U.S. Treasury Schedule F Instructions For the year ended December 31, 2019 Spreadsheet Version 1.0

Please Enter Your Company Name in th	1 the Box
--------------------------------------	-----------

Following is a series of worksheets that have been designed to provide those companies filing U.S. Treasury Schedule F with a spreadsheet based program for completing the Schedule. Each individual section of the U.S. Treasury Schedule F has been given a separate worksheet that can be accessed by clicking on the appropriate TAB Button located at the bottom of this worksheet. Please note that all TABS may not be immediately viewable within your computer screen but can be accessed using the scrolling arrows located in the bottom left corner of your worksheet. The TABS have been color coded for easy identification.

Within this worksheet you will find the following U.S. Treasury Schedule F Sections:

(Please note there are 36 total printable pages (excluding over-flow pages)- all pages will print in black and white (without color, shading, or any other formats that have been included in this spreadsheet for presentation purposes only.)

- **1. Section I -** Treasury Authorized Companies (11 printable pages)
- 2. Section II Other Treasury Authorized Companies (1 printable page)
- 3. Section III Treasury Authorized Pools and Associations & Lloyds Syndicates(11 printable pages)
- 4. Section IV THRU V Other Treasury Authorized Pools and Associations (1 printable page)
- 5. Section VI Treasury Unauthorized Pools and Associations (3 printable pages)
- 6. Section VII Other Treasury Unauthorized Pools and Associations (1 printable page)
- 7. Section VIII Treasury Unauthorized Companies (3 printable pages)
- 8. Funds Held Section Funds Held Securing Reinsurance Recoverables from Unauthorized Companies (2 printable pages)
- 9. Summary Page Summary Total of Treasury Unauthorized Reinsurance (1 printable page)

Overflow Pages have been included as separate TAB items and may be used if additional pages of the above-listed sections are required in order to complete your company's Treasury Schedule F.

If you enter data in the overflow pages it will be automatically carried to the appropriate Treasury Schedule F summary page sections.

If you require more overflow pages than those provided, you will need to reproduce the related worksheet and manually enter any totals from your reproduced worksheet(s) on the appropriate summary page. Rows and columns have been established on the summary pages to allow for these types of entries.

Overflow Pages included with this spreadsheet program are:

- 10. Section II Overflow Page Other Treasury Authorized Companies (Add-on to Section II above)
- 11. Section IV Overflow Page Other Treasury Authorized Pools and Associations (Add-on to Section IV above)
- 12. Section VII Overflow Page Other Treasury Unauthorized Pools and Associations (Add-on to Section VII above)
- 13. Section VIII Overflow Page Treasury Unauthorized Companies (Add-on to Section VIII above)
- 14. Funds Held Overflow Page Funds Held Securing Reins. Recoverables from Unauth. Companies (Add-on to Funds Held section)

Note:

Certain cell ranges within these worksheets have been write-protected to provide for easier data entry. Normally such protected cells contain formulas or information that should not change. If you need to edit a protected cell (normally shaded green), you may unlock the cell by accessing the following menu options "tools" "protection" unprotect" and entering the password " f ".

If you need to reproduce any of the overflow pages you will first need to unprotect the worksheet and then reproduce the worksheet via normal copy/past keystrokes. For any reproduced worksheets, you'll need to enter your company totals manually in the appropriate summary page in the spaces provided.

Printing - All pages in this worksheet are designed to print on legal size paper. When printing your Schedule F for filing with the Treasury, you should print all pages in sections I through the Summary Page.

In printing the overflow pages you may wish to specify the page(s) to print, otherwise blank overflow pages from a respective worksheet will print.

If you experience problems with this spreadsheet, please contact the Surety Bond Branch at (202) 874-6850 for assistance.

Schedule F - Part 1

Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	+	(1) Reinsurance Premiums Ceded	(2)	Expense, D	ecoverable on Paid Paid Los Days Overdue	ss Adjus	s and stment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
						Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D)	Total			·			4 '
SECTION I														i		
TREASURY /	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien comp	anies in this section	ı. All	such reinsurance	is unauthorized an	ıd should be listed ι	under Section VIII.								
59-1362150	26379	ACCREDITED SURETY AND CASUALTY COMPANY, INC.	Florida							-	-			i		-
95-2371728	22667	ACE American Insurance Company	Pennsylvania							-	-					-
06-0237820	20699	ACE Property and Casualty Insurance Company	Pennsylvania							-	-					
36-2704802	22950	ACSTAR INSURANCE COMPANY	Illinois					'		-	-			i		-
23-2035821	33898	Aegis Security Insurance Company	Pennsylvania							-	-					-
05-0254496	10014	Affiliated FM Insurance Company	Rhode Island							_	_			i		_
25-1118791	LL	AIG Property Casualty Company	Pennsylvania							-	-			i		-
	İ															
34-0935740 25-0315340		ALL AMERICA INSURANCE COMPANY Allegheny Cacualty Company	Ohio Pennsylvania							-	-			l		-
25-0315340		Allegheny Casualty Company ALLEGHENY SURETY COMPANY						!		-	-			l		-
42-1201931		ALLIED Property and Casualty Insurance Company	Pennsylvania Iowa							-	-					
42-1201331	42379	ALLIED Froperty and Casuatty insurance Company	lowa			-								i		
95-4387273		Allied World Assurance Company (U.S.) Inc.	Delaware							-	-			į		-
06-1182357	22730	Allied World Insurance Company	New Hampshire					!		-	-			j		-
02-0493244	10690	Allied World National Assurance Company	New Hampshire								-					-
56-0997452	16624	Allied World Specialty Insurance Company	Delaware					'		-	-			i		-
51-0331163	24319	Allied World Surplus Lines Insurance Company	Arkansas							-	-			i		-
06-1481194	10829	Alterra Reinsurance USA Inc.	Delaware							-	-					-
42-6054959	19100	AMCO Insurance Company	lowa					'		_	_			i		-
36-2661954		American Agricultural Insurance Company	Indiana		†	-				-	-			i		-
52-2048110	19720	AMERICAN ALTERNATIVE INSURANCE CORPORATION	Delaware							-	-			i		-
22-1608585	21849	American Automobile Insurance Company	Missouri							-	-			ı		-
59-0593886	10111	AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA	Florida							-	-					-
23-0342560	20427	American Casualty Company of Reading, Pennsylvania	Pennsylvania					'		-	-			i		-
95-4290651	10216	AMERICAN CONTRACTORS INDEMNITY COMPANY	California							-	-			i		-
59-0141790	24066	American Fire and Casualty Company	New Hampshire							-	-			i		-
36-6071400	26247	American Guarantee and Liability Insurance Company	New York							-	-					-
13-5124990	19380	American Home Assurance Company	New York							-	-			i		-

											·		
NAIC Company	Name of Reinsurer	Domiciliary .	(1) Reinsurance Premiums	(2)		Paid Los		(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
UTHORIZI	ED COMPANIES: Do not include reinsurance applicable to alien compa	nies in this section. A	All such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
21857	American Insurance Company (The)	Ohio					-	-					-
19631	AMERICAN ROAD INSURANCE COMPANY (THE)	Michigan					-	-					-
39969	American Safety Casualty Insurance Company	Oklahoma					-	-					-
10235	American Southern Insurance Company	Kansas					-	-					-
31380	American Surety Company	Indiana					-	-					-
19488	Amerisure Insurance Company	Michigan					-	-					-
23396	Amerisure Mutual Insurance Company	Michigan					-	-					-
11050	Amerisure Partners Insurance Company	Michigan					-	-					-
10308	Antilles Insurance Company	Puerto Rico					-	-					-
11150	Arch Insurance Company	Missouri					-	-					-
10348	Arch Reinsurance Company	Delaware					-	-					-
19801	Argonaut Insurance Company	Illinois					-	-					-
43460	ASPEN AMERICAN INSURANCE COMPANY	Texas					-	-					-
21865	Associated Indemnity Corporation	California					-	-					-
27154	Atlantic Specialty Insurance Company	New York					-	-					-
18988	Auto-Owners Insurance Company	Michigan					-	-					-
19062	Automobile Insurance Company of Hartford, Connecticut (The)	Connecticut					-	-					-
10367	AVEMCO INSURANCE COMPANY	Maryland					-	-					-
37273	AXIS Insurance Company	Illinois					-	-					-
20370	AXIS Reinsurance Company	New York					-	-					-
33162	Bankers Insurance Company	Florida					-	-					-
18279	Bankers Standard Insurance Company	Pennsylvania					-	-					-
37540	Beazley Insurance Company, Inc.	Connecticut					-	-					-
32603	Berkley Insurance Company	Delaware					-	-					-
29580	Berkley Regional Insurance Company	Delaware					-	-					-
20044	Berkshire Hathaway Homestate Insurance Company	Nebraska					-	-					-
22276	Berkshire Hathaway Specialty Insurance Company	Nebraska					-	-					-
	Company Code 21857 19631 39969 10235 31380 19488 23396 11050 10308 11150 10348 19801 43460 21865 27154 18988 19062 10367 37273 20370 33162 18279 37540 32603 29580 20044	Company Code AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien compa 21857 American Insurance Company (The) 19631 AMERICAN ROAD INSURANCE COMPANY (THE) 39969 American Safety Casualty Insurance Company 10235 American Southern Insurance Company 31380 American Surety Company 19488 Amerisure Insurance Company 23396 Amerisure Partners Insurance Company 11050 Amerisure Partners Insurance Company 10308 Antilles Insurance Company 11150 Arch Insurance Company 11150 Arch Reinsurance Company 112801 Argonaut Insurance Company 114460 ASPEN AMERICAN INSURANCE COMPANY 12865 Associated Indemnity Corporation 127154 Atlantic Specialty Insurance Company 18988 Auto-Owners Insurance Company 19062 Automobile Insurance Company 19062 Automobile Insurance Company 20370 AXIS Reinsurance Company 20370 AXIS Reinsurance Company 20370 Bankers Insurance Company 37540 Beazley Insurance Company 29580 Berkley Regional Insurance Company 20044 Berkshire Hathaway Homestate Insurance Company	Code Name of Reinsurer Domiciliary Jurisdiction Domiciliary Jurisdiction Domiciliary Jurisdiction Domiciliary Jurisdiction Domiciliary Jurisdiction AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. A merican Insurance Company (The) AMERICAN ROAD INSURANCE COMPANY (THE) Michigan Jorian American Safety Casualty Insurance Company American Safety Casualty Insurance Company American Surety Company Michigan American Surety Company Michigan Amerisure Insurance Company Amerisure Mutual Insurance Company Michigan Amerisure Partners Insurance Company Arch Insurance Company Arch Insurance Company Arch Insurance Company Argonaut Insurance Company Aspen AMERICAN INSURANCE COMPANY Texas Jafeb Associated Indemnity Corporation Auton-Owners Insurance Company Auton-Owners Insurance Company Auton-Owners Insurance Company Autonobile Insurance Company AVEMCO INSURANCE COMPANY AVIS Reinsurance Company AVIS Reinsurance Company AVIS Reinsurance Company Rew York Bankers Insurance Company Rew York Bankers Insurance Company Pennsylvania Pennsylvania Beziey Insurance Company Delaware Delaware Delaware Berkshire Hathaway Homestate Insurance Company Nebraska	NAIC COMPANIC COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance Ceded AUTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance Ceded AMERICAN ROAD INSURANCE COMPANY (THE) Michigan Merican Safety Casualty Insurance Company American Surety Company American Surety Company Indiana Michigan Mich	NAIC Company Code Name of Reinsurer Name of Reinsurer Domiciliary Jurisdiction (A) Current and 1-90 (A) C	NAIC Company Code Name of Reinsurer Name of Reinsurer Domiciliary Jurisdiction Application Ceded (A) (Current and 1-90 (B) 91-120 Description (A) (Current and 1-90 (B) 91-120 Description Ceded (A) (B) 91-120 Description (B) 91-120 Description Ceded (A) (B) 91-120 Description Ceded (A) (B) 91-120 Description (B) 91-120 Description Ceded (A) (B) 91-120 Description Ceded (B) (B) 91-120 Description Ceded (A) (B) 91-120 Description Ceded (A) (B) 91-120 Description Ceded (B) (B) 91-120 Description Ceded (A) (B) 91-120 Description Ceded (B) (B) 91-120 Description Ceded (A) (B) 91-120 Description Ceded (B) (B) (B) (Ceded (A) (Current and (B) (B) 91-120 Description Ceded (A) Current and Cedea Description Ceded (B) (B) (B) (Ceded (A) (Current and Cedea Description Ceded (B) (B) (B) (Ceded (A) (B) (B) (B) (B) (B) (B) (B)	NAIC Corpany Code Name of Reinsurer Name of Reins	NATION Name of Reinsurer Name of Reinsurer Name of Reinsurer Domiciliary Jurisdiction Authorized COMPANIES: Do not include reinsurance applicable to allen companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. Authorized COMPANIES: Do not include reinsurance applicable to allen companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. American Insurance Company (The) American Sactety Casualty Insurance Company American Sactety Casualty Insurance Company American Sactety Casualty Insurance Company American Such Company American Such Company Michigan Jurisdiction American Sactety Casualty Insurance Company Michigan American Such Company Michigan Michigan American Such Company Michigan Michigan Arch Insurance Company Michigan Arch Insurance Company Michigan Arch Insurance Company Missouri Massouri Mass	NAME OF REINSURE COMPANY (THE) UTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. UTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. UTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. UTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. UTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. UTHORIZED COMPANIES: Do not include reinsurance applicable to alien companies in this section. All such reinsurance is unauthorized and should be listed under Section VIII. UTHORIZED COMPANIES: Do not include reinsurance company (Data) American Safety Casualty Insurance Company (Data) American Safety Casualty Insurance Company (Data) American Safety Casualty Insurance Company (Michigan American Suriety Company) Michigan (Data) American Safety Casualty Insurance Company (Michigan Artifician Insurance Company (Name of Rensurer Domnolitary Surfaction Code Name of Rensurer Domnolitary Surfaction Code Domnolitary Surfaction Code Domnolitary Surfaction Code Code Domnolitary Surfaction Code Code Domnolitary Surfaction Code Code Code Code Code Code Code Code	AAC Corporal Name of Refissurer Name of Refissurer	AARC CORRECT Name of Renduler Portions and Control Con	Name of Rendyster

Schedule F - Part 1

1															
Federal ID		Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Paid L Paid Loss Days Overdue	d Losses and loss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I	-		-					-						1	<u> </u>
TREASURY /	AUTHORIZE	ZED COMPANIES: Do not include reinsurance applicable to alien comp	vanies in this section	ın. All s	such reinsurance	is unauthorized an	id should be listed in	under Section VIII.						1	
36-0810360	20095	BITCO GENERAL INSURANCE CORPORATION	Illinois		1				-	-				ļ	-
36-6054328		BITCO NATIONAL INSURANCE COMPANY	Illinois					V	-	-				ļ	-
36-2761729		BOND SAFEGUARD INSURANCE COMPANY	South Dakota		1			J ^r	-	-				4	-
26-0159619		Bondex Insurance Company	New Jersey		1			J.	-	-				1	-
46-0310317		Boston Indemnity Company, Inc.	South Dakota		1			J'	-	-				4	-
64-0911627	10993	Brierfield Insurance Company	Mississippi		1			ľ	-	-				4	-
75-1509104	32875	BRITISH AMERICAN INSURANCE COMPANY	Texas		1			Į.	-	-				4	-
39-0971527		Capitol Indemnity Corporation	Wisconsin		1			J ^r	-	-			<u> </u>	1	-
59-3499140	10908	Capitol Preferred Insurance Company, Inc.	Florida		ļ			J. T.	-	-				<u> </u>	-
59-0733942	10510	Carolina Casualty Insurance Company	Iowa		1	1			-	-				1	-
63-0701609	34568	Centennial Casualty Company	Alabama		4			Ţ,	-	-				ļ	-
34-4202560		CENTRAL MUTUAL INSURANCE COMPANY	Ohio					V	-	-				ļ	-
		Centurion Casualty Company	Iowa		4				-	-				4	-
31-0936702		CENTURY SURETY COMPANY	Ohio		1			J ^r	-	-				4	-
06-0291290	25615	Charter Oak Fire Insurance Company (The)	Connecticut		ļ			y	-	-				f	_ !
38-3464294		Cherokee Insurance Company	Michigan						-	-				 	
		CHUBB INDEMNITY INSURANCE COMPANY	New York		4				-			ļJ		 	-
31-0826946		Cincinnati Casualty Company (The)	Ohio						-	-				f	-
31-0542366		Cincinnati Insurance Company (The)	Ohio		†				-	-				į	-
38-0421730		CITIZENS INSURANCE COMPANY OF AMERICA	Michigan		4				-	-				į	-
52-1096670		COLONIAL AMERICAN CASUALTY AND SURETY COMPANY	Maryland		4				-	-				į	-
23-0485115		COLONIAL SURETY COMPANY	Pennsylvania		f				-	-				ſ	-
47-0530077	27812	Columbia Insurance Company	Nebraska		1			Į.	-	-				í	-
13-1938623		COMMERCE AND INDUSTRY INSURANCE COMPANY	New York		1			Ţ,	-	-				1	-
36-2114545	20443	Continental Casualty Company	Illinois		1			ľ	-	-				1	-
87-0363183	39551	CONTINENTAL HERITAGE INSURANCE COMPANY	Florida		1			Ţ	-	-		Į į		1	-
13-5010440	35289	Continental Insurance Company (The)	Pennsylvania		1			y	-	-				1	-
91-1082952	37206	CONTRACTORS BONDING AND INSURANCE COMPANY	Illinois		1			Ţ	-	-				1	-
66-0257478	18163	Cooperativa de Seguros Multiples de Puerto Rico	Puerto Rico		1			/	-	-				L	-

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	+	(1) Reinsurance Premiums Ceded	(2) (A) Current and		ays Overdue (C)	Losses and s Adjustme	d ent	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
						1 - 90	91 - 120	Over 120	Tot	ital						
SECTION I	I															
TREASURY	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien comp	anies in this section	n. All	such reinsurance i	is unauthorized an	nd should be listed u	inder Section VIII.								
38-1775863	10499	CorePointe Insurance Company	Michigan							-	-					-
22-2868548	31348	Crum & Forster Indemnity Company	Delaware							-	-					-
22-2464174	42471	CRUM AND FORSTER INSURANCE COMPANY	New Jersey							-	-					-
39-0972608	10847	CUMIS INSURANCE SOCIETY, INC.	lowa							-	-					-
20-5548208	12758	CUMIS Specialty Insurance Company, Inc.	lowa							-	-					_
42-0429710		Developers Surety and Indemnity Company	lowa			·				-	-					-
04-2422119	21261	ELECTRIC INSURANCE COMPANY	Massachusetts							-	-					-
39-0264050	21458	Employers Insurance Company of Wausau	Wisconsin							-	-					-
42-0234980	21415	Employers Mutual Casualty Company	lowa							-	-					-
03-0350908	10641	Endurance American Insurance Company	Delaware							-	-					-
35-2293075	11551	Endurance Reinsurance Corporation of America	Delaware		1					-	-					-
25-1232960	26263	Erie Insurance Company	Pennsylvania							-	-					-
54-1132719	39020	ESSEX INSURANCE COMPANY	Delaware							-	-					-
36-2950161	35378	EVANSTON INSURANCE COMPANY	Illinois							-	-					-
22-2005057	26921	Everest Reinsurance Company	Delaware							-	-					-
36-2467238	12750	Evergreen National Indemnity Company	Ohio							-	-					-
13-2912259		Executive Risk Indemnity Inc.	Delaware							-	-					-
94-2784519	40029	Explorer Insurance Company	California							-	-					-
05-0316605		Factory Mutual Insurance Company	Rhode Island							-	-					-
13-3333610		Fair American Insurance and Reinsurance Company	New York							-	-					-
48-0214040	19194	Farmers Alliance Mutual Insurance Company	Kansas							-	-					-
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA	lowa							-	-					-
06-1067463	41483	Farmington Casualty Company	Connecticut							-	-					-
42-0618271	13838	Farmland Mutual Insurance Company	lowa							-	-					-
	10178	FCCI Insurance Company	Florida							-	-					-
13-1963496	L	Federal Insurance Company	Indiana							-	-					-
41-0417460	13935	FEDERATED MUTUAL INSURANCE COMPANY	Minnesota		1					-	-					-

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance Premiums	(2)		Recoverable on Paid Paid Los Days Overdue	I Losses and ss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I	i													
TREASURY A	AUTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien cor	mpanies in this section. <i>A</i>	All such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
13-3046577	39306	Fidelity and Deposit Company of Maryland	Maryland					-	-					-
42-1091525	35386	FIDELITY AND GUARANTY INSURANCE COMPANY	lowa					-	-					-
52-0616768	25879	Fidelity and Guaranty Insurance Underwriters, Inc.	Wisconsin					-	-					-
75-2304982	35009	Financial Casualty & Surety, Inc.	Texas					-	-					-
68-0111081	31453	Financial Pacific Insurance Company	California					-	-					-
06-1325038	39136	Finial Reinsurance Company	Connecticut					-	-					-
94-1610280	21873	Fireman's Fund Insurance Company	California					-	-					-
36-2694846		FIRST FINANCIAL INSURANCE COMPANY	Illinois					-	-					-
20-1384826		First Founders Assurance Company	New Jersey					-	-					-
99-0218317	41742	First Insurance Company of Hawaii, Ltd.	Hawaii					-	-					-
04-3058503	33588	First Liberty Insurance Corporation (The)	Illinois					-	-					-
66-0561082		First Net Insurance Company	Guam					-	-					-
39-0301590	24414	General Casualty Company Of Wisconsin	Wisconsin					-	-					-
13-2673100	22039	General Reinsurance Corporation	Delaware					-	-					-
13-1958482	11967	GENERAL STAR NATIONAL INSURANCE COMPANY	Delaware					-	-					-
33-0763205		GOLDEN EAGLE INSURANCE CORPORATION	New Hampshire					-	-					-
31-1769414		GRANGE INSURANCE COMPANY OF MICHIGAN	Ohio					-	-					-
31-4192970		GRANGE MUTUAL CASUALTY COMPANY	Ohio					-	-					-
73-1282413		GRANITE RE, INC.	Oklahoma					-	-					-
02-0140690		Granite State Insurance Company	Illinois					-	-					-
72-1326720		GRAY CASUALTY & SURETY COMPANY (THE)	Louisiana					-	-					-
72-0824217		GRAY INSURANCE COMPANY (THE)	Louisiana					-	-					-
95-1542353		Great American Alliance Insurance Company	Ohio					-	-					-
31-0501234		Great American Insurance Company	Ohio					-	-					-
13-5539046		GREAT AMERICAN INSURANCE COMPANY OF NEW YORK	New York					-	-					-
41-0729473		Great Northern Insurance Company	Indiana											-
95-1479095	22322	Greenwich Insurance Company	Delaware					-	-					-
38-2907623		Guarantee Company of North America USA (The)	Michigan					-	-					-
13-5129825		Hanover Insurance Company (The)	New Hampshire					-	-					-
13-6108721	26433	HARCO NATIONAL INSURANCE COMPANY	Illinois					-	-		<u> </u>			-

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

						100 40 01 200	J. J	ciit i cui (000 3	•	.ou,						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)	Re Expense, D	coverable on Paid L Paid Loss ays Overdue	.osses a Adjustn	and nent	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) T	Γotal	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I						•	•									
TREASURY A	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien compa	nies in this section	n. All s	such reinsurance	is unauthorized an	d should be listed u	nder Section VIII.							,	
06-0383030	22357	Hartford Accident and Indemnity Company	Connecticut							-	-					-
06-0294398	29424	Hartford Casualty Insurance Company	Indiana							-	-					-
06-0383750	19682	Hartford Fire Insurance Company	Connecticut							-	-					-
06-1010609	38288	Hartford Insurance Company of Illinois	Illinois							-	-					-
06-1008026		Hartford Insurance Company of the Midwest	Indiana							-	-					-
06-1013048	38261	Hartford Insurance Company of the Southeast	Connecticut							-	-					-
06-0384680	11452	Hartford Steam Boiler Inspection and Insurance Company (The)	Connecticut							-	-				1	-
06-1222527	30104	Hartford Underwriters Insurance Company	Connecticut							-	-					-
74-2195939	42374	Houston Casualty Company	Texas							-	-					-
13-5150451	25054	Hudson Insurance Company	Delaware							-	-					-
42-0333150		IMT Insurance Company	Iowa							-	-				,	-
95-2545113		Indemnity Company of California	California							-	-					-
06-1016108	43575	Indemnity Insurance Company of North America	Pennsylvania							-	-					-
64-0838376	18468	Indemnity National Insurance Company	Mississippi							-	-				1	-
35-0410420	14265	Indiana Lumbermens Mutual Insurance Company	Indiana							-	-					-
47-6025666	23264	Inland Insurance Company	Nebraska							-	-					-
23-0723970	22713	Insurance Company Of North America	Pennsylvania							_	-				1	-
13-5540698	19429	Insurance Company of the State of Pennsylvania (The)	Pennsylvania							-	-					-
95-2769232	27847	Insurance Company of the West	California							-	-					-
74-2262949	43273	Insurors Indemnity Company	Texas							-	-					-
66-0317672	26778	INTEGRAND ASSURANCE COMPANY	Puerto Rico							-	-					-
39-0367560	14303	Integrity Mutual Insurance Company	Wisconsin							-	-					-
22-1010450	11592	International Fidelity Insurance Company	New Jersey							-	-					-
41-0121640	23647	IRONSHORE INDEMNITY INC.	Minnesota							-	-					-
94-1264187	25445	IRONSHORE SPECIALTY INSURANCE COMPANY	Arizona							-	-					-
99-6004946	22845	ISLAND INSURANCE COMPANY, LIMITED	Hawaii							-	-					-

Schedule F - Part 1

1															
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Paid I Paid Loss Days Overdue	l Losses and ss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I												†			
TREASURY /	AUTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien compar	nies in this section	ı. All	such reinsurance	is unauthorized an	ıd should be listed ı	under Section VIII.						1	
25-1149494		Lexington Insurance Company	Delaware					Ţ Ţ	-			I	1	1	-
52-1662720	37940	LEXINGTON NATIONAL INSURANCE CORPORATION	Florida					Ţ	-			<u> </u>	1	1	-
76-0128873	13307	Lexon Insurance Company	Texas	'				, I	-			'	1	1	-
03-0316876	42404	Liberty Insurance Corporation	Illinois	''				J.	-			<u> </u>	<u> </u>	1	-
04-1924000			Wisconsin	'					-				1	1	-
04-1543470	23043	Liberty Mutual Insurance Company	Massachusetts	'					-		A		<u> </u>	4	-
04-3058504	33600	LM Insurance Corporation	Illinois	'				'	-			<u>/</u>	1	1	-
43-1139865			Missouri					J	-			/	[ſ	-
23-2086596			Pennsylvania						-						-
54-1398877	28932	Markel American Insurance Company	Virginia	'					-			<u> </u>	<u> </u>	1	-
36-3101262			Illinois	'					-			<u> </u>	<u> </u>	1	-
04-2217600			New Hampshire	'					-				<u> </u>	1	-
42-0410010			lowa	'				J	-		A		<u> </u>	1	-
			lowa	'				J.	-	-	A	'	<u> </u>	4	-
75-1629914	36838	Mesa Underwriters Specialty Insurance Company	New Jersey	'					-		A	<u> </u>	 	1	-
38-0828980	14508	Michigan Millers Mutual Insurance Company	Michigan	'					-			<u> </u>	1	1	-
95-6016640		Mid-Century Insurance Company	California	'					-			<u> </u>	<u> </u>	1	-
73-0556513			Ohio	'				J.	-			'	<u> </u>		-
			New York	'				J	-		<u> </u>		<u> </u>	1	-
13-3467153			New York	'					-		A	4'	<u> </u>	4	-
41-0299900			Ohio	'					-			<u> </u>	4	 	-
31-4259550	14621	Motorists Mutual Insurance Company	Ohio	'						-	A	<u> </u>	t	 	-
38-0855585	22012	Motors Insurance Corporation	Michigan	'				J	-			<u> </u>	1	1	-
13-4924125	10227	Munich Reinsurance America, Inc.	Delaware	'				J	-				1	1	-
47-0247300	23663	National American Insurance Company	Oklahoma	!											-
38-0865250	11991	National Casualty Company	Wisconsin	'								<u> </u>	ļ	ļ	-
84-0982643			Wisconsin	'				/	7			<u> </u>			-
47-6021331			Nebraska	'					-				<u> </u>	4	-
06-0464510	20478	National Fire Insurance Company of Hartford	Illinois	'				'	-	-	1	4'	<u> </u>	L	_

Schedule F - Part 1

															/
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	+ Pre	einsurance remiums Ceded	(2)		Recoverable on Paid I Paid Loss Days Overdue	Losses and ss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols
Number	Code		Junsuiction		Jeueu	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(C012B + 2C)	(COI 3/COI 2D)	Adjustment Expense	Expense	FIGHIUMS	2D+5+6+7)
SECTION I			-			-	-		•						
I I	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien comp	anies in this section	n. All such re	einsurance	is unauthorized an	d should be listed	under Section VIII.							
47-0355979	20087	National Indemnity Company	Nebraska					· I	-	-			i		-
36-2403971	20052	National Liability & Fire Insurance Company	Connecticut					Ţ	-	-					-
36-2704643	21881	National Surety Corporation	Illinois						-	-					-
62-0729866	20141	NATIONAL TRUST INSURANCE COMPANY	Indiana						-	-					-
25-0687550	19445	National Union Fire Insurance Company of Pittsburgh, PA	Pennsylvania						-	-			i		-
42-1015537	28223	Nationwide Agribusiness Insurance Company	lowa					ľ	-	-					-
31-1399201	10070	Nationwide Indemnity Company	Ohio					Ţ	-	-					-
31-4177110		Nationwide Mutual Fire Insurance Company	Ohio					Ţ	-	-					-
31-4177100	23787	Nationwide Mutual Insurance Company	Ohio					ľ	-	-					-
13-3138390		NAVIGATORS INSURANCE COMPANY	New York					<u> </u>	-	-					-
06-1053492	41629	New England Reinsurance Corporation	Connecticut					/	-	-					-
02-0172170		New Hampshire Insurance Company	Illinois					ľ	-	-					-
22-2187459		New Jersey Re-Insurance Company	New Jersey						-	-					-
02-0170490		NGM Insurance Company	Florida						-	-					-
02-0311919		NORTH AMERICAN SPECIALTY INSURANCE COMPANY	New Hampshire						-	-			į		-
22-1964135		North River Insurance Company (The)	New Jersey					<u> </u>	-	-			į	,	-
16-1140177	42552	NOVA Casualty Company	New York					J	-	-			į		-
47-0698507		Odyssey Reinsurance Company	Connecticut						-	-					-
31-0396250		Ohio Casualty Insurance Company (The)	New Hampshire						-	-			j		-
34-0438190		Ohio Farmers Insurance Company	Ohio						-	-			j		-
31-0620146		Ohio Indemnity Company	Ohio						-	-			j		-
31-0541777	24082	Ohio Security Insurance Company	New Hampshire						-	-			j		-
73-0773259	23426	Oklahoma Surety Company	Ohio						-	-					-
59-2070420	40231	OLD DOMINION INSURANCE COMPANY	Florida						-	-					-
36-6067575	24139	Old Republic General Insurance Corporation	Illinois					1	-	-			i		-
25-0410420	24147	Old Republic Insurance Company	Pennsylvania					7	-	-					-
39-1395491	40444	Old Republic Surety Company	Wisconsin					/	-	-					-
95-1077060	22748	Pacific Employers Insurance Company	Pennsylvania						-	-		1	L		-

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

Federal ID	NAIC Company	Name of Reinsurer	Domiciliary .	(1) Reinsurance Premiums	(2)		Recoverable on Paid Paid Los Days Overdue	Losses and s Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I			-	·	1									
TREASURY A	UTHORIZ	ED COMPANIES: Do not include reinsurance applicable to alien com	oanies in this section. A	II such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.						I	
95-1078160	20346	Pacific Indemnity Company	Wisconsin					-	-					-
96-0001575	18380	PACIFIC INDEMNITY INSURANCE COMPANY	Guam					-	-					-
06-1401918	10046	Pacific Insurance Company, Limited	Connecticut					-	-				ı	-
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	New York					-	-				ı	-
04-1590940	11835	PartnerRe America Insurance Company	Delaware					-	-				ı	-
13-3531373	10006	PARTNERRE INSURANCE COMPANY OF NEW YORK	New York					-	-				l	-
02-0177030	L	Peerless Insurance Company	New Hampshire					-	-				L	-
37-6028411	24228	Pekin Insurance Company	Illinois					-	-				L	-
23-2217934	41424	Pennsylvania Manufacturers Indemnity Company	Pennsylvania					-	-				ļ	-
23-1642962	12262	Pennsylvania Manufacturers' Association Insurance Company	Pennsylvania					-	-				ļ	-
23-0961349		Pennsylvania National Mutual Casualty Insurance Company	Pennsylvania					-	-				ļ	-
23-1738402	18058	PHILADELPHIA INDEMNITY INSURANCE COMPANY	Pennsylvania					-	-				J	-
06-0303275	25623	Phoenix Insurance Company (The)	Connecticut					-	-				<u></u>	-
56-0997453	18619	PLATTE RIVER INSURANCE COMPANY	Nebraska					-	-				ı	-
58-1140651	30945	Plaza Insurance Company	lowa					-	-					-
94-6078027	21903	ProCentury Insurance Company	Michigan					-	-					_
34-6513736		Progressive Casualty Insurance Company	Ohio					-	-				ļ	-
34-1318335		PROGRESSIVE NORTHERN INSURANCE COMPANY	Wisconsin					-	-				ļ	-
91-1187829		Progressive Northwestern Insurance Company	Ohio					-	-				ļ	-
35-6021485	L	Protective Insurance Company	Indiana					-	-				ļ·····	-
23-1641984	10219	QBE Reinsurance Corporation	Pennsylvania					-	-				r	-
39-6062860		Regent Insurance Company	Wisconsin					-	-				ļ	-
41-0451140		ReliaStar Life Insurance Company	Minnesota					-	-				ļ	-
52-1952955		RENAISSANCE REINSURANCE U.S. INC.	Maryland					-	-				ļ·····	-
31-4290270		Republic - Franklin Insurance Company	Ohio					-	-				ļ·····	-
	28860	RLI Indemnity Company	Illinois					-	-				ļ·····	-
37-0915434		RLI Insurance Company	Illinois					-	-				ļ·····	-
59-2136562		Roche Surety and Casualty Company, Inc.	Florida					-	-				ļ	-
25-1620138	L	Rockwood Casualty Insurance Company	Pennsylvania					-	-				ļ	-
91-0742148	24740	SAFECO Insurance Company of America	New Hampshire		1			-	-		<u> </u>	<u> </u>		-

Schedule F - Part 1

Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance Premiums	(2)		ecoverable on Paid Paid Los Days Overdue	Losses and ss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I													i	
TREASURY	AUTHORIZ	ED COMPANIES: Do not include reinsurance applicable to alien con	npanies in this section.	All such reinsurance	is unauthorized a	nd should be listed	under Section VIII.							
43-0727872	. 4	Safety National Casualty Corporation	Missouri					-	-					-
35-1524574		Sagamore Insurance Company	Indiana					-	-			ļ	i	-
75-1444207	30058	SCOR REINSURANCE COMPANY	New York					-	-				1	-
39-0355180	22543	SECURA INSURANCE, A Mutual Company	Wisconsin					-	-				ı	-
20-2278041		Selective Auto Insurance Company of New Jersey	New Jersey					-	-				1	-
45-5561231	14376	Selective Casualty Insurance Company	New Jersey					-	-					-
45-5565296	14377	Selective Fire and Casualty Insurance Company	New Jersey					-	-					-
22-1272390		Selective Insurance Company of America	New Jersey					-	-			ļ	i	-
01-0471708	11867	Selective Insurance Company of New England	New Jersey					-	-				l	-
16-1209233	13730	Selective Insurance Company of New York	New York					-	-					-
56-0564874	19259	Selective Insurance Company of South Carolina	Indiana					-	-					-
56-1285899	39926	Selective Insurance Company of the Southeast	Indiana					-	-				i	-
22-2001995	26301	Selective Way Insurance Company	New Jersey					-	-				1	-
13-2941133	10936	Seneca Insurance Company, Inc.	New York					-	-				i	-
06-1552103	11000	SENTINEL INSURANCE COMPANY, LTD.	Connecticut					-	-					-
39-0333950	24988	Sentry Insurance A Mutual Company	Wisconsin					-	-					-
36-2674180	21180	Sentry Select Insurance Company	Wisconsin					-	-				i	-
59-1786118	36560	SERVICE INSURANCE COMPANY	Florida					-	-					-
22-2842279	28240	SERVICE INSURANCE COMPANY INC. (THE)	New Jersey					-	-					-
13-2997499	38776	SIRIUS AMERICA INSURANCE COMPANY	New York					-	-					-
20-3248706	12294	SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY	Arizona					-	-					-
41-0406690	24767	St. Paul Fire and Marine Insurance Company	Connecticut					-	-				i	-
41-0963301	24775	ST. PAUL GUARDIAN INSURANCE COMPANY	Connecticut					-	-				1	-
41-0881659	24791	St. Paul Mercury Insurance Company	Connecticut					-	-					-
36-2542404	19224	ST. PAUL PROTECTIVE INSURANCE COMPANY	Connecticut					-	-					-
06-6033509	19070	Standard Fire Insurance Company (The)	Connecticut					-	-					-
38-2626205		Star Insurance Company	Michigan					-	-					-
22-3590451	40045	StarNet Insurance Company	Delaware					-	-				1	-

Schedule F - Part 1

Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		ecoverable on Paid Paid Los Pays Overdue			(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D)	Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I	_														· 	
TREASURY	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien compa	anies in this section	ı. All	such reinsurance	is unauthorized an	ıd should be listed ι	under Section VIII.							I	
75-1670124	38318	Starr Indemnity & Liability Company	Texas			T				-	-				1	-
57-6010814	25127	State Auto Property and Casualty Insurance Company	lowa							-	-				1	-
31-4316080	25135	State Automobile Mutual Insurance Company	Ohio							-	-				L	-
37-0533080	25143	State Farm Fire and Casualty Company	Illinois							-	-				· · · · · · · · · · · · · · · · · · ·	-
68-0266416		Stillwater Insurance Company	California							-	-				1	-
16-0986300	16578	Stillwater Property and Casualty Insurance Company	New York							-	-				L	-
13-3031274	39187	Suecia Insurance Company	New York							-	-					-
76-0568746		SureTec Insurance Company	Texas							-	-				L	-
46-0417363		SURETY BONDING COMPANY OF AMERICA	South Dakota							-	-				<u></u>	-
13-1675535		Swiss Reinsurance America Corporation	New York							-	-				ļ	-
75-1161565	20389	TEXAS PACIFIC INDEMNITY COMPANY	Texas							-	-				r	-
20-0940754	32301	TNUS Insurance Company	New York							-	-				L	-
13-2918573		TOA REINSURANCE COMPANY OF AMERICA (THE)	Delaware							-	-				h	-
13-4032666		Tokio Marine America Insurance Company	New York							-	-				ļ	-
13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	New York							-	-					-
06-6033504	19038	Travelers Casualty and Surety Company	Connecticut							-	-				ļ	-
06-0907370	31194	Travelers Casualty and Surety Company of America	Connecticut							-	-				Į.	-
41-1435765	41769	Travelers Casualty Company (The)	Connecticut							-	-				ļ	-
06-1286266	36170	Travelers Casualty Company of Connecticut	Connecticut							-	-				······	-
06-0876835	19046	Travelers Casualty Insurance Company of America	Connecticut							-	-				I.	-
06-1286268	36137	Travelers Commercial Insurance Company	Connecticut							-	-				L	-
41-1435766	41750	Travelers Constitution State Insurance Company	Connecticut							-	-				······	-
06-0566050	25658	Travelers Indemnity Company (The)	Connecticut							-	-				ļ	-
58-6020487	25666	TRAVELERS INDEMNITY COMPANY OF AMERICA (THE)	Connecticut							-	-				Į.	-
06-0336212	25682	Travelers Indemnity Company of Connecticut (The)	Connecticut							-	-					-
36-3703200	38130	Travelers Personal Insurance Company	Connecticut							-	-				l	-
36-2719165	25674	Travelers Property Casualty Company of America	Connecticut							-	-				ļ	-
59-2174734	41211	TRITON INSURANCE COMPANY	Texas							-	-				L	-

OMB No. 1530-0008 OMB Expiration Date: 6-30-2020

Schedule F - Part 1

									1	F	ı			
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	(1) Reinsurance + Premiums	(2)		Recoverable on Paid Paid Los Days Overdue	Losses and sa Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION I													ı	'
TREASURY A	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien co	mpanies in this section.	All such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
06-1184984	27120	Trumbull Insurance Company	Connecticut					-	-					-
06-0732738		Twin City Fire Insurance Company	Indiana					-	-				1	-
52-1504975		U.S. Specialty Insurance Company	Texas					-	-				L	-
91-6027360		Unigard Insurance Company	Wisconsin					-	-				L	-
58-1847495	36226	UNITED CASUALTY AND SURETY INSURANCE COMPANY	Massachusetts					-	-				ļ	-
42-0644327	13021	United Fire & Casualty Company	lowa					-	-				ļ	
74-6045664	19496	UNITED FIRE & INDEMNITY COMPANY	Texas					-	-				ı	-
52-0515280	25887	United States Fidelity and Guaranty Company	Connecticut					-	-				1	-
13-5459190	21113	United States Fire Insurance Company	Delaware					-	-				1	-
52-1976385	10656	United States Surety Company	Maryland					-	-					-
66-0457223	44423	UNITED SURETY AND INDEMNITY COMPANY	Puerto Rico					-	-				1	-
47-0363416	25933	Universal Surety Company	Nebraska					-	-					-
43-1249228	41181	UNIVERSAL UNDERWRITERS INSURANCE COMPANY	Illinois					-	-				1	-
15-0476880	25976	Utica Mutual Insurance Company	New York					-	-					-
76-0430879		VerTerra Insurance Company	Texas					-	-				ļ	
13-1963495		Vigilant Insurance Company	New York					-	-				ļ	-
36-2860812		Washington International Insurance Company	New Hampshire					-	-				ļ	-
31-0624491		West American Insurance Company	Indiana					-	-				ļ	-
39-0698170	15350	WEST BEND MUTUAL INSURANCE COMPANY	Wisconsin					-	-					-
92-0040526		Westchester Fire Insurance Company	Pennsylvania					-	-				L	-
41-0430825	15377	Western National Mutual Insurance Company	Minnesota					-	-					-
46-0204900	13188	Western Surety Company	South Dakota					-	-					-
34-6516838	24112	Westfield Insurance Company	Ohio					-	-				ı	-
34-1022544	24120	Westfield National Insurance Company	Ohio					-	-					-
48-0921045	39845	Westport Insurance Corporation	Missouri					-	-				l	-
13-1290712	20583	XL Reinsurance America Inc.	New York					-	-				L	-
85-0277191	37885	XL Specialty Insurance Company	Delaware					-	-				ļ·····	-
36-4233459	16535	Zurich American Insurance Company	New York					-	-				h	-

			ANN	IUAL	. STATEMEN	I FOR THE YE	EAR 2019 OF		Write or Sta	mp Name		_			MB No. 1530-0008 on Date: 6-30-2020
				Ced	ded Reinsura		dule F - Part 1 ember 31, Cur	rent Year (000	's Omitted)						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		ecoverable on Paid Paid Lo Days Overdue	d Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
ECTION I REASURY	UTHORIZE	ED COMPANIES: Do not include reinsurance applicable to alien con	npanies in this sectior	ı. All s	such reinsurance	is unauthorized ar	nd should be listed	under Section VIII.							
									-	-					-
									-	-					-
									-	-					-
									-	-					-
									-						-
					ł				-	-					-
					İ				-						-
					[-	-					-
				T	1				-	-					-
					L										

SECTION I TOTALS WILL BE ENTERED IN SECTION V

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

			Ce	eded	Reinsurance		le F - Part 1 ber 31, Curren	nt Year (000's	Omitted)						
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Pa Paid L ays Overdue	aid Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
Section II	1														
OTHER TRE	ASURY AUT	THORIZED COMPANIES:													
Credit ma	y be allowed	subsidiaries (other affiliated companies are unauthorized and s d for reinsurance cessions to subsidiaries not shown under Section	I. List the names of s	such c	companies, compl										
correspon	nding column	ns, and submit a completely executed financial statement for each li	sted company. If you	requ	ire additional wor	ksheets goto the o	verflow page for Se	ction II (orange t							
									-	-					-
										-					
									-	-					-
									-	-					-
									-	-					-
									-	-					-
									-	-					-
															-
									-	-					-
				1					-	-					-
									-	-					-
(B) Reinsu	rance with c	other Treasury authorized companies.							-	-					-
									-	-					-
									-	-					-
									-	-					-
				11					-	-					-
									-	-					-
				.					-	-					-
				-					-	-					-
									-	-					-
									-	-					-
SECTION II	TOTALS WIL	LL BE ENTERED IN SECTION V		-	-	-	-	-	-	-		-	-	-	-

W	rite	or	Stam	nn I	Vamo
V V I	110	OI.	Juli	ו עו	valli

OMB Expiration Date: 6-30-2020

OMB No. 1530-0008

Authorized	Name of Reinsurer		+	(1) Reinsurance Premiums	(2)	Expense, Da	Paid	n Paid Losses and I Loss Adjustment	Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage				Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION III														
TREASURY AUTH	HORIZED POOLS AND ASSOCIATIONS: Show percentages as indicated, of	f authorized reinsura	nce i	n this section. If	f percentage is less	s than 100%, show	remainder unde	er Section VI.						
62	Alabama Commercial Automobile Procedure (AIPSO)	Johnston, RI					T	-	-					-
	Alabama Workers' Compensation Reinsurance Pool for Coal Mine Risks (NCCI)	Boca Raton, FL						-	-					-
55	Alaska Workers' Compensation Assigned Risk Pool (NCCI)	Boca Raton, FL						-	-					-
85	American Hull Insurance Syndicate	New York, NY						-	-					-
89	American Nuclear Insurers - Domestic Liability Syndicate	West Hartford, CT						-	-					
97	American Nuclear Insurers - Domestic Property Syndicate	West Hartford, CT			<u> </u>			-	-					-
98	American Nuclear Insurers - Foreign Property and Liability Syndicate	West Hartford, CT						-	-					-
100	American Offshore Insurance Syndicate	New York, NY						-	-					-
69	Arizona Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
65	Arkansas Commercial Automobile Insurance Procedure	Johnston, RI						-	-					-
87	Arkansas Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL						-	-					-
56	Arkansas Stock Pool for Assigned Risks (NCCI)	Boca Raton, FL						-	-					-
88	Associated Aerospace Underwriters	Short Hills, NJ						-	-					-
75	Associated Aviation Underwriters	Short Hills, NJ						-	-					-
	California Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
66	Colorado Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
		Boston, MA						-	-					-
	Connecticut Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	Delaware Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
92	District of Columbia Commercial Automobile Insurance Procedure	Washington, DC						-	-					-
	Excise Bond Underwriters	New York, NY						-	-					-
	Georgia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
		Short Hills, NJ						-	-					-
	Idaho Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
57	Illinois Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
70	Illinois Fair Plan Association	Chicago, IL						-	-					-
73	Illinois Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL						-	-					-

uthorized	Name of Reinsurer	+	(1) Reinsurance Premiums Ceded	(A) Current and 1 - 90	Expense, Day (B) 91 - 120	Paid	n Paid Losses and d Loss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
58	Illinois Stock Pool For Assigned Risks (NCCI)	Boca Raton, FL					-	-					-
 64	Illinois Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL					-	-					-
77	Indiana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
63	Iowa Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
 62	Iowa Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)						-	-					-
 72	Kansas Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
 77	Kentucky Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
72	Kentucky Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL					-	-					-
100	Lloyd's Underwriters	London, DC					-	-					-
62	Louisiana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
55	Maine Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
69	Maine Workers Compensation Reinsurance Pool	Boca Raton, FL					-	-					-
70	Massachusetts Voluntary Non-Stock Assigned Risk Pool For Workmens Compensation Insurance	Boston, MA					-	-					-
62	Massachusetts Workers Compenstation Assigned Risk Pool (NCCI)	Boca Raton, FL					-	-					-
12	Michigan Catastrophic Claims Association (MCCA)	Livonia, MI					-	-					-
43	Michigan Workers Compensation Placement Facility (NCCI)	Boca Raton, FL					-	-					-
 64	Minnesota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
 62	Minnesota Workers' Compensation Insurers Association, Inc.	Minneapolis, MN					-	-					-
 58	Mississippi Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
 56	Missouri Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
 69	Montana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
 40	Mutual Reinsurance Bureau	Cherry Valley, IL					-	-					-
 41	National Workers' Compensation Reinsurance Pool (NCCI)	Boca Raton, FL					-	-					-
 60	Nebraska Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
68	Nevada Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
52	New Hampshire Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
30	New Hampshire Reinsurance Facility Automobile (AIPSO)	Johnston, RI					-	-					-
54	New Jersey Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
68	New Mexico Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-					-
39	New Mexico Workers' Compensation Assigned Risk Pool (NCCI)	Boca Raton, FL					-	-					-

Authorized	Name of Reinsurer		+	(1) Reinsurance Premiums	(2)	Expense, Da	Paid	n Paid Losses and d Loss Adjustment	Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage				Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
58	New York Special Risk Distribution Program (AIPSO)	Johnston, RI		1			· '	-	-				1	-
31	North Carolina Reinsurance Facility (AIPSO)	Johnston, RI		1			1	-	-		<u>'</u>		1	-
	North Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		L				-	-		ļ		L	-
74	Ohio Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI		L				-	-		!		L	-
76	Oklahoma Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1				-	-		!		L	-
	Oregon Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI	[1			Ĺ'	-	-				L	-
66	Pennsylvania Pooled Commercial Assignment Procedure (AIPSO)	Johnston, RI	[]	4			<u> </u>	-	-		!		l	-
68		Boca Raton, FL		1				-	-				<u> </u>	-
75	Rhode Island Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		[-	-					-
68	South Carolina Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1			1	-	-				1	-
53	South Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1				-	-		<u>'</u>		I	-
62	Tennessee Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		L				-	-		!		I	-
65	Tennessee Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL		1				-	-				<u> </u>	-
	United States Aircraft Insurance Group	New York, NY		1				-	-		!		L	-
70	Utah Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1				-	-		<u>'</u>		I	-
63	Vermont Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1				-	-		<u>'</u>		I	-
72	Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1				-	-		<u>'</u>		I	-
64	Virginia Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL		1				-	-				<u></u>	-
53	Washington Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1			[-	-		!		1	-
86	West Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		1			1	-	-				1	-
30	Wisconsin Compensation Rating Bureau	Milwaukee, WI		1			1	-	-				1	-
63	Wisconsin Special Risk Distrib. Program (AIPSO)	Johnston, RI		1			1	-	-				1	-
38	Workers Compensation Reinsurance Association	St. Paul, MN		L				-	-		!		1	-
89	Workers' Compensation Reinsurance Bureau (The)	Minneapolis, MN		L				-	-		!		I	-
64	Wyoming Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		L			1	-	-		1		I	-
				L				-	-		ļ		L	-
				1			1	-	-			1	1	-
				1			1	-	-				1	-
				<u> </u>				-	-				1	-

Authorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(A) Current and 1 - 90	Expense, Da	Paid	n Paid Losses and I Loss Adjustment (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
					2 00	01 120	010. 120		-					-
			·					_						-
			·	¹										-
	Syndicates for Lloyds' Underwriters													
AIIN	Syndroutes for Eloyus Grade Wilder													
	oyds of London (Authorized)	London						-	-					-
AA1126002	2	London	······					-	-					-
AA1126028	28	London	·	,				-	-					-
AA1126033	33	London	· · · · · · ·	,				-	-					-
AA1126034	34	London						-	-					-
AA1126040	40	London						-	-					-
AA1126047	47	London						-	-					-
AA1126048	48	London						-	-					-
AA1126051	51	London		 				-	-					-
AA1126052	52	London		i				-	-					-
AA1126053	53	London						-	-					-
AA1126055	55	London						-	-					-
AA1126062	62	London		ļ				-	-					-
AA1126079	79	London	<u> </u>	ļ				-	-					-
AA1126102	102	London		ļ				-	-					-
AA1126112	112	London		ļ				-	-					-
AA1126122	122	London	ļ	ļ				-	-					-
AA1126123	123	London		ļ				-	-					-
AA1126136	136	London	ļl	ļ				-	-					-
AA1126138	138	London	ļ	······				-	-					-
AA1126159	159	London	ļ	······				-	-					-
AA1126172	172	London	ļļ	i				-	-					-
AA1126173	173	London		 				-	-					-
AA1126178	178 179	London		,I				-	-			ļ		-
AA1126179	1/9	London	ļ	,I				-	-					-
AA1126183	183	London	ļ	,I				-	-					-
AA1126187 AA1126190	190	London	ļ	I				-	-					-
AA1120190	190	London	.II		<u> </u>	<u> </u>	l	<u> </u>	-		L	ll		-

Authorized Percentage	Name of Reinsurer	+	(1) Reinsurance Premiums Ceded	(2) (A) Current and	Expense, Da	Paic ys Overdue (C)	n Paid Losses and I Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
				1 - 90	91 - 120	Over 120	Total						
AA1126204	204	London					-	-					-
AA1126205	205	London					-	-					-
AA1126218	218	London					-	-					-
AA1126219	219	London					-	-					-
AA1126227	227	London					-	-					-
AA1126228	228	London					-	-					-
AA1126250	250	London					-	-					-
AA1126270	270	London					-	-					-
AA1126271	271	London					-	-					-
AA1126282	282	London					-	-					-
AA1126314	314	London					-	-					-
AA1126318	318	London					-	-					-
AA1126322	322	London					-	-					-
AA1126328	328	London					-	-					-
AA1126329	329	London					-	-					-
AA1126340	340	London					-	-					-
AA1126360	360	London					-	-					-
AA1126362	362	London					-	-					-
AA1126375	375	London					-	-					-
AA1126376	376	London					-	-					-
AA1126382	382	London					-	-					-
AA1126386	386	London					-	-					-
AA1126397	397	London					-	-					-
AA1126431	431	London					-	-					-
AA1126435	435	London					-	-					-
AA1126441	441	London					-	-					-
AA1126456	456	London					-	-					-
AA1126457	457	London					-	-					-
AA1126473	473	London					-	-					-
AA1126483	483	London					-	-					-
AA1126484	484	London					-	-					-
AA1126488	488	London					-	-					-
AA1126490	490	London					-	-					-
AA1126500	500	London		1	1	<u> </u>	-	-			ll		-

Authorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(2)	Expense, Da	Paid	n Paid Losses and d Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols
, crosmago				3000	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(66, 25 × 26)	2D)	Adjustment Expense	Expense		2D+5+6+7)
AA1126506	506	London						-	-					-
AA1126507	507	London						-	-					-
AA1126510	510	London						-	-					-
AA1126529	529	London						-	-					-
AA1126535	535	London						-	-					-
AA1126536	536	London						-	-					-
AA1126538	538	London						-	-					-
AA1126539	539	London						-	-					-
AA1126545	545	London						-	-					-
AA1126552	552	London						-	-					-
AA1126557	557	London						-	-					-
AA1126566	566	London						-	-					-
AA1126570	570	London						-	-					-
AA1126575	575	London						-	-					-
AA1126582	582	London						-	-					-
AA1126588	588	London						-	-					-
AA1126590	590	London						-	-					-
AA1126609	609	London						-	-					-
AA1126623	623 624	London						-	-					-
AA1126624 AA1126625	625	London London						-	-					-
AA1126626	626	London						-	-					-
AA1126658	658	London												-
AA1126672	672	London												-
AA1126683	683	London												-
AA1126702	702	London												-
AA1126718	718	London							-					-
AA1126724	724	London						-	-					-
AA1126727	727	London						-	-					-
AA1126732	732	London						-	-					-
AA1126734	734	London						-	-					-
AA1126735	735	London						-	-					-
AA1126741	741	London						-	-					-
AA1126744	744	London						-	-					-

Authorized Percentage	Name of Reinsurer		(1) Reinsu Premi Ced	ed (A) Current and	Expense, Da	Paid ays Overdue	n Paid Losses and d Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
				1 - 90	91 - 120	Over 120	Total						
AA1126765	765	London					-	-					-
AA1126766	766	London					-	-					-
AA1126780	780	London					-	-					-
AA1126800	800	London					-	-					-
AA1126807	807	London					-	-					-
AA1126808	808	London					-	-					-
AA1126822	822	London					-	-					-
AA1126823	823	London					-	-					-
AA1126824	824	London					-	-					-
AA1126839	839	London					-	-					-
AA1126858	858	London					-	-					-
AA1126861	861	London					-	-					-
AA1126902	902	London					-	-					-
AA1126920	920	London					-	-					-
AA1126923	923	London					-	-					-
AA1126925	925	London					-	-					-
AA1126947	947	London					-	-					-
AA1126955	955	London					-	-					-
AA1126957	957	London					-	-					-
AA1126958	958	London					-	-					-
AA1126959	959	London					-	-					-
AA1126960	960	London					-	-					-
AA1126963	963	London					-	-					-
AA1126990	990	London					-	-					-
AA1126991	991	London					-	-					-
AA1126994	994	London					-	-					-
AA1126998	998	London					-	-					-
AA1127003	1003	London					-	-					-
AA1127007	1007	London					-	-					-
AA1127009	1009	London					-	-					-
AA1127010	1010	London					-	-					-
AA1127019	1019	London					-	-					-
AA1127023	1023	London					-	-					-
AA1127027	1027	London					-	-					-

Authorized Percentage	Name of Reinsurer			1) Reinsurance Premiums Ceded	(2) (A) Current and 1 - 90	Expense, Da (B) 91 - 120	Paid	n Paid Losses and I Loss Adjustment (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
AA1127028	1028	London			1 30	31 120	OVCI 120	Total	-					
AA1127036	1036	London							-					-
AA1127038	1038	London												-
AA1127047	1047	London							-					-
AA1127051	1051	London							-					-
AA1127055	1055	London												-
AA1127055	1057	London						-	-					-
AA1127069	1069	London						-	-					-
AA1127084	1084	London						-	-					-
AA1127087	1087	London						-	-					-
AA1127093	1093	London						-	-					-
AA1127095	1095	London						-	-					-
AA1127096	1096	London						-	-					-
AA1127101	1101	London						-	-					-
AA1120105	1110	London						-	-					-
AA1127115	1115	London						-	-					-
AA1127119	1119	London						-	-					-
AA1127121	1121	London						-	-					-
AA1127124	1124	London						-	-					-
AA1127141	1141	London						-	-					-
AA1127165	1165	London						-	-					-
AA1127173	1173	London						-	-					-
AA1127175	1175	London						-	-					-
AA1127176	1176	London						-	-					-
AA1127179	1179	London						-	-					-
AA1127183	1183	London						-	-					-
AA1127185	1185	London						-	-					-
AA1127200	1200	London						-	-					-
AA1127202	1202	London						-	-					-
AA1127203	1203	London						-	-					-
AA1127204	1204	London						-	-					-
AA1127205	1205	London						-	-					-
AA1127206	1206	London						-	-					-
AA1127207	1207	London	<u>l</u>				<u> </u>	-	-					-

Authorized Percentage	Name of Reinsurer		+ (1	L) Reinsurance Premiums Ceded	(A) Current and 1 - 90	Expense, Da (B) 91 - 120	Paid	n Paid Losses and I Loss Adjustment (D)	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
AA1127208	1208	London						-	-					-
AA1127209	1209	London						-	-					-
AA1127210	1210	London						-	-					-
AA1127211	1211	London						-	-					-
AA1127212	1212	London						-	-					-
AA1127213	1213	London						-	-					-
AA1127214	1214	London						-	-					-
AA1127215	1215	London						-	-					-
AA1127218	1218	London						-	-					-
AA1127221	1221	London						-	-					-
AA1127223	1223	London						-	-					-
AA1127224	1224	London						-	-					-
AA1127225	1225	London						-	-					-
AA1127227	1227	London						-	-					-
AA1127229	1229	London						-	-					-
AA1127232	1232	London						-	-					-
AA1127234	1234	London						-	-					-
AA1127236	1236	London						-	-					-
AA1127239	1239	London						-	-					-
AA1127241	1241	London						-	-					-
AA1127242	1242	London						-	-					-
AA1127243	1243	London						-	-					-
AA1127245	1245	London						-	-					-
AA1127251	1251	London						-	-					-
AA1127265	1265	London						-	-					-
AA1120085	1274	London						-	-					-
AA1127301	1301	London						-	-					-
AA1127308	1308	London						-	-					-
AA1120095	1318	London						-	-					-
AA1127323	1323	London						-	-					-
AA1127400	1400	London						-	-					-
AA1127411	1411	London						-	-					-
AA1127414	1414	London						-	-					-
AA1127415	1415	London				<u> </u>	<u> </u>	-	-	l				-

Authorized Percentage		Name of Reinsurer	+	(1) Reinsurance Premiums Ceded	(A) Current and	Expense, Day	Paic ys Overdue (C)	Paid Losses and Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
	4.450				1 - 90	91 - 120	Over 120	Total						
AA1120102	1458		London					-	-					-
AA1127511	1511		London					-	-					-
AA1127607	1607		London					-	-					-
AA1127611	1611		London					-	-					-
AA1120156	1686		London					-	-					-
AA1127688	1688		London					-	-					-
AA1120157	1729		London					-	-					-
AA1127861	1861		London					-	-					-
AA1120096	1880		London					-	-					-
AA1120109	1882		London					-	-					-
AA1120166	1884		London					-	-					-
AA1120054	1886		London					-	-					-
AA1120131	1897		London					-	-					-
AA1127900	1900		London					-	-					-
AA1120083	1910		London					-	-					-
AA1120064	1919		London					-	-					-
AA1120124	1945		London					-	-					-
AA1120084	1955		London					-	-					-
AA1120103	1967		London					-	-					-
AA1120106	1969		London					-	-					-
AA1120161	1980		London					-	-					-
AA1120142	1991		London					-	-					-
AA1127999	1999		London					-	-					-
AA1128000	2000		London					-	-					-
AA1128001	2001		London					-	-					-
AA1128003	2003		London					-	-					-
AA1120071	2007		London					-	-					-
AA1128010	2010		London					-	-					-
AA1128011	2011		London					-	-					-
AA1120104	2012		London					-	-					-
AA1120158	2014		London					-	-					-
AA1120114	2015		London					-	-					-
AA1128020	2020		London					-	-					-
AA1128021	2021		London					-	-					-

Authorized Percentage	Name of Reinsurer		.) Reinsurance Premiums Ceded	(2) (A) Current and	Expense, Da	Paid ys Overdue (C)	Paid Losses and Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
				1 - 90	91 - 120	Over 120	Total						
AA1128027	2027	London	 				-	-					-
AA1120072	2112	London	 				-	-					-
AA1128121	2121	London	 				-	-					-
AA1128147	2147	London	 				-	-					-
AA1128176	2176	London	 				-	-					-
AA1128183	2183	London	 				-	-					-
AA1128227	2227	London	 				-	-					-
AA1120112	2232	London	 				-	-					-
AA1128241	2241	London	 				-	-					-
AA1120081	2243	London	 				-	-					-
AA1128271	2271	London	 				-	-					-
AA1128322	2322	London	 				-	-					-
AA1128323	2323	London	 				-	-					-
AA1128341	2341	London	 				-	-					-
AA1128345	2345	London	 				-	-					-
AA1120152	2357	London	 				-	-					-
AA1128376	2376	London	 				-	-					-
AA1120097	2468	London	 				-	-					-
AA1128488	2488	London	 				-	-					-
AA1128490	2490	London	 				-	-					-
AA1128506	2506	London	 				-	-					-
AA1120139	2526	London	 				-	-					-
AA1128591	2591	London	 				-	-					-
AA1128607	2607	London	 				-	-					-
AA1128623	2623	London	 				-	-					-
AA1128658	2658	London	 				-	-					-
AA1128659	2659	London	 				-	-					-
AA1128724	2724	London	 				-	-					-
AA1128734	2734	London	 				-	-					-
AA1128741	2741	London	 				-	-					-
AA1128791	2791	London	 				-	-					-
AA1128923	2923	London	 				-	-					-
AA1128947	2947	London	 				-	-					-
AA1128987	2987	London					-	-					-

Authorized	Name of Reinsurer		(1) Reinsur + Premiu	ums	(2)	Expense, Da	Paid	n Paid Losses and d Loss Adjustment	Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage			Cede	ed	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
AA1129000	3000	London						-	-					-
AA1120082	3010	London						-	-					-
AA1129030	3030	London						-	-					-
AA1129210	3210	London						-	-					-
AA1120113	3334	London						-	-					-
AA1120055	3623	London						-	-					-
AA1120098	3624	London						-	-					-
AA1120056	3786	London						-	-					-
AA1120068	3820	London						-	-					-
AA1120116	3902	London						-	-					-
AA1126005 AA1120075	4000 4020	London London						-	-					-
AA1120075	4040	London						-	-					-
AA1120003	4141	London												-
AA1120067	4242	London						-	-					-
AA1126004	4444	London						-	-					-
AA1126006	4472	London						-	-					-
AA1120090	4711	London						-	-					-
AA1126003	5000	London						-	-					-
AA1120080	5151	London						-	-					-
AA1120065	5555	London						-	-					-
AA1120163	5678	London						-	-					-
AA1120048	5820	London						-	-					-
								-	-					-
								-	-					-

SECTION III TOTALS WILL BE ENTERED IN SECTION V

Schodule E - Dart 1

		C	eded Reinsura		ule F - Part 1 mber 31, Current	Year (000's	Omitted)							
Authorized Percentage	Name of Reinsurer		(1) Reinsuranc + Premiums	(2)	Rec Expense, Days		d Losses and ss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable (Cols	
				(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	,	` 2D)	Adjustment Expense	Expense		2D+S+6+7)	
SECTION IV	Y AUTHORIZED POOLS AND ASSOCIATIONS:													
!	ot shown in Section III) in which Treasury authorized companies parti	icipate. The Treasury au	ıthorized percentaç	e may be computed	by determining									
	f participation of Treasury authorized companies in the pool. Do not				•									
	abetically, inserting the computed percentage to the left of each name and complete Columns 1 through 8. In instances where the percentage is less than 100%, emainder should be shown under Section VII. Submit on a separate sheet the names and percentage of participation of companies comprising the pools.													
1 1			parti <mark>cipation of co</mark> r	npanies comprising th	ne pools.									
1 1	this information will result in Treasury nonadmitting the cessions to t tional worksheets to complete this section, goto Section IV of t	· ·	haoltobo)	1	1 1	ı		_					-	
ii you require audi	uonai worksneets to complete this section, goto section iv or t	ne overnow pages (ora	ingertabs).				-	-					-	
							-	-					-	
							-	-					-	
							-	-					-	
							-						-	
								-					-	
							-	-					-	
							-	-					-	
								-					-	
							-	-					-	
								-					-	
SECTION IV TOTA	LS WILL BE ENTERED IN SECTION V				-	-	-	-		-	-	-	-	
SECTION V TREASURY AUTH	ORIZED:													
III AOIII	ONIZED.													
Total Section I (tota	ls automatically copied from section I)				-	-	-	-		-	-	-	-	
Total Section II					-	-	-	-		-	-	-	-	
	erflow Page (s) if applicable				-	-	-	-		-	-	=	-	
Total Section III Total Section IV					-	-	-	-		-	-	•	-	
	erflow Page (s) if applicable				-	-	-	-		-	-	-	-	
	irance from company produced worksheets not included in tota	ls above					-	-					-	

OMB No. 1530-0008

OMB Expiration Date: 6-30-2020

Page 25

Department of the Treasury
FS

		Ceded R	Kell	isurance as	or Decemb	er 31, Cur	rent re	ar (000 S	Omitte	euj						
Unauthorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(2) Losses and Lo (A) Current and 1 - 90	ss Adjustmer (B) 91 - 1			(D)	n Paid Paid Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
SECTION VI																
TREASURY UNA	UTHORIZED POOLS AND ASSOCIATIONS:			ļ ,												
				ļ												
38	Alabama Commercial Automobile Procedure (AIPSO)	Johnston, RI		ļ						-	-					-
29	Alabama Workers' Compensation Reinsurance Pool for Coal Mine Risks (NCCI)	Boca Raton, FL								_	_					_
	Alaska Workers' Compensation Assigned Risk Pool (NCCI)	Boca Raton, FL								-	-					-
15	American Hull Insurance Syndicate	New York, NY								-	-					-
11	American Nuclear Insurers - Domestic Liability Syndicate	West Hartford, CT								-	-					-
3	American Nuclear Insurers - Domestic Property Syndicate	West Hartford, CT								-	-					-
2	American Nuclear Insurers - Foreign Property and Liability Syndicate	West Hartford, CT								-	-					_
0	American Offshore Insurance Syndicate	New York, NY								-	-					-
31	Arizona Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI								-	-					-
35	Arkansas Commercial Automobile Insurance Procedure	Johnston, RI								-	-					-
13	Arkansas Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL								-	-					-
44	Arkansas Stock Pool for Assigned Risks (NCCI)	Boca Raton, FL								-	-					-
12	Associated Aerospace Underwriters	Short Hills, NJ								-	-					-
25	Associated Aviation Underwriters	Short Hills, NJ								-	-					-
37	California Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI								-	-					-
34	Colorado Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		l						-	-					-
	Commonwealth Automobile Reinsurers	Boston, MA		l						-	-					-
	Connecticut Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI								-	-					-
	Delaware Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI								-	-					-
8	District of Columbia Commercial Automobile Insurance Procedure	Washington, DC								-	-					-
0	Excise Bond Underwriters	New York, NY		ļ						-	-					-
	Georgia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		ļ						-	-					-
	Global Aerospace Underwriters	Short Hills, NJ		ļ						-	-					-
45	Idaho Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI								-	-					-
43	Illinois Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		l'		1				-	-					-

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

Unauthorized Percentage	Name of Reinsurer		(1) Reinsurance Premiums Ceded	s Adjustment Expe (B) 91 - 120	rerable on Paid Paid rdue (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
30	Illinois Fair Plan Association	Chicago, IL			-	-					-
27	Illinois Mutual Assigned Risk Reinsurance Pool (NCCI)	Boca Raton, FL			-	-					-
42	Illinois Stock Pool For Assigned Risks (NCCI)	Boca Raton, FL			 -	-					-
	Illinois Workers Compensation Reinsurance Pool For Coal Mine Risks										
36	<u> </u>	Boca Raton, FL			 -	-					-
	Indiana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 -	-					-
	Iowa Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 -	-					-
38	Iowa Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL			_	_					-
	Kansas Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 -	-					-
	Kentucky Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 	 -	-					-
	Kentucky Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL		 	 -	-					-
0	Lloyd's Underwriters	London, DC			 -	-					-
38	Louisiana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			 -	-					-
45	Maine Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			 -	-					-
31	Maine Workers Compensation Reinsurance Pool	Boca Raton, FL			 -	-					-
	Massachusetts Voluntary Non-Stock Assigned Risk Pool For Workmens Compensation Insurance	Boston, MA			-	-					-
38	Massachusetts Workers Compenstation Assigned Risk Pool (NCCI)	Boca Raton, FL			-	-					-
88	Michigan Catastrophic Claims Association (MCCA)	Livonia, MI			-	-					-
57	Michigan Workers Compensation Placement Facility (NCCI)	Boca Raton, FL			-	-					-
36	Minnesota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-					-
38	Minnesota Workers' Compensation Insurers Association, Inc.	Minneapolis, MN			-	-					-
42	Mississippi Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-					-
	Missouri Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			-	-					-
31	Montana Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			 -	-					-
		Cherry Valley, IL			 -	-					-
	National Workers' Compensation Reinsurance Pool (NCCI)	Boca Raton, FL			 -	-					-
	Nebraska Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI			 -	-					-
32	Nevada Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI		 <u> </u>	 -	-		<u> </u>			-

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

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

	nauthorized ercentage	Name of Reinsurer		(1) Reinsu + Premi Ced	irance ums ed	(2) Losses and Loss (A) Current and 1 - 90	(B) 91 - 120		verable on Paid Paid erdue (D) Total	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
	48	New Hampshire Commercial Automobile Insurance Procedure (AIPSO)	Jahratan Di												
	48 70	New Hampshire Commercial Automobile Insurance Procedure (AIPSO) New Hampshire Reinsurance Facility Automobile (AIPSO)	Johnston, RI Johnston, RI						-	-			-		-
 	46	New Jersey Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI				-		-	-			l		-
i	32	New Mexico Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI				·	-	-	-			1		-
	61		Boca Raton, FL				†		-	-					-
	42	New York Special Risk Distribution Program (AIPSO)	Johnston, RI				·		-	-					-
	69	North Carolina Reinsurance Facility (AIPSO)	Johnston, RI						-	-					-
	35	North Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	26	Ohio Commerical Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	24	Oklahoma Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	57	Oregon Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	34	Pennsylvania Pooled Commercial Assignment Procedure (AIPSO)	Johnston, RI						-	-					-
	32	Pennsylvania Workers Compensation Insurance Plan and Reinsurance Pool (NCCI)	Boca Raton, FL						-	-					-
	25	Rhode Island Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	32	South Carolina Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	47	South Dakota Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	38	Tennessee Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	35	Tennessee Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL						-	-					-
	0	United States Aircraft Insurance Group	New York, NY						-	-					-
	30	Utah Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	37	Vermont Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	28	Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	36	Virginia Workers Compensation Reinsurance Pool For Coal Mine Risks (NCCI)	Boca Raton, FL						-	-					-
	47	Washington Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	14	West Virginia Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI						-	-					-
	70	Wisconsin Compensation Rating Bureau	Milwaukee, WI						-	-					-
	37	Wisconsin Special Risk Distrib. Program (AIPSO)	Johnston, RI						-	-					-

Page 27

		ANNUA	_ STATEMENT	FOR THE YE	AR 2019 OF							0	MB No. 1530-000
							Write or Sta	mp Name				OMB Expiratio	n Date: 6-30-202
				Schedule F	- Part 1								
		Ceded R	einsurance as	of December	31, Current	Year (000's	Omitted)						
Unauthorized	Name of Reinsurer		(1) Reinsurance + Premiums		Adjustment Expe		verable on Paid Paid erdue	(3) Total Overdue	(4) Percentage Overdue		(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage			Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
 62	Workers Compensation Reinsurance Association	St. Paul, MN					-	-					-
 11	Workers' Compensation Reinsurance Bureau (The)	Minneapolis, MN					-	-					-
 36	Wyoming Commercial Automobile Insurance Procedure (AIPSO)	Johnston, RI					-	-				1	-

+ = Footnote d = Disputed Items J = Delinquency OMB No. 1530-0008 OMB Expiration Date: 6-30-2020

SECTION VI TOTALS WILL BE ENTERED IN SECTION IX

		Ced	aea	Reinsurance	e as of Decem	ber 31, Curre	ent Year (000's	Omitted)						
Unauthorized Percentage	Name of Reinsurer		+	(1) Reinsurance Premiums Ceded	(2)	Expense,	Recoverable on Paid Days Overdue	aid Losses and Loss Adjustmen	(3) Total Overdue (Col 2B + 2		(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
					Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total			Expense			
SECTION VII														
OTHER TREASURY	UNAUTHORIZED POOLS AND ASSOCIATIONS:													
	ciations as shown in Section IV. Show the percentage of unauthori													
Section IV and 100	%. Also, list other pools and associations appearing on Schedule F	of your annual financial st	tatem	nent and not liste	d in Sections III, IV	, or VI.								
1	al worksheets to complete this section, goto the overflow page for S								-	-				-
			T			T			-	-				-
									-	-				-
									-	-				-
									-					_
									-					-
									-					
										-				-
														-
										-				-
										-				-
										-				
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
									-	-				-
			· · · · ·						-	-				-
									-	-		<u> </u>		-
			·····-			 			-	-		†		-
						†			-	-		†		-
SECTION VII TOTAL	S WILL BE ENTERED IN SECTION IX				-	_					_			_
SECTION VII TOTAL	O THE DE ENTENED IN OCUTION IN						_							

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

			C	eded	d Reinsurance	e as of Decem	ber 31, Curre	nt Year (000's	Omitted)						
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	+	(1) Reinsurance Premiums Ceded	(2)	Expense, D	Recoverable on Pa Paid L Days Overdue	id Losses and oss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment Expense	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
						(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total			Expense			
List alphab Sections I	NAUTHOR etically the n and II, includ	IZED COMPANIES: ames of all companies appearing in Schedule F, Part 3 of ling unauthorized parents and affiliates, and complete Colu	umns 1 through 8.												
If you require	additional w	orksheets to complete this section, goto the overflow page	s for section VIII (orange tab)s).	T	T									
									-	-					-
									-	-					-
									-	-					-
									-	-					-
									-	-					-
									-	-					-
									-	-					-
									-	-					-
	·								-	-					-
									-	-					-
									-	-					-
									-	-					-
	ļ								-	-					-
	-								-						-
	·					·			-	-					-
									-	-					-
									-	-					-
									-	-					-
									-	-					-
	-								-	-					-
	 					<u> </u>			-	-					-
	†								-	-					-
	†								-	-					-
				Ī				T	-	-					-

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Schedule F - Part 1

Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Premiums Ceded		Expense, D	Recoverable on Pa Paid L ays Overdue	aid Losses and oss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
					(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total		ŕ	Expense	·		,
								-	-					-
								-	-					-
								-	-					-
								-	-					-
								-	-					-
								-						
								-						-
								-	-					-
								-	-					-
								-	-					
								-	-					-
								-	-					
								-	-					-
								-	-					-
								-	-					-
								-						-
	 							-	-					-
	†				·			-	-					-
								-	-					-
								-	-					-
	 							-						
								-	-					-
	<u> </u>							-	-					-
								-	-					-
								-	-					-
								-	-					-
								-	-					-
	<u> </u>				<u> </u>			-	-					-

Write or Stamp Name

Schedule F - Part 1 **Ceded Reinsurance as of December 31, Current Year (000's Omitted)**

Federal ID NAIC Company Name of Reinsurer Domiciliary	(1) Reinsurance Premiums	(2)	F Expense, Da	tecoverable on Pai Paid Lo ays Overdue	d Losses and ss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	and	(7) Unearned	(8) Total Recoverable
Number Code Jurisdiction	Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
					-	-					-
					-						
					- - -	- - -					
SECTION VIII TOTALS WILL BE ENTERED IN SECTION IX	-	-	-	-	-	-		-	-	-	-
SECTION IX TREASURY UNAUTHORIZED:											
Total Section VI	-	-	-	-	-	-		-	-	-	-
Total Section VII	-	-	-	-	-	-		-	-	-	-
Total Section VII Overflow Page (s) if applicable	-	-	-	-	-	-		-	-	-	-
Total Section VIII	-	-	-	-	-	-		-	-	-	-
Total Section VIII Overflow Page (s) if applicable Unauthorized Reinsurance from company produced worksheets not included in totals above	-	-	-	-	-	-		-	-	-	-
onauthorized Reinsurance from company produced worksneets not included in totals above					-	-			_		-
Grand Total Treasury Unauthorized: (Enter in Section X) (Enter the total of Column 8 on the last page of this Schedule)	-	-		-	-	-		-	-	-	-
SECTION X											
ALL REINSURANCE:										_	
Total Section V	-	-	-	-	-	-		-	-	-	-
Total Section IX GRAND TOTAL: ALL REINSURANCE	-	-	-	-	-	-		-	-	-	-
(Should agree with Schedule F - Part 3 of the Annual Financial Statement	-	-	-	-	-	-		-	-	-	-

SCHEDULE F - Part 2

Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted)

							(0)				1
							(2)				
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties		(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	(3) Total Credit Allowed For Funds Held (Smaller of Col 1 or Col 2E)	(4) Past Due Reinsurance Recoverable from Pa 1, Section IX, Col 3
Companies m	ay take cre	dit for acceptable offsets to unauthorized reinsurance recoverable	s. Offsets can inclu	de funds held, letters o	f credit (issued by a b	ank on the NAIC appr	oved bank list),		-	-	
and trust fu	ınds. Reins	urance payables are acceptable so long as a legal right of offset o	xists in the contrac	language. Evidence s	hould be submitted i	support of such offse	ts for large or		-	-	
material an	nounts. Ma	eriality for Treasury purposes normally falls within a range of 5-10	% of the reporting	company's policyholder	s' surplus.				-	-	
		orksheets to complete this section, please goto the funds held ov							-	-	
									-	-	
									-	-	
	İ								-	-	
	İ								-	-	
	İ								-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
	†					†			-	-	
	·····								-	-	
	·····								-	-	
	 					†	·		-	-	
	ļ								-	-	
	l										
						·			-	-	
						·					
	 					·		·			
	 					-		-	-	-	
	ļ					-			-	-	
	ļ									-	
	ļ								-	-	
	ļ								-	-	
	ļ								-	-	
	I		l			1			-	-	

SCHEDULE F - Part 2

Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted)

			Γ	Γ			(2)			1	Γ
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	Total Credit Allowed For Funds	(4) Past Due Reinsurance Recoverable from Par 1, Section IX, Col 3
									-	-	
										-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
										-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
								<u> </u>	-	-	
									-	-	
TOTAL(COL	3) WILL B	E ENTERED ON THE SUMMARY PAGE OF THIS SCHEDULE	<u> </u> 	-	-	-	-	-	-	_	-

Write or Stamp Name

OMB No. 1530-0008
OMB Expiration Date: 6-30-2020

Page 34 of 34 (000's OMITTED)

The following calculations represent the net unauthorized reinsurance for the above-mentioned company based on information provided in Parts 1 and 2 of the U.S. Treasury Schedule F. It is not necessary to make pen and ink adjustments to the figures on Page 3 of the Annual Financial Statement

Total Unauthorized Reinsurance for Treasury purposes (Section IX, Grand Total, Column 8)	\$
Less: Funds held or retained by the Company on account for such Treasury Unauthorized companies per Treasury Schedule F, Part 2, Col. 3	\$
Additional Funds held from company reproduced overflow page worksheets - total must be entered manually	\$
Treasury Unauthorized Reinsurance	\$
Less: * Liability for Unauthorized Reinsurance shown on the Company's annual year-end financial statement	. \$
Net Unauthorized Reinsurance for Treasury rating purposes	\$ -
* Include provision for overdue Authorized Reinsurance as well	
COMPANY CONTACT PERSON FOR THIS SCHEDULE: (NAME) (PHONE NO.)	

Paperwork Reduction Act and Privacy Act Statement - FS Form 6314

By authority of 31 USC 9304-9308, 31 CFR 223, the information requested on this form is required to retain a benefit and to enable the Assistant Commissioner, Management,
Bureau of the Fiscal Service, Department of the Treasury, to determine if your Company is maintaining compliance with the requirements of the Department of the Treasury in order for your Company to remain qualified and acceptable as a surety or reinsurance company for Federal bonds. Certified companies are required to file this form with the Treasury once each year. Failure to provide this information will result in non-compliance with Treasury regulations and may result in revocation of your Company's authority

The estimated average burden associated with this collection of information could vary depending on the complexity of the response. The average response is estimated at 20.5 hours, however, for insurance groups with many companies ceding significant portions of their business, the processing time could be in excess of 48 hours per respondent for each response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

Schedule F - Part 1

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

	Ceded Reinsurance as of December 31, Current Year (000's Omitted) Section II Overflow Page														
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)	F Expense, Da	ecoverable on Pa Paid Lo ays Overdue	id Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
Section II - O						•									1
OTHER TREA	SURY AUT	HORIZED COMPANIES:													i l
(A) Reinsur	ance with s	ubsidiaries (other affiliated companies are unauthorized and s	should be shown in S	Secti	ion VIII.)										i
Credit may	be allowed	for reinsurance cessions to subsidiaries not shown under Section	I. List the names of s			ete the									i
correspon	ding column	s, and submit a completely executed financial statement for each l	isted company.	T	T	1									
				ļ					-	-					-
				ł					-	-					-
									-	-					-
									-	-					-
				ļ					-	-					-
				ł					-	-					-
				İ					-	-					-
				ļ					-	-					-
				ļ					-	-					-
				ļ					-	-					-
				ł					-	-					-
(B) Reinsur	ance with o	ther Treasury authorized companies							-	-					-
				ļ					-	-					-
				ł					-	-					-
				ł					-	-					-
									-	-					-
				ļ					-	-					-
				ļ	<u> </u>		ļ		-	-					-
				ļ			<u> </u>		-	-					
				ļ			†		-	-					-
									-	-					-
SECTION II T	OTALS WIL	L BE ENTERED IN SECTION V			-	-	-	-	-	-		-	-	-	-

SECTION II TOTALS WILL BE ENTERED IN SECTION V

Schedule F - Part 1 Ceded Reinsurance as of December 31, Current Year (000's Omitted)

		Ce	eded	Reinsuranc		nber 31, Curre Overflow Pag		Omitted)						
Authorized	Name of Reinsurer		+	(1) Reinsurance Premiums	(2)		Recoverable on Pa Paid Lo ays Overdue	id Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Total Recoverable
Percentage					(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
List any pools (no the percentage of alphabetically, ins the remainder sho	flow Page Y AUTHORIZED POOLS AND ASSOCIATIONS: It shown in Section III) in which Treasury authorized companies participation of Treasury authorized companies in the pool. Do not serting the computed percentage to the left of each name and complould be shown under Section VII. Submit on a separate sheet the naths information will result in Treasury nonadmitting the cessions to the section of the property of the section of	include percentages of pa ete Columns 1 through 8 ames and percentage of	articip . In in	oation of any alienstances where the	n reinsurer. List the percentage is l	oy determining ne pools ess than 100%,								
Failure to submit	unis mormation will result in Treasury nonaumitting the cessions to t	nese pools.						-	-					-
														-
								- - -						
								- - -	- - -					- - -
									- - -					- - -
									-					-
SECTION IV TOTAL	LS WILL BE ENTERED IN SECTION V			-	-	-	-	-	-		-	-	-	-

OMB No. 1530-0008

OMB Expiration Date: 6-30-2020

		ANNUA	L STATEMEN	T FOR THE YE	EAR 2019 OF							O	MB No. 1530-0008
							Write or Star	np Name		-		OMB Expiration	n Date: 6-30-2020
					ıle F - Part 1								
		Cede	ed Reinsurand				s Omitted)						
				Section IV	Overflow Pag	е							
Authorized Percentage	Name of Reinsurer	+	(1) Reinsurance Premiums	(2)		Recoverable on F Paid I ays Overdue	Paid Losses and Loss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col 2D)	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss Adjustment	(6) Incurred But Not Reported Losses and Loss Adjustment Expense	(7) Unearned Premiums	(8) Total Recoverable (Cols 2D+5+6+7)
				(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total			Expense			
ECTION IV - Over	flow Page			-								ĺ	
THER TREASURY	Y AUTHORIZED POOLS AND ASSOCIATIONS:											1	
List any pools (no	t shown in Section III) in which Treasury authorized companies parti	icipate. The Treasury author	rized percentage n	nay be computed b	y determining							1	
the percentage of	participation of Treasury authorized companies in the pool. Do not	include percentages of parti-	cipation of any alie	en reinsurer. List th	ne pools							l	
alphabetically, ins	serting the computed percentage to the left of each name and compl	ete Columns 1 through 8. In	instances where t	he percentage is le	ss than 100%,							l	
the remainder sho	ould be shown under Section VII. Submit on a separate sheet the na	ames and percentage of part	icipation of compa	nies comprising th	pools.							1	
	this information will result in Treasury nonadmitting the cessions to t		•	•	•							l	
	ļ					1	-	-				1	-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-				[-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-					-
			1		1	†	-	-					-
							-	-					-
			†	 	 	t	-	-					-
			 	·	 	t	-	-					-
			·	·		†	-	-					-
						†	-	-					-
CTION IV TOTAL	LS WILL BE ENTERED IN SECTION V		-	-	-	-	-	_		_	-	_	-

		ANNUA	L STATEMEN	IT FOR THE Y	'EAR 2019 OF		Write or Stan	n Namo					MB No. 1530-000
				Cabadi	do E. Dowt 1		write or Star	пр маше				OMB Expiration	n Date: 6-30-202
					ule F - Part 1								
		Cede	d Reinsuranc	e as of Decen	nber 31, Currer	nt Year (000's	Omitted)						
				Section VI	l Overflow Page	e							
Unauthorized	Name of Reinsurer	+	(1) Reinsurance Premiums	(2)		Recoverable on Pa Paid Lo ays Overdue	uid Losses and oss Adjustment	(3) Total Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	and	(7) Unearned	(8) Total Recoverable
Percentage			Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
SECTION VII - Overfl	ow Page												
	UNAUTHORIZED POOLS AND ASSOCIATIONS:										!	Í	
	ciations as shown in Section IV. Show the percentage of unauthorize	zed reinsurance as the differ	ence hetween the	nercentage autho	rized in							ĺ	
	%. Also, list other pools and associations appearing on Schedule F										!	Í	
Section IV and 100	70. Also, list other pools and associations appearing on schedule F	or your armual imancial state	ement and not list	ed in Sections III, i	IV, OI VI.							ĺ	
		T	Т		Т	T						····	
							-	-					-
							-	-					-
							-	-					-
							-	-					-
							-	-			!	l	-
							-	-					-
							-	-					-
							-	-				ĺ	-
							-	-				1	-
							-	-				ſ	
							-	-				f	
								-				<u> </u>	
											ļ	·····	
							-	-			ļ!	 	-
							-	-					-
							-	-					-
						ļ	-	-					-
							-	-				<u> </u>	-
							-	-				1	-
							-	-					-
							-	-					-
							-	-				ĺ	-
			†			<u> </u>	-	-					
							-	-			1		
			†			·····	-	-			†	[
			·				_	-				Í	
											ł	·····	
							-	-					

SECTION VII TOTALS WILL BE ENTERED IN SECTION IX

			ANNUA	L STATEMEN	NT FOR THE Y	EAR 2019 OF							0	MB No. 1530-0008
								Write or Star	np Name				OMB Expiratio	n Date: 6-30-2020
						ule F - Part 1		- B						
			Cede	a Reinsuranc		nber 31, Currer		Omitted)						
	1			1	Section vi	l Overflow Page						1		1
	Unauthorized	Name of Reinsurer	+	(1) Reinsurance Premiums Ceded	(2)		Recoverable on Pa Paid L ays Overdue	aid Losses and oss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable
	Percentage			Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(COI 2B + 2C)	2D)	Adjustment Expense	Expense Expense	Premiums	(Cols 2D+5+6+7)
	CTION VII - Overfl													
		UNAUTHORIZED POOLS AND ASSOCIATIONS:											ĺ	
		ciations as shown in Section IV. Show the percentage of unauthoriz %. Also, list other pools and associations appearing on Schedule F											ĺ	
	Section IV and 1009	70. Also, list other pools and associations appearing on schedule F	or your armuar imanciai Stat	ement and not list	eu in Sections III,	IV, OI VI.							ĺ	
				-	-				[-				
ļ								-	-					-
								-	-					-
								-	-					-
ļ								-	-					-
ļ								-	-					-
ļ								-	-				ł	-
ļ								-	-					-
ļ								-	-					-
ļ								-	-					-
								-	-					-
ļ								-	-					-
ļ								-	-				ļ	-
ļ								-	-				<u> </u>	-
ļ								-	-				l	-
ļ								-	-					-
ļ								-	-					-
								-	-					-
ļ								-	-					-
ļ								-	-					-
ļ								-	-				<u> </u>	-
								-	-				<u> </u>	-
								-	-				[-
ļ				<u> </u>				-	-					-
S	ECTION VII TOTALS	S WILL BE ENTERED IN SECTION IX		-	-	-	-	-	-		-	-	-	-

			ANN	UAI	STATEMEN	T FOR THE Y	EAR 2019 OF		Muito ou Ctara	an Nama					MB No. 1530-00
						Cobodin	lo F. Dout 1		Write or Stan	np Name				OMB Expiration	Date: 6-30-20
			0-	ء مام	l Deineure:		le F - Part 1	ot Voor (000)-	Omitted)						
			Ce	aec	Reinsurance		ber 31, Curren		Omitted)						
						Section VIII	Overflow Page	C							
												(5)			
					(1)	(2)	r	Recoverable on Pa	id Loccoc and	(2)	(4)	(Known Case) Reinsurance	(6) Incurred But Not		(0)
	NAIC				(1) Reinsurance			Paid Lo	oss Adjustment	(3) Total	(4) Percentage	Recoverable on	Reported Losses	(7)	(8) Tota
Federal ID	Company	Name of Reinsurer	Domiciliary	+	Premiums		Expense, D	ays Overdue		Total Overdue	Percentage Overdue	Unpaid Losses	and	(7) Unearned	Tota Recoverable
Number	Code		Jurisdiction		Ceded					(Col 2B + 2C)	(Col 3/Col	and Unpaid Loss	Loss Adjustment	Premiums	(Cols 2D+5+6+7)
						(A) Current and					2D)	Adjustment Expense	Expense		2D+5+6+7)
						Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total			Σλροιίου			
ECTION VIII	- Overflow	Page				1 - 90	91 - 120	OVEI 120	Total						
		RIZED COMPANIES:													
		names of all companies appearing in Schedule F, Part 3 of your con	nnany's annual financ	ial et	atement which are	not listed in									
		ding unauthorized parents and affiliates, and complete Columns 1 ti		iui st	atement which are	. Hot listed in									
Occilons 11	and II, includ	uning undulionized parents and unmates, and complete columns 1 to	mough o.												
	[T		Ι				-					
				·					-	_					
				·					-	-					
				·					-	_					
				·					-	_					
				·					-	-					
				·					-	_					
				·					-	_					
				·						-					
				·					-	_					
				·					-	-					
				·					-	-					
				ļ					-	-					
									-	-					
				 					-	-					
				 						-					
				 		·····			-	-					
				ļ					-						
				·						-					
				 					-	-					
				ļ						-					
				ļ						-					
				ļ						-					
				ļ					-	-					
				ļ											
				.l		ļ			-	-					

SECTION VIII TOTALS WILL BE ENTERED IN SECTION IX

			ANN	IUAI	L STATEMEN	T FOR THE Y	EAR 2019 OF		Write or Star	np Name				OMB Expiration	MB No. 1530-00 n Date: 6-30-20
			C	eder	l Reinsurance		le F - Part 1 iber 31, Currer	nt Year (000's						22 2	
				Juce	, remound		Overflow Pag		Omittedy		,		<u>, </u>		
Federal ID	NAIC Company	Name of Reinsurer	Domiciliary	+	(1) Reinsurance Premiums	(2)		Recoverable on Paid L Paid L ays Overdue	aid Losses and oss Adjustment	Overdue	(4) Percentage Overdue	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses	(6) Incurred But Not Reported Losses and	(7) Unearned	(8) Tota
Number	Code		Jurisdiction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(Col 2B + 2C)	(Col 3/Col 2D)	and Unpaid Loss Adjustment Expense	Loss Adjustment Expense	Premiums	(Cols 2D+5+6+7)
ECTION VIII		v Page RIZED COMPANIES:													
		RIZED COMPANIES: names of all companies appearing in Schedule F, Part 3 of your co	mpany's annual financ	cial st	tatement which are	e not listed in									
		ding unauthorized parents and affiliates, and complete Columns 1		J. G.		0 1101 110100 111									
				T	Ī	T			-	-					
									-	-					
									-	-					
									-	-					
									-	-					
									-	-					
				T					-	-					
									-	-					
									-	-				ļ	
									-	-					
									-	-					
									-	-					
									-	-					
									-	-					
				·					-	-					
				- I					-	-					
									-	-					
									-	-					
									-	-					
									-	-					
									-	-					
	l	I and the second	l	1	1	1	1	1	_	_		I	į l		

SECTION VIII TOTALS WILL BE ENTERED IN SECTION IX

			ANN	UAI	L STATEMEN	T FOR THE Y	EAR 2019 OF		Write or Star	np Name					MB No. 1530-0008 n Date: 6-30-2020
			Сє	edec	l Reinsurance	e as of Decem	le F - Part 1 ber 31, Currer Overflow Pag							·	
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	+	(1) Reinsurance Premiums Ceded	(2)		Recoverable on P Paid L ays Overdue	aid Losses and .oss Adjustment	(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	(6) Incurred But Not Reported Losses and Loss Adjustment	(7) Unearned Premiums	(8) Total Recoverable
			Julisulction		Ceded	(A) Current and 1 - 90	(B) 91 - 120	(C) Over 120	(D) Total	(C0I 2B + 2C)	2D)	Adjustment Expense	Expense Expense	Premiums	(Cols 2D+5+6+7)
SECTION VIII					<u> </u>	<u> </u>									
		RIZED COMPANIES:													
		names of all companies appearing in Schedule F, Part 3 of your couding unauthorized parents and affiliates, and complete Columns 1 to		iai st	atement which are	e not listed in									
Sections 1	and II, Incid	duning unauthorized parents and anniates, and complete Columns 1	unough o.												
				T		T			-	-					-
				·					-	-					-
				1					-	-					-
									-	-					-
				ļ					-	-					-
				ļ					-	-					-
									-	-					-
									-	-					-
									-						
				· 					-	-					-
				†					-	-					-
				1					-	-					-
									-	-					-
				ļ					-	-					-
									-	-					
									-	-					-
									-	-					
									-	-					-
				· 					-	-					-
				†		-		-	-	-					-
				†		<u> </u>			-	-					-
				1					-	-					-
				1					-	-					-
									-	-					-
_									-	-					-
SE	CTION VII	II TOTALS WILL BE ENTERED IN SECTION IX			-	-	-	-	-	-		-	-	-	-

							ANNU	JAL S	TATEMEN	T FOR TH	HE YEA	R 2019 OF								0	MB No. 1530-0008
										Write or Sta	mp Name		OMB Expiration Date: 6-30-2020								
												F - Part 1									
							Ced	ded Re	einsurance			er 31, Curre		(000's	Omitted)						
	Section VIII Overflow Page																				
Federal ID Number	NAIC Company Code		Name of Reinsurer	Name of Reinsurer	Domiciliar Jurisdictio		R	(1) Reinsurance Premiums Ceded			Recoverable on Paid Losses and Paid Loss Adjustment Days Overdue			(3) Total Overdue (Col 2B + 2C)	(4) Percentage Overdue (Col 3/Col	(5) (Known Case) Reinsurance Recoverable on Unpaid Losses and Unpaid Loss	and	(7) Unearned	(8) Total Recoverable (Cols		
									(A) Current an 1 -	nd ((B) 91 - 120	(C) Over	r 120	(D) Total		2D)	and Unpaid Loss Adjustment Expense	Expense		(Cols 2D+5+6+7)	
SECTION VIII																					
TREASURY (REASURY UNAUTHORIZED COMPANIES:																				
	List alphabetically the names of all companies appearing in Schedule F, Part 3 of your company's annual financial statement which are not listed in																				
Sections I	and II, inclu	ding unauthori	zed parents and affilia	ates, and comp	plete Columns 1	through 8.															
		·				.															
															-	-					-
															-	-					-
															-	-					-
															-	-					-
															-	-					-
															-	-					-
															-	-					-
															-	-					-
															-	-					-
															-	-					
															-	-					
															-	-					-
						l									-	-					-
															-						-
															-	-					-
															-	-					-
															-	-					-
															-	-					-
										†····					-	-					-
										†····					-	-					-
										†					-	-					-
								·····		T					-	-					-
										<u> </u>					-	-					-
															-	-					-
															-	-					-

SECTION VIII TOTALS WILL BE ENTERED IN SECTION IX

SCHEDULE F - Part 2

Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted)

Overflow Page

								0	verflow Pag	je		(2					
Federal ID Number	NAIC Company Code		Name of Reinsurer		Dor Juri	niciliary sdiction	(1) Reinsuran Recoverables Unauthoriz Companies Items From P Section IX, C	ce From ed - All art 1, fol. 8) Funds Held Company Unde sinsurance Trea	By (B) r L	_etters of Credit	(C) 1 Agreer	Frust ments	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	(3) Total Credit Allowed For Funds Held (Smaller of Col 1 or Col 2E)	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3
Funds Held -	Overflow I	Page													-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
																-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
							†								-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
															-	-	
Ov	erflow Pag	e FUNDS HELD TOTAL	LS WILL BE ENTER	RED ON SUMMARY	/ PAGE			-	_	-	-		-	-	-	-	-

OMB No. 1530-0008		ANNUAL STATEMENT FOR THE YEAR 2019 OF
OMB Expiration Date: 6.20.2020	Write or Stamp Name	

SCHEDULE F - Part 2 Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted)

		T undo Withhold o	ii Account of Reins	saranoe in Oniaa	Overflow Page	nes us of Becenn	oci oz, ourient re	iai (000 3 Omitted	,		
							(2)				
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	(3) Total Credit Allowed For Funds Held (Smaller of Col 1 or Col 2E)	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3
									-		
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-		
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
									-	-	
Ov	erflow Pag	e FUNDS HELD TOTALS WILL BE ENTERED ON SUMMARY PA	GE	-	-	-	-	-	-	-	-

OMB No. 1530-0008		ANNUAL STATEMENT FOR THE YEAR 2019 OF
OMR Expiration Date: 6-30-2020	Write or Stamp Name	

SCHEDULE F - Part 2 Funds Withheld on Account of Reinsurance in Unauthorized Companies as of December 31, Current Year (000's Omitted) Overflow Page

	Overflow Page													
							(2)							
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	(3) Total Credit Allowed For Funds Held (Smaller of Col 1 or Col 2E)	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3			
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
									-	-				
							-		-	-				
									-	-				
0\	verflow Pag	e FUNDS HELD TOTALS WILL BE ENTERED ON SUMMARY PA	GE	-	-	-	-	-	-	-	-			

				ANNUAL STAT	TEMENT FOR THE	E YEAR 2019 OF					OMB No. 1530-0008		
Write or Stamp Name										OMB Expiration Date: 6-30-2020			
SCHEDULE F - Part 2													
		Funds Withheld o	n Account of Rei	nsurance in Unau	ithorized Compan	ies as of Decem <mark>l</mark>	ber 31, Current Y	ear (000's Omitted)				
					Overflow Page								
							(2)						
ederal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	(1) Reinsurance Recoverables From Unauthorized Companies - All Items From Part 1, Section IX, Col. 8	(A) Funds Held By Company Under Reinsurance Treaties	(B) Letters of Credit	(C) Trust Agreements	(D) Other Allowed Offset Items	(E) Total Funds Held (Cols 2A Through 2D)	Total Credit Allowed For Funds	(4) Past Due Reinsurance Recoverable from Part 1, Section IX, Col 3		
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
									-	-			
							_		-	-			
									-	-			
									-	-			

Overflow Page FUNDS HELD TOTALS WILL BE ENTERED ON SUMMARY PAGE