWA FARM BUREAU		
							FBL MARKETING SERVICES. LLC	I A	NIA	FBL FINANCIAL GROUP, INC	OWNERSHIP	100.0	FEDERATION	NO	
													IOWA FARM BUREAU		
			42-1230501				FBL LEASING SERVICES, INC	I A	N I A	FBL FINANCIAL GROUP, INC	OWNERSHIP	100.0	FEDERATION	NO	
							,			,			IOWA FARM BUREAU		
			42-1472757				FBL ASSIGNED BENEFIT COMPANY	I A	N I A	FBL FINANCIAL GROUP, INC	OWNERSHIP	100.0	FEDERATION	NO .	
				ĺ			FARM BUREAU MUTUAL HOLDING			· ·			IOWA FARM BUREAU		
			27 - 1679651				COMPANY	IA	UIP		MANAGEMENT		FEDERATION	NO	1
							FARM BUREAU MULTI-STATE			FARM BUREAU MUTUAL HOLDING			IOWA FARM BUREAU		
			27 - 1679860				SERVICES, INC	I A	UIP	COMPANY	OWNERSHIP	100.0	FEDERATION	NO	1
													IOWA FARM BUREAU		
							FBL WEALTH MANAGEMENT, LLC	I A	N I A	FBL FINANCIAL GROUP, INC	OWNERSHIP	100.0	FEDERATION	NO .	
							FARM BUREAU HEALTH BENEFIT			,			IOWA FARM BUREAU		
			82-5484835				PLAN, LLC.	I A	NIA	IOWA FARM BUREAU FEDERATION	OWNERSHIP	100.0	FEDERATION	NO	

Asterisk	Explanation
1	Managed by FBL Financial Group, Inc.

SCHEDULE Y

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

1	2	3	4	5	6 Purchases, Sales or Exchanges of Loans, Securities, Real	7 Income/ (Disbursements) Incurred in Connection with Guarantees or	8	9 Income/ (Disbursements)	10	Any Other Material Activity Not in the	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or
NAIC Company Code	ID Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions		Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Incurred Under Reinsurance Agreements	*	Ordinary Course of the Insurer's Business	Totals	Reserve Credit Taken/(Liability)
	42-0331840	Lowa Farm Rureau Federation	Bividende	Contributions	IIIVOOLIIIOIILO	7 (11)(10)(0)	COLVICE CONTRACTO	7 tgroomonto		Buomiceo	rotalo	rakon/(Liability)
	42-1472056	Farm Bureau Group, Inc										
	42-0686922	Farm_Bureau Management Corporation							ļ			
	42-1411715	FBL Financial Group, Inc	29,364,950						ļ		29,364,950	
40770	39-6660938 42-0331872	IFBL Financial Group Capital Trust	10,339,050								40.000.050	(199,679,146
13773 27871	86-0259779	Western Agricultural Insurance Company	10,339,050						 		10,339,050	(199,679,146 199,679,146
63088	42-0623913	Farm Rureau Life Incurance Company	(38,824,000)		-				ł	 	(38,824,000)	140, 679, 140
14908	46-1258242	Farm Bureau Life Insurance Company. Greenfields Life Insurance Company. FBL Financial Services, Inc.	(30,024,000)						†		(30,024,000)	
1-1000	42-1230500	IFBL Financial Services. Inc.							İ	<u> </u>		
	42-0954363	IFBL Investment Management Services										
	42-1482215	IFBL Marketing Services. LLC										
	42-1230501	IFBL Leasing Services IIC							ļ			
	42-6057337	FBL Insurance Brokerage, LLC.	(880,000)						ļ		(880,000)	
	42-1472757	FBL Assigned Benefit Company. Farm Bureau Mutual Holding Company.							ļ			
	27 - 1679651	Farm Bureau Mutual Holding Company							ļ			
	27 - 1679860	Farm Bureau Multi-State Services, Inc. FBL Wealth Management, LLC.							·····			
	82-5484835	Farm Bureau Health Benefit Plan , LLC							 			
	02-0404000	I ann bureau nearth benefit Fran , LLG			+				 			
									†			
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	ontrol Totals								XXX			

The 2022 participation percentage for the reinsurance agreement are: Farm Bureau Property & Casualty 100%, Western Agricultural 0%.

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	1 2	2	1	5	6	7	Q
l l	2	3	Granted Disclaimer	5	0	'	Granted Disclaimer
		Ownership				Ownership	of Control\Affiliation
		Percentage				Percentage	
		Column 2 of			U.S. Insurance Groups or Entities	(Columns 5	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
FARM BUREAU LIFE INSURANCE COMPANY	FBL FINANCIAL GROUP, INC	100.000 %	NO		TOWA FARM BUREAU GROUP OF TOWA	100.000 %	NO
FARM BUREAU PROPERTY & CASUALTY INSUR CO	FARM BUREAU MULTI-STATE SERVICES, INC	100.000 %	NO		IOWA FARM BUREAU GROUP OF IOWA	100.000 %	NO
WESTERN AGRICULTURAL INSURANCE COMPANY	FARM BUREAU PROPERTY & CASUALTY INSUR CO.		NO	IOWA FARM BUREAU FEDERATION	IOWA FARM BUREAU GROUP OF IOWA	100.000 %	NO
GREENFIELDS LIFE INSURANCE COMPANY	FARM BUREAU LIFE INSURANCE COMPANY.	100.000 %	NO		IOWA FARM BUREAU GROUP OF IOWA	100.000 %	NO
ONLEW TEEDS ETTE THOOKINGE GOMETHY	THIN BOILERO ETTE THOOKINGE GOMETHAT			TOWN TAKE BOILERO TEDERITION	TOWN TAKE BONENO ONOOF OF TOWN	100.000 %	
		0/2				0/2	
		0/2				0/2	
		0/2				0/,	
		0/2				0/,	
		0/2				0/,	
		0/2				0/2	
		0/2				0/2	
		0/2				0/2	
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		1	1			1	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

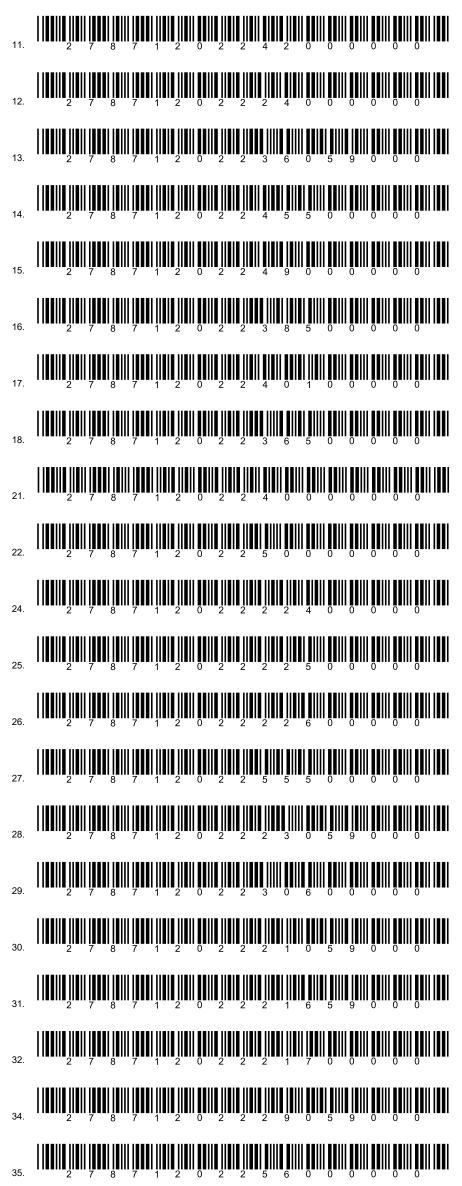
RESPONSES

	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES.
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
5.	APRIL FILING Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
		YES
6.		YES
7.		1E0
8.		YES
9.	JUNE FILING Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	SUPPLEMENTAL FILINGS The following supplemental reports are required to be filed as part of your statement filing <u>if your company is engaged in the type of business covered by the supplement. 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.</u>	
11.	WARCH FILING Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	N0
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	N0
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	N0
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	N0
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	N0
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	N0
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
28.	APRIL FILING Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	N0
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
32.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
34.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
37.	AUGUST FILING Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

Bar Code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



SUMMARY INVESTMENT SCHEDULE

		Gross Inves		Admitted Assets as Reported in the Annual Statement			
		1	2 Percentage	3	4 Securities Lending	5	6 Percentage
	Investment Catagories	Amount	of Column 1 Line 13	Amount	Reinvested Collateral Amount	Total (Col. 3+4) Amount	of Column 5
1	Investment Categories Long-Term Bonds (Schedule D, Part 1):	Amount	Lille 13	Amount	Amount	Amount	Lille 13
	1.01 U.S. governments	3 017 840	66 437	3 017 840		3,017,840	66 . 437
	1.02 All other governments		1	1		1	
	1.03 U.S. states, territories and possessions, etc. guaranteed		l	i i		i	
	1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
	1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
	1.06 Industrial and miscellaneous						
	1.07 Hybrid securities						
	1.08 Parent, subsidiaries and affiliates						
	1.09 SVO identified funds						ļ
	1.10 Unaffiliated bank loans						
	1.11 Unaffiliated certificates of deposit.						
	1.12 Total long-term bonds	3,017,840	66 . 437	3,017,840		3,017,840	66 . 437
2.	Preferred stocks (Schedule D, Part 2, Section 1):						
	2.01 Industrial and miscellaneous (Unaffiliated)						
	2.02 Parent, subsidiaries and affiliates						
	2.03 Total preferred stocks						
3.	Common stocks (Schedule D, Part 2, Section 2):						
	3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
	3.02 Industrial and miscellaneous Other (Unaffiliated)	2,958,896	65 . 139	2,958,896		2,958,896	65 . 139
	3.03 Parent, subsidiaries and affiliates Publicly traded						
	3.04 Parent, subsidiaries and affiliates Other						
	3.05 Mutual funds						
	3.06 Unit investment trusts						
	3.07 Closed-end funds						
	3.08 Exchange traded funds						
	3.09 Total common stocks	2,958,896	65 . 139	2,958,896		2,958,896	65 . 139
4.	Mortgage loans (Schedule B):						
	4.01 Farm mortgages						
	4.02 Residential mortgages						
	4.03 Commercial mortgages						
	4.04 Mezzanine real estate loans						
	4.05 Total valuation allowance						
	4.06 Total mortgage loans						
5.	Real estate (Schedule A):						
	5.01 Properties occupied by company						
	5.02 Properties held for production of income			1			
	5.03 Properties held for sale						
	5.04 Total real estate						
6.	Cash, cash equivalents and short-term investments:						
	6.01 Cash (Schedule E, Part 1)	(1,436,244)	(31.618)	(1,436,244)		(1,436,244)	(31.618)
	6.02 Cash equivalents (Schedule E, Part 2)			1 1		1	
	6.03 Short-term investments (Schedule DA)					1	
	6.04 Total cash, cash equivalents and short-term investments					(1,436,244)	I
7.	Contract loans			1		<u> </u>	
	Derivatives (Schedule DB)			i i			
	Other invested assets (Schedule BA).		1	1			
	Receivables for securities		0.043	1,938		1	0.043
	Securities Lending (Schedule DL, Part 1)		ı		XXX	1	XXX
	Other invested assets (Page 2, Line 11)						
	5 dood dood (1 ago E, Ellio 11)	4,542,430	100.000	4,542,430		4,542,430	100.000

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.
2.	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 6)
	2.2 Additional investment made after acquisition (Part 2, Column 9)
3.	Current year change in encumbrances:
	3.1 Totals, Part 1, Column 13
	3.2 Totals, Part 3. Column 11
4.	Total gain (loss) on disposals, Part 3, Column 18 Deduct amounts received on disposals, Part 3, Column 15
5.	Deduct amounts received on disposals, Part 3, Column 15
6.	Total foreign exchange change in book/adjusted carrying value
	6.1 Totals, Part 1, Column 15
	6.2 Totals, Part 3, Column 13.
7.	Deduct current year's other-than-temporary impairment recognized:
	7.1 Totals, Part 1, Column 12
	7.2 Totals, Part 3, Column 10
8.	Deduct current year's depreciation:
	8.1 Totals, Part 1, Column 11
	8.2 Totals, Part 3, Column 9
	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)
10.	Deduct total nonadmitted amounts
11	Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year
2.	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 7)
	2.2 Additional investment made after acquisition (Part 2, Column 8)
3.	Capitalized deferred interest and other:
	3.1 Totals, Part 1, Column 12
	3.2 Totals, Part 3, Column 11
4.	Accrual of discount
5	Upraglized valuation increase (decrease):
	5.1 Totals, Part 1, Column 9 5.2 Totals, Part 3, Column 8 Total gain (loss) on disposals, Part 3, Column 18.
	5.2 Totals, Part 3, Column 8
6.	Total gain (loss) on disposals, Part 3, Column 18
7.	Deduct amounts received on disposals, Part 3, Column 15
8.	Deduct amortization of premium and mortgage interest points and commitment fees
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest:
	9.1 Totals, Part 1, Column 13
	9.2 Totals, Part 3, Column 13
10.	Deduct current year's other-than-temporary impairment recognized:
	10.1 Totals, Part 1, Column 11
	10.2 Totals, Part 3, Column 10
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)
12.	Total valuation allowance.
13.	Subtotal (Line 11 plus Line 12)
14.	Deduct total nonadmitted amounts
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.
	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 8) 2.2 Additional investment made after acquisition (Part 2, Column 9)
	2.2 Additional investment made after acquisition (Part 2, Column 9)
3.	Capitalized deferred interest and other:
	3.1 Totals, Part 1, Column 16
	3.2 Totals, Part 3, Column 12
4.	Accrual of discount
	5.1 Totals, Part 1, Column 13
	5.2 Totals, Part 3, Column 9
6.	Unrealized valuation increase (decrease): 5.1 Totals, Part 1, Column 13 5.2 Totals, Part 3, Column 9 Total gain (loss) on disposals, Part 3, Column 19 Deduct amounts received on disposals, Part 3, Column 16
8.	Deduct amortization of premium and depreciation.
9.	Total foreign exchange change in book/adjusted carrying value:
	9.1 Totals, Part 1, Column 17
	9.2 Totals, Part 3, Column 14
10.	Deduct current year's other-than-temporary impairment recognized:
	10.1 Totals, Part 1, Column 15
	10.2 Totals, Part 3, Column 11
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)
12.	Deduct total nonadmitted amounts
13.	Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	7,060,672
2.	Book/adjusted carrying value, December 31 of prior year	
3.		100
4.	Unrealized valuation increase (decrease):	
	4.1 Part 1, Column 12	
	4.2 Part 2, Section 1, Column 15	
	4.3 Part 2, Section 2, Column 13	
	4.4 Part 4, Column 11	(79,599)
5.		
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	1,000,000
7.	Deduct amortization of premium.	4,429
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1 Part 1, Column 15	
	8.2 Part 2, Section 1, Column 19	
	8.3 Part 2, Section 2, Column 16	
0	8.4 Part 4, Column 15	
9.	Deduct current year's other-than-temporary impairment recognized:	
	9.1 Part 1, Column 14	
	9.2 Part 2 Section 2 Column 17	
	9.3 Part 2, Section 2, Column 14	
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line (2)	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).	5 976 744
12.	Deduct total nonadmitted amounts.	
13.	Statement value at end of current period (Line 11 minus Line 12)	5,976,744

SCHEDULE D - SUMMARY BY COUNTRY

			1 Book/Adjusted	2	3	4
Description			Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS				•		
	1.	United States	3.017.840	2.708.416	3.022.257	3,000,000
Governments (including all obligations	2.			,,	, , ,	, , , , , , , , , , , , , , , , , , , ,
quaranteed by governments)	3.	Other Countries				
,	4.		3,017,840	2,708,416	3,022,257	3,000,000
U.S. States, Territories and Possessions			, ,	, ,	, ,	, ,
(direct and guaranteed)	5.	Totals				
U.S. Political Subdivisions of States. Territories	-					
and Possessions (direct and guaranteed)	6.	Totals				
U.S. Special Revenue and Special Assessment	<u> </u>					
Obligations and all Non-Guaranteed						
Obligations of Agencies and Authorities of						
Governments and their Political Subdivisions	7.	Totals				
Industrial and Miscellaneous, SVO Identified	8.	United States				
Funds, Unaffiliated Bank Loans, Unaffiliated	9.	i				
Certificates of Deposit and Hybrid Securities	10					
(unaffiliated)	11.					
Parent, Subsidiaries and Affiliates	12.	Totals				
,	_	Total Bonds	3,017,840	2.708.416	3.022.257	3,000,000
PREFERRED STOCKS			-,-,-,-	,,	- , - , -	
	14.	United States				
Industrial and Miscellaneous (unaffiliated)	15.					
	16.					
	17.	Totals				
Parent, Subsidiaries and Affiliates	18.	Totals				
,	19.	Total Preferred Stocks				
COMMON STOCKS		10141110101104	<u> </u>	L		
	20.	United States	2.958.896	2,958,896	624,613	
Industrial and Miscellaneous (unaffiliated),	21.			, ,		
Mutual Funds, Unit Investment Trusts, Closed-	22.					
End Funds and Exchange Traded Funds	23.	Totals	2,958,896	2,958,896	624,613	
Parent, Subsidiaries and Affiliates	24.	Totals	,,	, ,	. , ,	
•	25.	Total Common Stocks	2,958,896	2.958.896	624.613	
	26.	Total Stocks	2,958,896	2,958,896	624,613	
		Total Bonds and Stocks	5.976.736	5.667.312	3,646,870	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
		Over 1 Year Through	Over 5 Years	Over 10 Years		No Maturity	Total	Col. 7 as a	Total from Col. 7	% From Col. 8	Total Publicly	Total Privately Place
NAIC Designation 1. U.S. Governments	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Current Year	% of Line 12.7	Prior Year	Prior Year	Traded	(a)
1.1 NAIC 1		3,017,840				XXX	3,017,840	100.0	4,022,170	100.0	3,017,840	
1.2 NAIC 1						XXX	3,017,840	100.0	4,022,170	100.0		
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 Totals	-	3,017,840				XXX	2 047 040	100.0	4 000 470	100.0	2 047 040	
2. All Other Governments		3,017,840				λλλ	3,017,840	100.0	4,022,170	100.0	3,017,840	
						VVV						
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals		1				XXX						
3. U.S. States, Territories and	Possessions, etc., Gua	aranteed										
3.1 NAIC 1						XXX	•					
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
4. U.S. Political Subdivisions	of States, Territories an	d Possessions, Guarante	ed									
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						ХХХ						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
5. U.S. Special Revenue & Sp	ecial Assessment Obli	gations, etc., Non-Guaran	teed									
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals						XXX						

SCHEDULE D - PART 1A - SECTION 1 (Continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6 No Maturity	7 Total	8 Col. 7 as a	9 Total from Col. 7	10 % From Col. 8	11 Total Publicly	12 Total Privately Place
NAIC Designation	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	No Maturity Date	Current Year	% of Line 12.7	Prior Year	% From Col. 8 Prior Year	Traded	(a)
6. Industrial and Miscellaneo			J	J								
6.1 NAIC 1						XXX						
6.2 NAIC 2						XXX						
6.3 NAIC 3						XXX						
6.4 NAIC 4						XXX						
6.5 NAIC 5						XXX						
6.6 NAIC 6						XXX						
6.7 Totals						XXX						
7. Hybrid Securities												
7.1 NAIC 1						XXX						
7.2 NAIC 2						XXX						
7.3 NAIC 3						XXX						
7.4 NAIC 4						XXX						
7.5 NAIC 5						XXX						
7.6 NAIC 6						XXX						
7.7 Totals						XXX						
8. Parent, Subsidiaries an	nd Affiliates					7777						
8.1 NAIC 1						XXX						
8.2 NAIC 2						XXX				•		
8.3 NAIC 3				• • • • • • • • • • • • • • • • • • • •		XXX				•		
8.4 NAIC 4						XXX						
8.5 NAIC 5						XXX						
8.6 NAIC 6						XXX						
8.7 Totals						XXX						
9. SVO Identified Funds		+				ΛΛΛ						
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX							
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX							
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX							
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.0 NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.7 Totals	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸							
10. Unaffiliated Bank Loans						XXX						
10.1 NAIC 1									-			
10.2 NAIC 2						XXX	ł	·	-			
10.3 NAIC 3						XXXXXX	 	 	-			
10.4 NAIC 4												
10.5 NAIC 5						XXX						
10.6 NAIC 6						XXX						
10.7 Totals	<u> </u>					XXX		ļ				
11. Unaffiliated Certificate	es of Deposit					VVV			, , , , , , , , , , , , , , , , , , ,	,,,,,,		
11.1 NAIC 1						XXX			XXX	ХХХ		
11.2 NAIC 2						XXX		ļ	XXX	ХХХ		
11.3 NAIC 3						XXX			XXX	XXX		
11.4 NAIC 4						XXX		ļ	XXX	ХХХ		
11.5 NAIC 5						XXX	ļ	ļ	XXX	ХХХ		
11.6 NAIC 6						XXX			XXX	XXX		
11.7 Totals						XXX			XXX	XXX		

SCHEDULE D - PART 1A - SECTION 1 (Continued) Quality and Maturity Distribution of All Ronds Owned December 31 at Rock/Adjusted Corning Values by Major Types of Laure and MACO Section 1

				f All Bonds Owned De								
	1	2	3	4	5	6	7	8	9	10	11	12
		Over 1 Year Through	Over 5 Years	Over 10 Years		No Maturity	Total	Col. 7 as a	Total from Col. 7	% From Col. 8	Total Publicly	Total Privately Placed
NAIC Designation	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Current Year	% of Line 12.7	Prior Year	Prior Year	Traded	(a)
12. Total Bonds Current Year	(d)	0.047.040					0.047.040	400.0	WWW	VVV	0.047.040	
12.1 NAIC 1	(d)	3,017,840					3,017,840	100.0	XXX	XXX	3,017,840	
12.2 NAIC 2	(d)	-							XXX	XXX XXX		
12.3 NAIC 3	(d)	-							LXXXXXX	XXX		
12.4 NAIC 4	(d)	-					(c)		XXX	XXX		
12.5 NAIC 5	(d)	-					(c)					
12.6 NAIC 6	(4)	0.047.040					(b) 0.047.040	100.0	XXX	XXX	0.047.040	
12.7 Totals		3,017,840					(b)3,017,840	100.0	XXX	XXX	3,017,840	
12.8 Line 12.7 as a % of Col. 7		100.0					100.0	XXX	XXX	XXX	100.0	
13. Total Bonds Prior Year												
13.1 NAIC 1	999,995	2,692,446	329,729				XXX	XXX	4,022,170	100.0	4,022,170	
13.2 NAIC 2							XXX	XXX				
13.3 NAIC 3							XXX	XXX				
13.4 NAIC 4							XXX	XXX	(-)			
13.5 NAIC 5							XXX	XXX	(C)			
13.6 NAIC 6	200 005	0.000.440	200 700				XXX	XXX	(C)	400.0	4 000 470	
13.7 Totals	999,995	2,692,446	329,729				XXX	XXX	(b)4,022,170	100.0	4,022,170	
13.8 Line 13.7 as a % of Col. 9	24.9	66.9	8.2				XXX	XXX	100.0	XXX	100.0	
14. Total Publicly Traded Bonds												
14.1 NAIC 1		3,017,840					3,017,840	100.0	4,022,170	100.0	3,017,840	XXX
14.2 NAIC 2												XXX
14.3 NAIC 3												XXX
14.4 NAIC 4												XXX
14.5 NAIC 5												XXX
14.6 NAIC 6												XXX
14.7 Totals		3,017,840					3,017,840	100.0	4,022,170	100.0	3,017,840	XXX
14.8 Line 14.7 as a % of Col. 7		100.0					100.0	XXX	XXX	XXX	100.0	XXX
14.9 Line 14.7 as a % of Line		400.0					400.0	WWW	WWW	VVV	400.0	VVV
12.7, Col. 7, Section 12		100.0					100.0	XXX	XXX	XXX	100.0	XXX
15. Total Privately Placed Bonds												
15.1 NAIC 1											XXX	
15.2 NAIC 2											XXX	
15.3 NAIC 3		-									XXX	
15.4 NAIC 4											XXX	ļ
15.5 NAIC 5		- 									XXX	
15.6 NAIC 6											XXX	
15.7 Totals		ļ						VVV	VVV	VVV	XXX	
15.8 Line 15.7 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.9 Line 15.7 as a % of Line								VVV	VVV	VVV	VVV	
12.7, Col. 7, Section 12		L 050 D L 444	1.6. 1.6. 1	L 050 D L 4444				XXX	XXX	XXX	XXX	

⁽a) Includes \$.. freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

...; NAIC 5 \$

....; NAIC 6 \$

⁽b) Includes \$

Includes \$ current year of bonds with Z designations, and \$ prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.

Includes \$ current year, \$ prior year of bonds with 5GI designations and \$ current year, \$ prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments. (c) Includes \$ (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1\$.... ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and S	Subtype of Issues
--	-------------------

	Ma	aturity Distribution of	of All Bonds Owned	December 31, At B	ook/Adjusted Carry	ing Values by Majo	r Type and Subtype	of Issues				
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments		Ĭ	<u> </u>	<u> </u>								
1.01 Issuer Obligations		3,017,840				XXX	3,017,840	100.0	4,022,170	100.0	3,017,840	
1.02 Residential Mortgage-Backed Securities						XXX						<u> </u>
1.03 Commercial Mortgage-Backed Securities						XXX						<u> </u>
1.04 Other Loan-Backed and Structured Securities						l xxx						
1.05 Totals		3,017,840				XXX	3,017,840	100.0	4,022,170	100.0	3,017,840	
2. All Other Governments		0,011,010					0,011,010		.,022,0	100.10	0,011,010	
2.01 Issuer Obligations						XXX				l		
2.02 Residential Mortgage-Backed Securities						XXX						
2.03 Commercial Mortgage-Backed Securities						XXX						1
2.04 Other Loan-Backed and Structured Securities						XXX						
2.05 Totals						XXX						
U.S. States, Territories and Possessions, Guaranteed						N///						
3.01 Issuer Obligations						XXX						
3.02 Residential Mortgage-Backed Securities						XXX			• • • • • • • • • • • • • • • • • • • •			
3.03 Commercial Mortgage-Backed Securities						XXX						
3.04 Other Loan-Backed and Structured Securities						XXX						
3.05 Totals						XXX						
						۸۸۸						
U.S. Political Subdivisions of States, Territories and Possessions, 4.01 Issuer Obligations	Guaranteed					XXX						
						XXX						
4.02 Residential Mortgage-Backed Securities												
4.03 Commercial Mortgage-Backed Securities						XXX						
4.04 Other Loan-Backed and Structured Securities						XXX						
4.05 Totals						XXX						
U.S. Special Revenue & Special Assessment Obligations, etc., Non 5.01 Issuer Obligations	-Guaranteed 					XXX						ļ
5.02 Residential Mortgage-Backed Securities						LXXX						<u></u>
5.03 Commercial Mortgage-Backed Securities						LXXX						
5.04 Other Loan-Backed and Structured Securities						XXX						
5.05 Totals						XXX						
6. Industrial and Miscellaneous												
6.01 Issuer Obligations						XXX						
6.02 Residential Mortgage-Backed Securities						XXX						
6.03 Commercial Mortgage-Backed Securities						XXX						
6.04 Other Loan-Backed and Structured Securities.			•			XXX						·
6.05 Totals						XXX						
7. Hybrid Securities						^^^						
7.01 Issuer Obligations						XXX						
7.02 Residential Mortgage-Backed Securities.						XXX						
7.03 Commercial Mortgage-Backed Securities						XXX				······		·
						XXX				·····		
7.04 Other Loan-Backed and Structured Securities.												
7.05 Totals						XXX						
Parent, Subsidiaries and Affiliates 8.01 Issuer Obligations						xxx						·
8.02 Residential Mortgage-Backed Securities						XXX						,
8.03 Commercial Mortgage-Backed Securities						XXX				ļļ.		·
8.04 Other Loan-Backed and Structured Securities						XXX				ļļ.		<u> </u>
8.05 Affiliated Bank Loans – Issued						ХХХ				[<u> </u>
8.06 Affiliated Bank Loans – Acquired.						XXX						
8.07 Totals						XXX						

SCHEDULE D - PART 1A - SECTION 2 (Continued)

	ı	Maturity Distribution	n of All Bonds Owne	ed December 31, at E	Book/Adjusted Carr	ying Values by Majo	r Type and Subtype	of Issues				
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds	1 Teal Of Less	Tillough 5 reals	Tillough to reals	Tillough 20 Tears	Over 20 Tears	Date	Current real	70 OI LINE 12.03	1 Hor i car	1 HOI Teal	Haueu	i laceu
9.01 Exchange Traded Funds Identified by the SVO	XXX	l xxx	l xxx	XXX	XXX							
10. Unaffiliated Bank Loans	AAA	7000	7000	7077	MM							
10.01 Bank Loans - Issued						XXX						
10.02 Bank Loans – Acquired						XXX						
10.03 Totals						XXX						
11. Unaffiliated Certificates of Deposit						AMA						
11.01 Totals						l xxx			XXX	l xxx l		
12. Total Bonds Current Year						AAA			AAA	AAA		
12.01 Issuer Obligations		3.017.840				l xxx	3.017.840	100.0	XXX	L xxx I	3.017.840	
12.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.04 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans						XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
12.08 Unaffiliated Certificates of Deposit						XXX			XXX	XXX		
12.09 Totals		3.017.840				7000	3.017.840	100.0	XXX	XXX	3.017.840	
12.10 Lines 12.09 as a % Col. 7		100.0				• • • • • • • • • • • • • • • • • • • •	100.0	XXX	XXX	XXX	100.0	
13. Total Bonds Prior Year		100.0					100.0	AAA	AAA	AAA	100.0	
13.01 Issuer Obligations	999.995	2.692.446	329.729			XXX	l xxx	XXX	4.022.170	100.0	4.022.170	
13.02 Residential Mortgage-Backed Securities		2,002,440				XXX	XXX	XXX	4,022,170	100.0	4,022,170	
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
13.04 Other Loan-Backed and Structured Securities						XXX	XXX	XXX				
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX				
13.06 Affiliated Bank Loans						XXX	XXX	XXX				
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX		····		
13.08 Unaffiliated Certificates of Deposit	XXX	l xxx	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	l xxx l	XXX	XXX
13.09 Totals	999,995	2,692,446	329,729	AAA	ΛΛΛ	7///	XXX	XXX	4,022,170	100.0	4,022,170	۸۸۸
13.10 Line 13.09 as a % of Col. 9	24.9	66.9	8.2				XXX	XXX	100.0	XXX	100.0	
14. Total Publicly Traded Bonds	27.0	00.0	0.2				AAA	AAA	100.0	AAA	100.0	
14.01 Issuer Obligations		3,017,840				l xxx	3.017.840	100.0	4,022,170	100.0	3,017,840	XXX
14.02 Residential Mortgage-Backed Securities						XXX			4,022,170	100.0		XXX
14.03 Commercial Mortgage-Backed Securities						XXX						XXX
14.04 Other Loan-Backed and Structured Securities						XXX						XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
14.06 Affiliated Bank Loans	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		////	XXX				1		XXX
14.07 Unaffiliated Bank Loans			<u> </u>			XXX	İ			1		XXX
14.08 Unaffiliated Certificates of Deposit						XXX	İ		XXX	XXX		XXX
14.09 Totals		3.017.840				7///	3.017.840	100.0	4.022.170	100.0	3,017,840	XXX
14.10 Line 14.09 as a % of Col. 7		100.0				<u> </u>	100.0	XXX	XXXXXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12		100.0	[1	100.0	XXX	XXX	XXX	100.0	XXX
15. Total Privately Placed Bonds		100.0					100.0	7000	7000	700.	.00.0	7001
15.01 Issuer Obligations						XXX					XXX	
15.02 Residential Mortgage-Backed Securities						XXX	İ				XXX	
15.03 Commercial Mortgage-Backed Securities						XXX	1				XXX	
15.04 Other Loan-Backed and Structured Securities						XXX	İ			1	XXX	
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		1				XXX	
15.06 Affiliated Bank Loans	////			////		XXX					XXX	
15.07 Unaffiliated Bank Loans						XXX	İ			†····	XXX	
15.08 Unaffiliated Certificates of Deposit						XXX	İ		XXX	XXX	XXX	
15.09 Totals						7////			7////	700	XXX	
15.10 Line 15.09 as a % of Col. 7								XXX	XXX	xxx	XXX	
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX	XXX	
10.11 Line 10.09 as a 70 of Line 12.09, Ooi. 1, Section 12		I	I	1		I	I	^^^	ΛΛΛ		ΛΛΛ	

Schedule DA - Verification Between Yrs

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Part 2 - Verification Between Yrs

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

Showing All Long	ı-Term BONDS Ow	mod Docombor 31	of Current Voor

											ember 31 of Current								_	
1 1	2		Codes	6	7		Value	10	11		nange in Book / Adjust					Interes				ates
		i i	4 5 F D T	NAIC Designation , NAIC Designation Modifier		8 Rate Used	9		Book/	12	13	14 Current Year's Other	Total Foreign	16	17	18	19 Admitted	20	21	22 Stated
		'	e i	and SVO		to Obtain			Adjusted	Unrealized Valuation	Current Year's	Than Temporary	Exchange Change		Effective		Amount	Amount Rec.		Contractual
CUSIP			Bond	Administrat-	Actual	Fair	Fair	Par	Carrying	Increase/	(Amortization)/	Impairment	In In	Rate	Rate	When	Due &	During		Maturity
Identification	Description	Code	n CHAR	ive Symbol	Cost	Value	Value	Value	Value	(Decrease)	` Accretion '	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Date
	Governments - Issuer Obligation	ns																		
912828-YU-8	U.S. TREASURY NOTES 1.625% 11/30/26.	SD		1.A	535,828	91.1900	478,748	525,000	533,590		(2,132)			1.625	1.196	MN		8,531	12/10/2021	11/30/2026
912828-YX-2	U S TREASURY NOTES 1.75% 12/31/26U S TREASURY NOTES 1.5%	SD		1.A	154,078	91.5500	137 , 325	150,000	153,249		(789)			1.750	1.193	JD	7	2,625	12/10/2021	12/31/2026
912828-Z7-8		SD		1.A	329,773	90.2900	293,443	325,000	328,819		(910)			1.500	1.204	JJ	2,040	4,875	12/10/2021	01/31/2027
912828-ZW-3		SD		1.A	499,531	90.5900	452,950	500,000	499,763		94			0.250	0.269	JD	3	1,250	07/16/2020	06/30/2025
91282C-DK-4	11/30/26	SD		1.A	1,503,047	89.7300	1,345,950	1,500,000	1,502,419		(599)			1.250	1.208	MN	1,648	18,750	12/10/2021	11/30/2026
	- Bonds - U.S. Governments - I				3,022,257	XXX	2,708,416	3,000,000	3,017,840		(4,336)			XXX	XXX	XXX	4,448	36,031	XXX	XXX
	- Bonds - U.S. Governments - S				3,022,257	XXX	2,708,416	3,000,000	3,017,840		(4,336)			XXX	XXX	XXX	4,448	36,031	XXX	XXX
2419999999	- Bonds - Total Bonds - Subtot	als - Is	suer Obliga	tions	3,022,257	XXX	2,708,416	3,000,000	3,017,840		(4,336)			XXX	XXX	XXX	4,448	36,031	XXX	XXX
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250999999	99 Total Bonds				3,022,257	XXX	2,708,416	3,000,000	3,017,840		(4,336)			XXX	XXX	XXX	4,448	36,031	XXX	XXX



SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

_												COILO OWING		of Current Year							
	1	2	Co	des	5	6	7	8	Fair \	/alue	11		Dividends				Book/Adjusted Carrying			20	21
			3	4			1 1		9	10		12	13	14	15	16	17	18	19	NAIC	1
							1 1													Designation,	1
							1 1													NAIC	1
							1 1		Rate Per										Total	Designation	1
							1 1		Share								Current Year's	Total	Foreign	Modifier	1
						D	1 1	DI-/					A	Non-desite d	Linna alima d	0	Other-Than-				l .
						Par	1 1	Book/	Used to				Amount	Nonadmitted	Unrealized	Current		Change	Exchange	and SVO	l .
					Number	Value	Rate	Adjusted	Obtain			Declared	Received	Declared	Valuation	Year's	Temporary	. In	Change	Admin-	(·
	CUSIP				Of	Per	Per	Carrying	Fair	Fair	Actual	but	During	But	Increase/	(Amortization)	Impairment	B./A.C.V.	In	istrative	Date
- 1	lentification	Description	Code	Foreign	Shares	Share	Share	Value	Value	Value	Cost	Unpaid	Year	Unpaid	(Decrease)	Accretion	Recognized	(15+16-17)	B./A.C.V.	Symbol	Acquired
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4:	09999999 To	otal Preferred Stocks							XXX				I	1	I	1				XXX	XXX

1.												
Lir	ie											
Num	berBook	Adjusted Carrying Value b	y NAI	C Designation Category Fo	ootnot	te:						
1 <i>A</i>	1A	\$	1B	\$	1C	\$	 1D	\$ 1E	\$ 1F	\$ 	1G	\$
1E	3 2A	\$	2B	\$	2C	\$						
10	3A	\$	3B	\$	3C	\$						
10	4A	\$	4B	\$	4C	\$						
1E	5A	\$	5B	\$	5C	\$						

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 3:	L of Current Voor

								STOCKS Owner	December 310	Current real							
1	2	С	odes	5	6	Fair \	Value	9		Dividends			Change in Book/Adj	usted Carrying Value		17	18
		3	4	1		7	8		10	11	12	13	14	15	16]	NAIC
																	Designation NAIC
						Rate per							Current Year's				Designation
						Share Used						Unrealized	Other-Than-	Total	Total Foreign		Modifier
					Book / Adjusted	To Obtain				Amount	Nonadmitted	Valuation	Temporary	Change in	Exchange		Designation Modifier and SVO
CUSIP				Number of	Carrying	Fair	Fair	Actual	Declared	Received	Declared	Increase/	Impairment	B./A.C.V.	Change in	Date	Administra
Identification	Description	Code	Foreign	Shares	Value	Value	Value	Cost	but Unpaid	During Year	But Unpaid	(Decrease)	Recognized	(13-14)	B./A.C.V.	Acquired	ive Symbo
	liscellaneous (Unaffiliated) - Other			1 000 000	0.050.000	0 470 070	0.050.000	201.010				(70, 500)		(70 F00) I		L 00 100 1000F	1 1000
023/31-2#-8	AMERICAN AGRICULTURAL INS CO CLASS A	Othor		1,363.000	2,958,896 2,958,896	2,170.870 XXX	2,958,896 2,958,896	624,613 624,613				(79,599) (79,599)		(79,599) (79,599)		09/23/2005 XXX	XXX
	Subtotals - Industrial and Miscellaneous (Una				2,958,896	XXX	2,958,896	624,613				(79,599)		(79,599)		XXX	XXX
3109999999 - 3	Bubtotais - industriai and miscerraneous (one	aiiiiialeu)	1	1	2,930,090	۸۸۸	2,930,090	024,013				(19,399)	1	(19,099)		^^^	
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5989999999	Total Common Stocks			1	2,958,896	XXX	2,958,896	624,613				(79,599)		(79,599)		XXX	XXX
	Total Preferred and Common Stocks				2,958,896	XXX	2,958,896	624,613				(79,599)		(79,599)		XXX	XXX
					2,000,000	7001	=,000,000	02.,010				(10,000)	1				

1.												
Line												
Numbe	rBook/	Adjusted Carrying Value by N	NAIC	Designation Category Fo	ootnote	:						
1A	1A	\$ 1	В	\$	1C	\$	1D	\$ 1E	\$ 	1F	\$ 1G	\$
1B	2A	\$ 2	B	\$	2C	\$						
		\$ 3										
1D	4A	\$ 4	В	\$	4C	\$						
1E	5A	\$ 5	В	\$	5C	\$						
1F	6	¢										

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks **ACQUIRED** During Current Year

1	2	3	4	lowing All Long-Term Bonds and Stocks ACQUIRED During Current Year 5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
						 		
						 		
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				NONE				
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6009999999 Total	ls .						XXX	
TOUCOUGU TOTAL	•						7001	1

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD , REDEEMED or Othery	wise DISDOSED OF During Current Veer

					Showing all	Long-Term	Bonds and St	ocks SOLD , I	REDEEMED o	r Otherwise DI	SPOSED OF [During Current	Year						
1	2	3 4	5	6	7	8	9	10		Change in E	Book/Adjusted Ca	arrying Value		16	17	18	19	20	21
		FΪ							11	12	13	14	15	1					1
		o																	i l
		r																	i l
		e						Prior Year			Current Year's			Book/				Bond	i l
		i						Book/	Unrealized		Other-Than-	Total	Total Foreign	Adjusted	Foreign			Interest/Stock	Stated
CUSIP		g		Number of				Adjusted	Valuation	Current Year	Temporary	Change in B./A.C.V.	Exchange	Carrying Value	Exchange Gain	Realized Gain			Contractual
Identi-		n Disposal		Shares of				Carrying	Increase/	(Amortization)/		B./A.C.V.	Change in	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity
fication	Description	Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date
Bonds - U.S.																			
912828-5V-8.	U S TREASURY NOTES 2.5% 1/15/22	01/15/2022_	Maturity	XXX	1,000,000	1,000,000	999,609	999,995		5		5		1,000,000				12,500	
	- Bonds - U.S. Governments				1,000,000	1,000,000		999,995		5		5		1,000,000				12,500	
	7 - Bonds - Subtotals - Bonds - Part 4				1,000,000	1,000,000		999,995		5		5		1,000,000				12,500	
2509999999) - Bonds - Subtotals - Bonds				1,000,000	1,000,000	999,609	999,995		5		5		1,000,000				12,500	XXX
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Schedule D - Part 5

NONE

Schedule D - Part 6 - Section 1

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Paper Pape		OOIILDOLL L			OAOII			
Received Received	1		2	3	4	5	6	7
1962 1962	Depository		Code		Received During	Accrued December 31 of	Balance	*
SAVE	OPEN DEPOSITORIES		-				I	
0199999 Totals - Open Deposit on depositions that do not exceed the allowable limit in any one depository - Open Depositories	DES	S MOINES, IOWA					(9,059,685)	XXX
0199999 Totals - Open Deposit on depositions that do not exceed the allowable limit in any one depository - Open Depositories	N CHASE - DDA ACCOUNT NEV	Y YORK. NEW YORK					7,591,827	XXX
0199999 Totals - Open Deposit on depositions that do not exceed the allowable limit in any one depository - Open Depositories	- CUSTODY ACCOUNT NEV	Y YORK, NEW YORK		0.010	4		31,614	XXX
allovable limit in any one depository - Open Depositories	108 Danasits in de	positories that do not exceed the					, ,	
0199999 Totals - Open Depositories	allowable limit in any one denository. Or	non Donositorios	vvv	vvv				XXX
2099999 Total Cash on Deposit XX XX 4 (1.436.244) XX 3XX XX XX 4 (1.436.244)	allowable littlic in any one depository - Op	peri Depositories	AAA VVV		,		(4, 400, 044)	
0499999 Cash in Company's Office XXX XXX XXX XXX XXX	199 Totals - Open Depositories		XXX	XXX	4		(1,436,244)	XXX
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0499999 Cash in Company's Office XXX XXX XXX XXX XXX	999 Total Cash on Deposit		XXX	XXX	4		(1 436 244)	XXX
043030 Cash ii Company 3 Cilice AAA AAA AAA AAA	200 Cash in Company's Office					VVV	(1,100,244)	XXX
0F00000 T-4-1 O1						۸۸۸	(4 400 044)	AAA
0599999 Total Cash XXX XXX 4 (1,436,244)	999 Total Cash		ХХХ	XXX	<u> </u>		(1,436,244)	XXX

TO	TALS OF DEPOSITORY	BALANCES ON THE LAS	T DAY OF EACH MO	NTH DURING THE CU	RRENT YEAR

1. January	(387,344)	4. April	(800,281)	7. July	(12,588,037)	10. October	(8,059,893)
2. February	761,678	5. May	(10,091,800)	8. August	(7,256,851)	11. November	(8,656,375)
3. March	(227,510)	6. June	(13,248,270)	September	(11,440,024)	12. December	(1,436,244)

SCHEDULE E - PART 2 - CASH EQUIVALENTS

		Show I	Investments Owi	ned December 31 of Current Y	ear			
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
			<u> </u>					
				<u> </u>	<u> </u>		<u> </u>	1
			<u> </u>		<u> </u>			
			l					
			I		I			
8609999999 Tota	l Cash Equivalents		T	r	T			
000000000000000 TOTA	i Oddii Equivalonia							

1.												
Line												
Numbe	rBook/	Adjusted Carrying Value b	y NAI	C Designation Category Fo	ootnot	e:						
1A	1A	\$	1B	\$	1C	\$	1D	\$ 16	Ε	\$ 1F	\$ 1G	\$
1B	2A	\$	2B	\$	2C	\$						
1C	3A	\$	3B	\$	3C	\$						
1D	4A	\$	4B	\$	4C	\$						
1E	5A	\$	5B	\$	5C	\$						
4 =	_											

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

		1	1	2	Deposits the Benefit of All I	Policyholders	All Other Specia	
	States, etc.	Туре		Purpose of Deposits	3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1.	. Alabama				- 7 3		- , <u>g</u>	
2.	. Alaska	AK						
3.	. Arizona	٠z						
4.	Arkansas	ARB.	8	RSD by Ins Code 23-63-206 (a) (2) (i)			153,249	137 , 325
5.	. California	CA						
6.	. Colorado	co						
7.	. Connecticut	ст						
i	. Delaware	l l						
1	District of Columbia							
10.	. Florida F	FL						
1	. Georgia	l l						
i	. Hawaii I	i						
13.	. Idaho I	D						
14.	. Illinois I	i i						
i	. Indiana I							
	. lowa l		3	Protection of all policyholder	2,036,009	1,824,698		
17.	Kansas I	(S			ļ			
i e	Kentucky I	(Y			ļ			
		-A						
20.	. Maine!	иЕ			ļ			
21.	. Maryland	иD						
22.	Massachusetts	иА						
23.	. Michigan!	и						
24.	Minnesota	νN						
25.	. Mississippi!	иs						
26.	. Missouri	ио						
27.	. Montana I	ит						
28.	Nebraska	NE						
29.	Nevada	۱۷						
30.	. New Hampshire 1	NH						
31.	New Jersey	۱J						
32.	New Mexico	им В.	8	RSD by Ins Code 59A-5-19.			328,819	293,443
33.	New York 1	NY						
34.	. North Carolina	vc						
1	North Dakota							
36.	. Ohio (он						
	. Oklahoma							
i .	. Oregon	l l						
	Pennsylvania I	l l						
1	Rhode Island							
1		SC						
İ	South Dakota							
i	Tennessee							
i	. Texas	i					· · · · · · · · · · · · · · · · · · ·	
i	. Utah l						····	
I	. Vermont	i				·····	····	
	. Virginia	_	}	RSD by Ins Code 38-2-1045			249,881	226,475
i	. Washington\	l l		Nob by 1113 0000 00 2 1040		·····	2 10,001	220, 110
1	. West Virginia\							
	. Wisconsin\	l l						
1	. Wyoming\	l l						
i	American Samoa	l l						
i		l l						
i	Puerto Rico							
i	. US Virgin Islands							
1	Northern Mariana Islands I							
i	. Canada (v	yvv	<u> </u>			
1	Aggregate Alien and Other	i	X	XXX	2 020 000	1 004 000	724 040	CE7 040
	. Total	XX	۸	XXX	2,036,009	1,824,698	731,949	657,243
1	S OF WRITE-INS							
5801.								
5802.								
5803.	0				ļ		 	
5898.	Sum of remaining write-ins for 58 from overflow page		X	XXX				
5899.	Totals (Lines 5801 - 5803 + 58	98)						
1	(Line 58 above)	XX	X	XXX				