



**ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2014  
 OF THE CONDITION AND AFFAIRS OF THE  
**Antilles Insurance Company**

NAIC Group Code 0000, \_\_\_\_\_, NAIC Company Code 10308 Employer's ID Number 984207369  
(Current Period) (Prior Period)

Organized under the Laws of Commonwealth of Puerto Rico, State of Domicile or Port of Entry Puerto Rico

Country of Domicile US

Incorporated/Organized October 8, 1968 Commenced Business January 1, 1969

Statutory Home Office 500 de la Tanca Street PH, San Juan, Puerto Rico, PRI 00901  
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 500 de la Tanca Street, San Juan, Puerto Rico 00901  
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 9023507, San Juan, Puerto Rico 00902-3507  
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 de la Tanca Street, San Juan, Puerto Rico 00901  
(Street and Number, City or Town, State, Country and Zip Code)  
787-474-4900  
(Area Code) (Telephone Number)

Internet Website Address www.anglo-antilles.com

Statutory Statement Contact Roberto F Fortuno 787-474-4900  
(Name) (Area Code) (Telephone Number) (Extension)  
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(E-Mail Address) (Fax Number)

**OFFICERS**

Jaime J Gonzalez (President)  
 Roberto F Fortuno (Treasurer)  
 Herman W Colberg (Secretary)

**OTHER**

Domingo Picorelli (Senior Vice President)  
 Roberto J Lopez (First Vice President)  
 Patrick Aleman (Vice President)

**DIRECTORS OR TRUSTEES**

Jaime J Gonzalez  
 Roberto F Fortuno  
 Celeste L Gonzalez  
 Herman W Colberg  
 Juan B Zamora  
 Alberto E Gonzalez  
 Domingo Picorelli  
 Carlos R Rios  
 Eduardo J Ramos

State of Puerto Rico }  
 County of \_\_\_\_\_ } SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

\_\_\_\_\_  
 Jaime J Gonzalez  
 President  
 Subscribed and sworn to before me this  
 day of February, 2015  
 \_\_\_\_\_

\_\_\_\_\_  
 Roberto F Fortuno  
 Treasurer

\_\_\_\_\_  
 Herman W Colberg  
 Secretary

- a. Is this an original filing? Yes (X) No ( )
- b. If no: 1. State the amendment number \_\_\_\_\_
- 2. Date filed \_\_\_\_\_
- 3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col 1 - Col 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	61,981,666		61,981,666	67,388,458
2. Stocks (Schedule D):				
2.1 Preferred stocks	481,849		481,849	477,075
2.2 Common stocks	10,184,599		10,184,599	11,174,444
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	3,264,871		3,264,871	3,910,708
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances)				
4.2 Properties held for the production of income (less \$ ..... encumbrances)				
4.3 Properties held for sale (less \$ ..... encumbrances)				
5. Cash (\$ ..... 6,457,284 , Schedule E - Part 1), cash equivalents (\$ ..... , Schedule E - Part 2) and short-term investments (\$ ..... 667,559 , Schedule DA)	7,124,844		7,124,844	16,053,793
6. Contract loans (including \$ ..... premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 through Line 11)	83,037,829		83,037,829	99,004,478
13. Title plants less \$ ..... charged off (for Title insurers only)				
14. Investment income due and accrued	661,043		661,043	570,830
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	4,405,153	792,500	3,612,653	3,911,280
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	361,168		361,168	1,910,181
16.2 Funds held by or deposited with reinsured companies	6,764,127		6,764,127	
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	7,697		7,697	30,188
21. Furniture and equipment, including health care delivery assets (\$ ..... )				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ ..... ) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	1,035,115	24,973	1,010,142	678,379
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	96,272,132	817,473	95,454,659	106,105,336
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Line 26 and Line 27)	96,272,132	817,473	95,454,659	106,105,336
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501. Salvage receivable	24,973	24,973		
2502. Other assets	592,971		592,971	678,379
2503. Bond receivable	417,171		417,171	
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	1,035,115	24,973	1,010,142	678,379

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Antilles Insurance Company

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	2,871,054	4,314,642
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	1,389,525	1,587,524
4. Commissions payable, contingent commissions and other similar charges .....	2,628,434	3,026,599
5. Other expenses (excluding taxes, licenses and fees) .....	1,194,814	2,900,270
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	1,971	5,945
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....		2,227,902
7.2 Net deferred tax liability .....	57,634	260,787
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ ..... 974,323 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....	21,873,576	21,052,843
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....	500,000	500,000
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	(1,985,202)	942,501
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) .....		
14. Amounts withheld or retained by company for account of others .....	417,020	126,731
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 8) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....		
20. Derivatives .....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....		
26. Total liabilities excluding protected cell liabilities (Line 1 through Line 25) .....	28,948,826	36,945,744
27. Protected cell liabilities .....		
28. Total liabilities (Line 26 and Line 27) .....	28,948,826	36,945,744
29. Aggregate write-ins for special surplus funds .....	30,091,694	33,225,038
30. Common capital stock .....	2,800,000	2,800,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	125,000	125,000
35. Unassigned funds (surplus) .....	33,489,139	33,009,554
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ .....)		
36.2 ..... shares preferred (value included in Line 31 \$ .....)		
37. Surplus as regards policyholders (Line 29 to Line 35, less Line 36) (Page 4, Line 39) .....	66,505,833	69,159,592
38. Totals (Page 2, Line 28, Column 3) .....	95,454,659	106,105,336
<b>DETAILS OF WRITE-INS</b>		
2501. Minimum retention for Catastrophe Trust Fund .....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....		
2901. Statutory Catastrophe Trust Fund .....	30,091,694	33,225,038
2902. Minimum Retention for Catastrophe Trust Fund .....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) .....	30,091,694	33,225,038
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. Totals (Line 3201 through Line 3203 plus Line 3298) (Line 32 above) .....		

**STATEMENT OF INCOME**

UNDERWRITING INCOME	1 Current Year	2 Prior Year
1. Premiums earned (Part 1, Line 35, Column 4) .....	41,352,727	35,882,876
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7) .....	13,887,307	12,780,320
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	1,654,844	1,723,181
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	22,985,176	20,950,258
5. Aggregate write-ins for underwriting deductions .....		
6. Total underwriting deductions (Line 2 through Line 5) .....	38,527,327	35,453,759
7. Net income of protected cells .....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	2,825,400	429,117
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	3,981,499	3,277,271
10. Net realized capital gains (losses) less capital gains tax of \$ .....	1,034,943	1,040,644
11. Net investment gain (loss) (Line 9 plus Line 10) .....	5,016,442	4,317,915
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ....., amount charged off \$ .....) .....		
13. Finance and service charges not included in premiums .....	19,746	19,905
14. Aggregate write-ins for miscellaneous income .....		33,147,245
15. Total other income (Line 12 through Line 14) .....	19,746	33,167,150
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 8 plus Line 11 plus Line 15) .....	7,861,588	37,914,182
17. Dividends to policyholders .....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) .....	7,861,588	37,914,182
19. Federal and foreign income taxes incurred .....	(2,757,202)	16,573,610
20. Net income (Line 18 minus Line 19) (to Line 22) .....	10,618,790	21,340,572
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	69,159,592	63,789,307
22. Net income (from Line 20) .....	10,618,790	21,340,572
23. Net transfers (to) from Protected Cell accounts .....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....	(10,154,547)	(2,284,765)
25. Change in net unrealized foreign exchange capital gain (loss) .....		
26. Change in net deferred income tax .....	(326,147)	340,144
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3) .....	(793,675)	(23,798)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....		
29. Change in surplus notes .....		
30. Surplus (contributed to) withdrawn from protected cells .....		
31. Cumulative effect of changes in accounting principles .....		
32. Capital changes:		
32.1 Paid in .....		
32.2 Transferred from surplus (Stock Dividend) .....		
32.3 Transferred to surplus .....		
33. Surplus adjustments:		
33.1 Paid in .....		
33.2 Transferred to capital (Stock Dividend) .....		
33.3 Transferred from capital .....		
34. Net remittances from or (to) Home Office .....		
35. Dividends to stockholders .....	(1,998,180)	(14,001,868)
36. Change in treasury stock (Page 3, Line 36.1 and Line 36.2, Column 2 minus Column 1) .....		
37. Aggregate write-ins for gains and losses in surplus .....		
38. Change in surplus as regards policyholders for the year (Line 22 through Line 37) .....	(2,653,759)	5,370,285
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	66,505,833	69,159,592
<b>DETAILS OF WRITE-INS</b>		
0501. ....		
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page .....		
0599. Totals (Line 0501 through Line 0503 plus Line 0598) (Line 5 above) .....		
1401. Special dividend from ASC .....		33,147,245
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page .....		
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above) .....		33,147,245
3701. Surplus adjustment: Transferred to Statutory Catastrophe Trust Fund .....	3,133,344	(1,420,393)
3702. Statutory Catastrophe Trust Fund .....	(3,133,344)	1,420,393
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page .....		
3799. Totals (Line 3701 through Line 3703 plus Line 3798) (Line 37 above) .....		

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance	38,751,884	40,132,386
2. Net investment income	3,561,928	3,455,923
3. Miscellaneous income	19,746	33,167,150
4. Total (Line 1 through Line 3)	42,333,558	76,755,459
5. Benefit and loss related payments	15,634,725	16,539,589
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	25,092,771	20,508,066
7. Commissions, expenses paid and aggregate write-ins for deductions	19,746	16,573,610
8. Dividends paid to policyholders	19,746	16,573,610
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	19,746	16,573,610
10. Total (Line 5 through Line 9)	40,747,242	53,621,265
11. Net cash from operations (Line 4 minus Line 10)	1,586,316	23,134,194
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	11,870,493	21,530,931
12.2 Stocks	8,640,567	8,857,057
12.3 Mortgage loans	645,836	480,542
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		101,358
12.7 Miscellaneous proceeds		101,358
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	21,156,896	30,969,888
13. Cost of investments acquired (long-term only):		
13.1 Bonds	15,161,680	24,954,452
13.2 Stocks	7,747,764	6,209,381
13.3 Mortgage loans		125,000
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	6,764,537	
13.7 Total investments acquired (Line 13.1 through Line 13.6)	29,673,981	31,288,833
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(8,517,085)	(318,945)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	1,998,180	14,207,468
16.6 Other cash provided (applied)		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(1,998,180)	(14,207,468)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(8,928,949)	8,607,781
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	16,053,793	7,446,012
19.2 End of year (Line 18 plus Line 19.1)	7,124,844	16,053,793

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

20.0001		
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS EARNED**

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Column 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Column 5 Part 1A	4 Premiums Earned During Year (Columns 1 plus 2 minus 3)
1. Fire	494,448	389,672	335,463	548,657
2. Allied lines	4,984,592	3,612,643	3,132,840	5,464,395
3. Farmowners multiple peril				
4. Homeowners multiple peril	608,085	343,323	361,194	590,214
5. Commercial multiple peril	3,194,916	2,973,313	2,526,769	3,641,460
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	4,484	2,574	2,315	4,743
10. Financial guaranty				
11.1 Medical professional liability - occurrence				
11.2 Medical professional liability - claims-made				
12. Earthquake	5,542,758	4,081,970	3,536,148	6,088,580
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health	1,882	3,758	2,240	3,400
16. Workers' compensation				
17.1 Other liability - occurrence	27,327	16,642	15,786	28,183
17.2 Other liability - claims-made				
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	61,191	35,823	32,066	64,948
18.2 Products liability - claims-made				
19.1, 19.2 Private passenger auto liability	25,999,168	8,911,668	11,333,343	23,577,493
19.3, 19.4 Commercial auto liability	259,922	177,082	91,061	345,943
21. Auto physical damage	557,797	297,074	275,305	579,566
22. Aircraft (all perils)				
23. Fidelity	21,166	3,750	8,712	16,204
24. Surety	414,388	202,939	219,722	397,605
26. Burglary and theft	1,336	612	612	1,336
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property				
32. Reinsurance - Nonproportional Assumed Liability				
33. Reinsurance - Nonproportional Assumed Financial Lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS	42,173,460	21,052,843	21,873,576	41,352,727
<b>DETAILS OF WRITE-INS</b>				
3401. Title				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)				

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1A-RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Columns 1 + 2 + 3 + 4
1. Fire	335,460	3			335,463
2. Allied lines	3,132,817	23			3,132,840
3. Farmowners multiple peril					
4. Homeowners multiple peril	360,329	865			361,194
5. Commercial multiple peril	2,527,380	(611)			2,526,769
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine	2,315				2,315
10. Financial guaranty					
11.1 Medical professional liability - occurrence					
11.2 Medical professional liability - claims-made					
12. Earthquake	3,536,115	33			3,536,148
13. Group accident and health					
14. Credit accident and health (group and individual)					
15. Other accident and health	2,240				2,240
16. Workers' compensation					
17.1 Other liability - occurrence	15,755	31			15,786
17.2 Other liability - claims-made					
17.3 Excess workers' compensation					
18.1 Products liability - occurrence	32,250	(184)			32,066
18.2 Products liability - claims-made					
19.1, 19.2 Private passenger auto liability	11,333,335	8			11,333,343
19.3, 19.4 Commercial auto liability	87,239	3,822			91,061
21. Auto physical damage	267,235	8,070			275,305
22. Aircraft (all perils)					
23. Fidelity	8,523	189			8,712
24. Surety	211,044	8,678			219,722
26. Burglary and theft	612				612
27. Boiler and machinery					
28. Credit					
29. International					
30. Warranty					
31. Reinsurance - Nonproportional Assumed Property					
32. Reinsurance - Nonproportional Assumed Liability					
33. Reinsurance - Nonproportional Assumed Financial Lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS	21,852,649	20,927			21,873,576
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Line 35 through Line 37)					21,873,576
<b>DETAILS OF WRITE-INS</b>					
3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page					
3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)					

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1B-PREMIUMS WRITTEN**

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Columns 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	737,924				243,476	494,448
2. Allied lines	7,088,487				2,103,895	4,984,592
3. Farmowners multiple peril						
4. Homeowners multiple peril	805,314				197,229	608,085
5. Commercial multiple peril	5,848,621				2,653,705	3,194,916
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine	3,780				(704)	4,484
10. Financial guaranty						
11.1 Medical professional liability - occurrence						
11.2 Medical professional liability - claims-made						
12. Earthquake	7,898,034				2,355,276	5,542,758
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health	8,834				6,952	1,882
16. Workers' compensation						
17.1 Other liability - occurrence	191,856				164,529	27,327
17.2 Other liability - claims-made						
17.3 Excess workers' compensation						
18.1 Products liability - occurrence	79,908				18,717	61,191
18.2 Products liability - claims-made						
19.1, 19.2 Private passenger auto liability	1,926,492		24,065,612		(7,064)	25,999,168
19.3, 19.4 Commercial auto liability	699,603				439,681	259,922
21. Auto physical damage	571,137				13,340	557,797
22. Aircraft (all perils)						
23. Fidelity	24,026				2,860	21,166
24. Surety	660,082				245,694	414,388
26. Burglary and theft	1,336					1,336
27. Boiler and machinery	990				990	
28. Credit						
29. International						
30. Warranty						
31. Reinsurance - Nonproportional Assumed Property	X X X					
32. Reinsurance - Nonproportional Assumed Liability	X X X					
33. Reinsurance - Nonproportional Assumed Financial Lines	X X X					
34. Aggregate write-ins for other lines of business						
35. TOTALS	26,546,424		24,065,612		8,438,576	42,173,460
<b>DETAILS OF WRITE-INS</b>						
3401.						
3402.						
3403.						
3498. Summary of remaining write-ins for Line 34 from overflow page						
3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)						

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Antilles Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Columns 1 plus 2 minus 3)	Net Losses Unpaid Current Year (Part 2A, Column 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Columns 4 plus 5 minus 6)	Percentage of Losses Incurred (Column 7, Part 2) to Premiums Earned (Column 4, Part 1)
1. Fire	342,813			342,813	65,945	197,283	211,475	38.5
2. Allied lines	36,952		2	36,950	115,723	180,908	(28,235)	(0.5)
3. Farmowners multiple peril								
4. Homeowners multiple peril	189,024			189,024	166,989	266,436	89,577	15.2
5. Commercial multiple peril	708,294		86,038	622,256	1,274,604	1,711,859	185,001	5.1
6. Mortgage guaranty								
8. Ocean marine	1,794		1,614	180	38,238	6,074	32,344	
9. Inland marine					(28,438)		(28,438)	(599.6)
10. Financial guaranty								
11.1 Medical professional liability - occurrence								
11.2 Medical professional liability - claims-made								
12. Earthquake	8,805			8,805	1,100	3,100	6,805	0.1
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability - occurrence	(18,750)			(18,750)		31,250	(50,000)	(177.4)
17.2 Other liability - claims-made								
17.3 Excess workers' compensation								
18.1 Products liability - occurrence	82,700			82,700	13,000	3,500	92,200	142.0
18.2 Products liability - claims-made								
19.1, 19.2 Private passenger auto liability	10,315,038	6,928,421	3,432,092	13,811,367	265,282	532,463	13,544,186	57.4
19.3, 19.4 Commercial auto liability	212,634		71,094	141,540	510,232	678,980	(27,208)	(7.9)
21. Auto physical damage	97,660			97,660	351,039	521,943	(73,244)	(12.6)
22. Aircraft (all perils)								
23. Fidelity					3,800	5,800	(2,000)	(12.3)
24. Surety	16,350			16,350	92,540	174,046	(65,156)	(16.4)
26. Burglary and theft					1,000	1,000		
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance - Nonproportional Assumed Property	X X X							
32. Reinsurance - Nonproportional Assumed Liability	X X X							
33. Reinsurance - Nonproportional Assumed Financial Lines	X X X							
34. Aggregate write-ins for other lines of business								
35. TOTALS	11,993,314	6,928,421	3,590,840	15,330,895	2,871,054	4,314,642	13,887,307	33.6
<b>DETAILS OF WRITE-INS</b>								
3401								
3402								
3403								
3498. Summary of remaining write-ins for Line 34 from overflow page								
3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)								

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Antilles Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Columns 4 plus 5 plus 6 minus 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred But Not Reported (Columns 1 plus 2 minus 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	11,800			11,800	71,745		17,600	65,945	40,513
2. Allied lines	1,800			1,800	129,623		15,700	115,723	49,155
3. Farmowners multiple peril									
4. Homeowners multiple peril	117,644		52,250	65,394	117,100		15,505	166,989	52,972
5. Commercial multiple peril	1,253,502		354,078	899,424	375,180			1,274,604	581,605
6. Mortgage guaranty									
8. Ocean marine					38,238			38,238	1,678
9. Inland marine							28,438	(28,438)	4,134
10. Financial guaranty									
11.1 Medical professional liability - occurrence									
11.2 Medical professional liability - claims-made									
12. Earthquake	1,100			1,100				1,100	3,464
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)								(a)	
15. Other accident and health									
16. Workers' compensation									
17.1 Other liability - occurrence									
17.2 Other liability - claims-made									
17.3 Excess workers' compensation									
18.1 Products liability - occurrence	13,000			13,000				13,000	
18.2 Products liability - claims-made									
19.1, 19.2 Private passenger auto liability	20,899		3,850	17,049	388,600		140,367	265,282	424,293
19.3, 19.4 Commercial auto liability	323,232			323,232	201,900		14,900	510,232	10,757
21. Auto physical damage	68,656		17	68,639	282,400			351,039	159,772
22. Aircraft (all perils)									
23. Fidelity					3,800			3,800	
24. Surety	76,157		117	76,040	50,800		34,300	92,540	61,163
26. Burglary and theft					1,000			1,000	
27. Boiler and machinery					3,300		3,300		22
28. Credit									
29. International									
30. Warranty									
31. Reinsurance - Nonproportional Assumed Property	X X X				X X X				
32. Reinsurance - Nonproportional Assumed Liability	X X X				X X X				
33. Reinsurance - Nonproportional Assumed Financial Lines	X X X				X X X				
34. Aggregate write-ins for other lines of business									
35. TOTALS	1,887,790		410,312	1,477,478	1,663,686		270,110	2,871,054	1,389,528
<b>DETAILS OF WRITE-INS</b>									
3401.									
3402.									
3403.									
3498. Summary of remaining write-ins for Line 34 from overflow page									
3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)									

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - EXPENSES**

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	116,623			116,623
1.2 Reinsurance assumed	(17,651)			(17,651)
1.3 Reinsurance ceded				
1.4 Net claim adjustment services (Line 1.1 plus Line 1.2 minus Line 1.3)	98,972			98,972
2. Commission and brokerage:				
2.1 Direct excluding contingent		6,248,804		6,248,804
2.2 Reinsurance assumed excluding contingent		7,851,104		7,851,104
2.3 Reinsurance ceded excluding contingent		219,826		219,826
2.4 Contingent - direct		2,293,729		2,293,729
2.5 Contingent - reinsurance assumed				
2.6 Contingent - reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (Line 2.1 plus Line 2.2 minus Line 2.3 plus Line 2.4 plus Line 2.5 minus Line 2.6 plus Line 2.7)		16,173,811		16,173,811
3. Allowances to manager and agents	490	1,267		1,757
4. Advertising		182,799		182,799
5. Boards, bureaus and associations		30,169		30,169
6. Surveys and underwriting reports	73,005	54,482		127,487
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries				
8.2 Payroll taxes				
9. Employee relations and welfare	1,201	2,105		3,306
10. Insurance				
11. Directors' fees		6,500		6,500
12. Travel and travel items		1,302		1,302
13. Rent and rent items		549,122		549,122
14. Equipment	7,333		587	7,920
15. Cost or depreciation of EDP equipment and software		246,312		246,312
16. Printing and stationery	18,557	5,014		23,571
17. Postage, telephone and telegraph, exchange and express		115,059		115,059
18. Legal and auditing		196,024		196,024
19. Totals (Line 3 through Line 18)	100,586	1,390,155	587	1,491,328
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$				
20.2 Insurance department licenses and fees		323,895		323,895
20.3 Gross guaranty association assessments		(115,091)		(115,091)
20.4 All other (excluding federal and foreign income and real estate)				
20.5 Total taxes, licenses and fees (Line 20.1 plus Line 20.2 plus Line 20.3 plus Line 20.4)		208,804		208,804
21. Real estate expenses		(36,565)		(36,565)
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses	1,455,286	5,248,971	116,423	6,820,680
25. Total expenses incurred	1,654,844	22,985,176	117,010	24,757,030
26. Less unpaid expenses - current year	1,389,525	3,823,248		5,212,773
27. Add unpaid expenses - prior year	1,587,524	5,926,869		7,514,393
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Line 25 minus Line 26 plus Line 27 minus Line 28 plus Line 29)	1,852,843	25,088,797	117,010	27,058,650
<b>DETAILS OF WRITE-INS</b>				
2401. Donations		45,409		45,409
2402. Management Fee Expense	1,455,286	5,203,562	116,423	6,775,271
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. Totals (Line 2401 through Line 2403 plus Line 2498) (Line 24 above)	1,455,286	5,248,971	116,423	6,820,680

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a) 3,445,813	3,534,762
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b) 15,897	15,897
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates	328,661	328,661
3. Mortgage loans	(c)	
4. Real estate	(d) 216,205	216,205
5. Contract loans	(d)	
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f) 2,984	2,984
8. Other invested assets	(f)	
9. Aggregate write-ins for investment income		
10. Total gross investment income	4,009,560	4,098,509
11. Investment expenses		(g) 117,010
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Line 11 through Line 15)		117,010
17. Net investment income (Line 10 minus Line 16)		3,981,499
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)		
(a) Includes \$ ..... accrual of discount less \$ ..... 329,358 amortization of premium and less \$ ..... paid for accrued interest on purchases.	(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.	
(b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.	(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.	
(c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.	(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.	
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.	(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.	
(e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.		

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Col. 1 + Col. 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax	(235,080)		(235,080)	(8,792,258)	
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)	(377)		(377)	(20,445)	
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	1,270,400		1,270,400	(1,341,844)	
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	1,034,943		1,034,943	(10,154,547)	
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Line 1 to Line 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	792,500		(792,500)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other-than-invested assets	24,973	23,798	(1,175)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	817,473	23,798	(793,675)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Line 26 and Line 27)	817,473	23,798	(793,675)
<b>DETAILS OF WRITE-INS</b>			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)			
2501. Salvage Receivable	24,973	23,798	(1,175)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	24,973	23,798	(1,175)

## NOTES TO FINANCIAL STATEMENTS

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### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

#### A. Accounting Practices

The financial statements of Antilles Insurance Company have been prepared in conformity with accounting practices prescribed or permitted by the National Association of Insurance Commissioners (NAIC) and the Insurance Commissioner of Puerto Rico. Accounting practice do not differ from those prescribed by the NAIC and those permitted by the Insurance Commissioner of Puerto Rico.

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business written.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at cost.
2. Bonds are stated at cost and premiums/discounts are amortized using the effective yield (Scientific) method.
3. Common stocks are valued at market value.
4. Preferred stocks are carried at cost, lower of cost or amortized cost, or fair value depending on the assigned credit rating and whether the preferred stock has mandatory sinking fund provisions.
5. Mortgage loans are valued at unpaid principal balance.
6. Loan-backed securities are stated at amortized cost or the lower of amortized cost or fair market value.
7. The Company has no investment's in subsidiaries, controlled or affiliated companies.
8. The Company has no ownership interests in joint ventures, partnerships or limited liability companies.
9. The Company has no derivatives.
10. The Company does not anticipate investment income as a factor in the premium deficiency calculation.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimate and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined. The company has no environmental remediation exposures.
12. There has been no change in the capitalization policy.
13. The Company has no pharmaceutical rebate receivables.

### 2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the Commonwealth of Puerto Rico. Effective January 1, 2001, the Commonwealth of Puerto Rico required that insurance companies domiciled in the Commonwealth of Puerto Rico prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual subject to any deviations prescribed or permitted by the Commonwealth of Puerto Rico Insurance Commissioner.

Accounting changes adopted to conform to the provisions of the NAIC Accounting Practices and Procedures manual are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. The Company did not make any changes in accounting principles that would have increased or decreased unassigned funds (suplus) for the quarter ending December 31, 2014.

### 3. BUSINESS COMBINATIONS AND GOODWILL

-NONE-

### 4. DISCONTINUED OPERATIONS

-NONE-

### 5. INVESTMENTS

#### A. Mortgage Loans

1. The lending rate for mortgage loans for the nine months of 2014 was six (6) percent.
2. During the year of 2014 the Company did not reduce interest rates on outstanding mortgages.
3. The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages was 80.0%.

## NOTES TO FINANCIAL STATEMENTS

4. As of year end, the Company held no mortgages with interest more than 180 days past due.
5. There are no taxes, assessments or any amounts advanced not included in the mortgage loan total.
6. Current year impaired loans with a related allowance for credit losses.  
-None-
7. Recorded investment for which there is no related allowance for credit loss.  
-None-
8. Average recorded investment in the impaired loans.  
-None-
9. Interest income recognized during the period the loans were impaired.  
-None-
10. Amount of interest income recognized on a cash basis during the period the loans were impaired.  
-None-
11. The Company has no credit loss.
12. The Company has no impaired loans, cash receipts are deposited daily and reconciled with invoices.

### B. Debt Restructuring

- NONE-

### C. Reverse Mortgages

-NONE-

### D. Loan-Backed Securities

-NONE-

### E. Repurchase Agreements and/or Securities Lending

-NONE-

### F. Real Estate

-NONE-

## 6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

-NONE-

## 7. INVESTMENT INCOME

1. There was no amount excluded from investment income.

## 8. DERIVATIVE INSTRUMENTS

- NONE -

## 9. INCOME TAXES

The Company is not subject to Federal Income Tax. The income tax shown is related to the Puerto Rico Income Tax.

## 10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

The Company is 92.88% owned by Anglo Puerto Rican Insurance Corporation, a general agent domiciled in Puerto Rico.

The Company is managed by and obtains substantially all its premiums from its principal general agent, Anglo Puerto Rican Insurance Corporation.

Under the provisions of a management contract between the Company and the General Agent, the Company is required to pay certain fees intended to reimburse the General Agent for operating expenses incurred on the Company's behalf. The total fees under such contract for the year ending December 31, 2014 and December 31, 2013 aggregated \$8,232,802 and \$10,911,904 respectively. These amounts include \$1,455,286 in 2014 and \$1,326,656 in 2013 charged to loss adjustment expenses incurred.

## 11. DEBT

- NONE -

## 12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

Not applicable, the Company has no employees.

## 13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS.

1. The Company has 500,000 shares authorized, 280,000 shares issued and outstanding. All shares are Class A shares
2. The Company has no preferred stock issued.
3. Dividends to shareholders are limited by the Insurance Code of Puerto Rico.

**NOTES TO FINANCIAL STATEMENTS**

A dividend of \$7.14 per share was declared by the Board of Directors on April 25, 2014. This dividend is paid on quarterly basis on the following dates April 28, July 15, October 15 and January 15.

5. Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
6. To comply with Law 73 of the Insurance Code of Puerto Rico, as amended, a restriction is applied to our unassigned funds to cover the payment of losses in the event of a catastrophic event.
7. The total amount of advances to surplus not repaid is \$0.00.
8. The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
  - a. For conversion of preferred stock: 0 shares
  - b. For employee stock options: 0 shares
  - c. For stock purchase warrants: 0 shares
9. Changes in balances of special surplus funds from the prior year are due to :  
Increase in Statutory Catastrophe Trust Fund.
10. The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:
  - a. unrealized gains and (losses): \$-10,154,547
  - b. nonadmitted asset values: \$817,473
  - c. provision for reinsurance:\$0
11. The Company issued the following surplus debenture or similar obligations.  
-NONE-
12. The impact of any restatement due to prior quasi-reorganizations is as follows:  
-NONE-
13. The effective date(s) of all quasi-reorganizations in the prior 10 years.  
-NONE-

**14. CONTINGENCIES**

-NONE-

**15. LEASES**

The Company has a ten year renewable lease with Ochoa Realty Inc. to rent the penthouse floor of Ochoa Bldg. Rental expense for the year ending December 31, 2014 amounted to \$ plus expenses of \$ D.

**16 INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

- NONE -

**17 SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES****A. TRANSFER OF RECEIVABLES REPORTED AS SALES**

- NONE -

**B. TRANSFER AND SERVICING OF FINANCIAL ASSETS**

-NONE-

**C. WASH SALES**

-NONE-

**18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**

- NONE -

**19 DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**

1. ANGLO PUERTO RICAN INSURANCE CORP., P.O. BOX 9023752, OLD SAN JUAN, P.R. 00902-3752
2. 66-018-2569
3. EXCLUSIVE CONTRACT HOLD: NO
4. TYPE OF BUSINESS: CASUALTY, PROPERTY, MARINE AND SURETY
5. TYPE OF AUTHORITY GRANTED

U - Underwriting

C - Claims Payment

CA - Claims Adjustment

R - Reinsurance Ceding

B - Binding Authority

P - Premium Collection

6. TOTAL PREMIUMS WRITTEN DURING THE YEAR OF 2014 \$10,582,165.

**20 FAIR VALUE MEASUREMENT**

Cash, Short-Term Investments, Net Agents' Balances, Reinsurance Recoverable and Accrued Interest Receivable -- The carrying amounts for these instruments approximate their fair values given their short maturity period. Bonds and Notes, Common Stock and Mutual Funds -- The fair value of a security is determined in accordance with the NAIC Purpose and Procedures of the Securities Valuation Office, and the designation assigned in the NAIC Valuation of Securities product prepared by the NAIC Securities Valuation Office ("NAIC VALUES"). If NAIC Values are not available, fair value is determined based on quoted-market



## NOTES TO FINANCIAL STATEMENTS

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prices as provided by independent brokers. If quoted market prices are not available, fair value is determined based on quoted prices of similar instruments.

### 21. OTHER ITEMS

-NONE-

### 22. EVENTS SUBSEQUENT

There were no events subsequent as of December 31, 2014 which may have a material effect on the financial condition of the Company.

### 23. REINSURANCE

- A. Unsecured Reinsurance Recoverable  
NONE
- B. Reinsurance Recoverable in Dispute  
NONE
- C. Reinsurance Assumed and Ceded  
NONE
- D. Uncollectible Reinsurance  
NONE

### 24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

- NONE -

### 25. CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years is a decrease of \$1,829,000 in year 2014 as a result of reestimation of unpaid losses and loss adjustment expenses for all lines of insurance. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. No additional premiums or return premiums have been accrued as a result of the prior-year effects.

### 26. INTERCOMPANY POOLING ARRANGEMENTS

-NONE-

### 27. STRUCTURED SETTLEMENTS

-NONE-

### 28. HEALTH CARE RECEIVABLES

-NONE-

### 29. PARTICIPATING POLICIES

-NONE-

### 30. PREMIUM DEFICIENCY RESERVES

As of September 30, 2014 the Company had no liabilities related to premium deficiency reserves.

### 31. HIGH DEDUCTIBLES

-NONE-

### 32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

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

### 33. ASBESTOS/ENVIRONMENTAL RESERVES

-NONE-

### 34. SUBSCRIBER SAVINGS ACCOUNTS

-NONE-

### 35. MULTIPLE PERIL CROP INSURANCE

-NONE-

### 36. FIANCIAL GUARANTY INSURANCE

-NONE-

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes ( ) No (X)  
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes ( ) No ( ) N/A (X)
- 1.3 State Regulating? .....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ( ) No (X)
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2007
- 3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 04/13/2009
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/18/2010
- 3.4 By what department or departments? .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes (X) No ( ) N/A ( )
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No ( ) N/A ( )
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes ( ) No (X)  
 4.12 renewals? Yes ( ) No (X)
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes ( ) No (X)  
 4.22 renewals? Yes ( ) No (X)
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ( ) No (X)
- 5.2 If yes, provide the name of entity, the NAIC company code, and state of domicile (use two-letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
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- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes ( ) No (X)
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes ( ) No (X)
- 7.2 If yes,
- 7.21 State the percentage of foreign control ..... %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
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- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ( ) No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ( ) No (X)
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
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9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Deloitte & Touche LLP, Torre Chardon, 350 Chardon Avenue Suite 700 San Juan, PR 00918-2140
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes ( ) No (X)
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes ( ) No (X)
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....
- 10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes ( ) No (X) N/A ( )
- 10.6 If the response to 10.5 is no or n/a, please explain:  
 Our Board of Directors has assumed responsibilities for these duties.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Deloitte Consulting, 25 Boardway, New York 10004-1010
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes ( ) No (X)  
 12.11 Name of real estate holding company  
 .....  
 12.12 Number of parcels involved .....  
 12.13 Total book/adjusted carrying value \$ .....
- 12.2 If yes, provide explanation  
 .....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
 .....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes ( ) No ( )
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes ( ) No ( )
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes ( ) No ( ) N/A (X)
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code. Yes (X) No ( )
- 14.11 If the response to 14.1 is no, please explain:  
 .....
- 14.2 Has the code of ethics for senior managers been amended? Yes ( ) No (X)
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 .....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
 .....
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ( ) No (X)
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
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**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes (X) No ( )
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ( )
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ( )

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ( ) No (X)
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.11 To directors or other officers \$ .....  
 20.12 To stockholders not officers \$ .....  
 20.13 Trustees, supreme or grand (Fraternal only) \$ .....
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.21 To directors or other officers \$ .....  
 20.22 To stockholders not officers \$ .....  
 20.23 Trustees, supreme or grand (Fraternal only) \$ .....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes ( ) No (X)
- 21.2 If yes, state the amount thereof at December 31 of the current year:  
 21.21 Rented from others \$ .....  
 21.22 Borrowed from others \$ .....  
 21.23 Leased from others \$ .....  
 21.24 Other \$ .....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ( ) No (X)
- 22.2 If answer is yes:  
 22.21 Amount paid as losses or risk adjustment \$ .....  
 22.22 Amount paid as expenses \$ .....  
 22.23 Other amounts paid \$ .....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ( ) No (X)
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ .....

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes (X) No ( )
- 24.02 If no, give full and complete information relating thereto:  
 .....  
 .....
- 24.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
 .....  
 .....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes ( ) No ( ) N/A (X)
- 24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. \$ .....
- 24.06 If answer to 24.04 is NO, report amount of collateral for other programs. \$ .....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes ( ) No ( ) N/A (X)
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ( ) No ( ) N/A (X)
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes ( ) No ( ) N/A (X)
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 24.103 Total payable for securities lending reported on the liability page \$ .....
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes ( ) No (X)

- 25.2 If yes, state the amount thereof at December 31 of the current year:
- |  |   |          |
|--|---|----------|
|  | 25.21 Subject to repurchase agreements  | \$ ..... |
|  | 25.22 Subject to reverse repurchase agreements  | \$ ..... |
|  | 25.23 Subject to dollar repurchase agreements   | \$ ..... |
|  | 25.24 Subject to reverse dollar repurchase agreements                                 | \$ ..... |
|  | 25.25 Placed under option agreements  | \$ ..... |
|  | 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock | \$ ..... |
|  | 25.27 FHLB Capital Stock  | \$ ..... |
|  | 25.28 On deposit with states  | \$ ..... |
|  | 25.29 On deposit with other regulatory bodies   | \$ ..... |
|  | 25.30 Pledged as collateral - excluding collateral pledged to an FHLB                 | \$ ..... |
|  | 25.31 Pledged as collateral to FHLB - including assets backing funding agreements     | \$ ..... |
|  | 25.32 Other   | \$ ..... |

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ( ) No ( )
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ( ) No ( ) N/A ( )  
 If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ( ) No ( )
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ .....
28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes ( ) No ( )

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

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

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
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- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes ( ) No (X)
- 28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
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**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity.

1 Central Registration Depository Number(s)	2 Name	3 Address
--	-----------	--------------

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes ( ) No ( )

29.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
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29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from question 29.2)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
--	--	---	------------------------

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	\$ 61,981,666	\$ 63,807,594	\$ 1,825,928
30.2 Preferred stocks .....	\$ 481,849	\$ 481,849	\$ .....
30.3 Totals .....	\$ 62,463,515	\$ 64,289,443	\$ 1,825,928

30.4 Describe the sources or methods utilized in determining the fair values:

.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes (X) No ( )

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes ( ) No ( )

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes (X) No ( )

32.2 If no, list exceptions:  
.....

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ ..... 113,158

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Insurance Service Office .....	\$ ..... 113,158
.....	\$ .....
.....	\$ .....
.....	\$ .....

34.1 Amount of payments for legal expenses, if any? \$ .....

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

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

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

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....

**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes ( ) No (X)

1.2 If yes, indicate premium earned on U.S. business only. \$ .....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ .....

1.31 Reason for excluding:

.....  
 .....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Line (1.2) above. \$ .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ .....  
 1.62 Total incurred claims \$ .....  
 1.63 Number of covered lives .....

All years prior to most current three years:

1.64 Total premium earned \$ .....  
 1.65 Total incurred claims \$ .....  
 1.66 Number of covered lives .....

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ .....  
 1.72 Total incurred claims \$ .....  
 1.73 Number of covered lives .....

All years prior to most current three years:

1.74 Total premium earned \$ .....  
 1.75 Total incurred claims \$ .....  
 1.76 Number of covered lives .....

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ .....	\$ .....
2.2 Premium Denominator	\$ .....	\$ .....
2.3 Premium Ratio (Line 2.1/Line 2.2)		
2.4 Reserve Numerator	\$ .....	\$ .....
2.5 Reserve Denominator	\$ .....	\$ .....
2.6 Reserve Ratio (Line 2.4/Line 2.5)		

3.1 Does the reporting entity issue both participating and non-participating policies? Yes ( ) No (X)

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$ .....  
 3.22 Non-participating policies \$ .....

4. For Mutual reporting entities and Reciprocal Exchange only:

4.1 Does the reporting entity issue assessable policies? Yes ( ) No ( )

4.2 Does the reporting entity issue non-assessable policies? Yes ( ) No ( )

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? ..... %

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$ .....

5. For Reciprocal Exchanges only:

5.1 Does the exchange appoint local agents? Yes ( ) No ( )

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes ( ) No ( ) N/A (X)  
 5.22 As a direct expense of the exchange Yes ( ) No ( ) N/A (X)

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

.....  
 .....

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes ( ) No ( )

5.5 If yes, give full information.

.....  
 .....

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?

The Company has no workers' compensation contracts.

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:

The catastrophe loss analysis methodology is computer modeling. The catastrophe exposure are for hurricane and earthquake (includes fire).

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?

We purchase catastrophe reinsurance in excess of what is estimated by PML.

.....

**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes (X) No ( )
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss.  
.....  
.....
- 7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes ( ) No (X)
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions. ....
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes ( ) No (X)
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes ( ) No (X)
- 8.2 If yes, give full information.  
.....  
.....
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes ( ) No (X)
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of the prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessations to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes ( ) No (X)
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes ( ) No (X)
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, Yes ( ) No (X)  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes ( ) No (X)  
(c) The entity has no external cessations and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes ( ) No (X)
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes (X) No ( ) N/A ( )
- 11.1 Has this reporting entity guaranteed policies issued by any other entity and now in force? Yes ( ) No (X)
- 11.2 If yes, give full information.  
.....  
.....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
12.11 Unpaid losses \$ .....  
12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$ .....
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds: \$ .....
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes ( ) No ( ) N/A (X)



**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- 12.41 From ..... %
- 12.42 To ..... %
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by the reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes ( ) No (X)
- 12.6 If yes, state the amount thereof at December 31 of the current year:
- 12.61 Letters of credit \$ .....
- 12.62 Collateral and other funds \$ .....
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ ..... 200,000
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes ( ) No (X)
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. .... 1
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes ( ) No (X)
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
- .....
- .....
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes ( ) No (X)
- 14.4 If the answer to 14.3 is no, are the methods described in 14.2 entirely contained in written agreements? Yes ( ) No (X)
- 14.5 If the answer to 14.4 is no, please explain:
- .....
- .....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes ( ) No (X)
- 15.2 If yes, give full information.
- .....
- .....
- 16.1 Does the reporting entity write any warranty business? Yes ( ) No (X)
- If yes, disclose the following information for each of the following types of warranty coverage:
- |                  | 1<br>Direct Losses<br>Incurred | 2<br>Direct Losses<br>Unpaid | 3<br>Direct Written<br>Premium | 4<br>Direct Premium<br>Unearned | 5<br>Direct Premium<br>Earned |
|------------------|--------------------------------|------------------------------|--------------------------------|---------------------------------|-------------------------------|
| 16.11 Home       | \$ .....                       | \$ .....                     | \$ .....                       | \$ .....                        | \$ .....                      |
| 16.12 Products   | \$ .....                       | \$ .....                     | \$ .....                       | \$ .....                        | \$ .....                      |
| 16.13 Automobile | \$ .....                       | \$ .....                     | \$ .....                       | \$ .....                        | \$ .....                      |
| 16.14 Other*     | \$ .....                       | \$ .....                     | \$ .....                       | \$ .....                        | \$ .....                      |
- \* Disclose type of coverage:
- .....
- .....
- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5? Yes ( ) No (X)
- Included but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F - Part 5.  
Provide the following information for this exemption:
- |       |   |          |
|-------|---|----------|
| 17.11 | Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 | \$ ..... |
| 17.12 | Unfunded portion of Interrogatory 17.11   | \$ ..... |
| 17.13 | Paid losses and loss adjustment expenses portion of Interrogatory 17.11                           | \$ ..... |
| 17.14 | Case reserves portion of Interrogatory 17.11  | \$ ..... |
| 17.15 | Incurred but not reported portion of Interrogatory 17.11  | \$ ..... |
| 17.16 | Unearned premium portion of Interrogatory 17.11   | \$ ..... |
| 17.17 | Contingent commission portion of Interrogatory 17.11  | \$ ..... |
- Provide the following information for all other amounts included in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.
- |       |   |          |
|-------|---|----------|
| 17.18 | Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 | \$ ..... |
| 17.19 | Unfunded portion of Interrogatory 17.18   | \$ ..... |
| 17.20 | Paid losses and loss adjustment expenses portion of Interrogatory 17.18                           | \$ ..... |
| 17.21 | Case reserves portion of Interrogatory 17.18  | \$ ..... |
| 17.22 | Incurred but not reported portion of Interrogatory 17.18  | \$ ..... |
| 17.23 | Unearned premium portion of Interrogatory 17.18   | \$ ..... |
| 17.24 | Contingent commission portion of Interrogatory 17.18  | \$ ..... |
- 18.1 Do you act as a custodian for health savings accounts? Yes ( ) No (X)
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ .....
- 18.3 Do you act as an administrator for health savings accounts? Yes ( ) No (X)
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ .....

## FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i. e. 17.6.

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>Gross Premiums Written (Page 8, Part 1B, Columns 1, 2 and 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 and 19.3, 19.4)	26,963,471	35,040,008	23,720,352	6,729,798	984,038
2. Property lines (Lines 1, 2, 9, 12, 21 and 26)	16,300,698	18,340,550	16,648,348	18,160,702	25,309,479
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 and 27)	6,654,925	7,584,940	7,730,872	8,020,660	6,886,164
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 and 34)	692,942	649,520	437,089	359,982	307,232
5. Nonproportional reinsurance lines (Lines 31, 32 and 33)					
6. Total (Line 35)	50,612,036	61,615,018	48,536,661	33,271,142	33,486,913
<b>Net Premiums Written (Page 8, Part 1B, Column 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 and 19.3, 19.4)	26,347,608	22,596,032	18,143,414	6,192,918	435,543
8. Property lines (Lines 1, 2, 9, 12, 21 and 26)	11,585,415	11,616,159	10,542,719	11,992,014	17,953,311
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 and 27)	3,803,001	5,265,919	3,670,156	4,396,138	4,532,514
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 and 34)	437,436	380,669	285,410	222,446	202,249
11. Nonproportional reinsurance lines (Line 31, 32 and 33)					
12. Total (Line 35)	42,173,460	39,858,779	32,641,699	22,803,516	23,123,617
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	2,825,400	429,117	748,420	2,992,024	3,427,362
14. Net investment gain (loss) (Line 11)	5,016,442	4,317,915	4,302,726	4,277,040	3,814,052
15. Total other income (Line 15)	19,746	33,167,150	18,926	29,667	6,496
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	(2,757,202)	16,573,610		505,000	340,840
18. Net income (Line 20)	10,618,790	21,340,572	5,070,072	6,793,731	6,907,070
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Column 3)	95,454,659	106,105,336	99,015,838	89,012,800	85,012,873
20. Premiums and considerations (Page 2, Column 3)					
20.1 In course of collection (Line 15.1)	3,612,653	3,911,280	6,145,644	8,103,655	6,430,965
20.2 Deferred and not yet due (Line 15.2)					
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	28,948,826	36,945,744	35,226,531	30,995,017	30,772,146
22. Losses (Page 3, Line 1)	2,871,054	4,314,642	4,513,918	4,643,256	4,510,304
23. Loss adjustment expenses (Page 3, Line 3)	1,389,525	1,587,524	1,581,207	1,545,065	1,535,455
24. Unearned premiums (Page 3, Line 9)	21,873,576	21,052,843	17,076,940	16,828,472	16,396,271
25. Capital paid up (Page 3, Line 30 and Line 31)	2,800,000	2,800,000	2,800,000	2,800,000	2,800,000
26. Surplus as regards policyholders (Page 3, Line 37)	66,505,833	69,159,592	63,789,307	58,017,783	54,240,727
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	1,586,316	23,134,194	12,015,003	4,296,039	5,525,634
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	66,505,833	69,159,592	63,789,307	58,017,783	54,240,727
29. Authorized control level risk-based capital	6,440,951	5,520,619	5,451,278	3,224,808	2,724,481
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Column 3) (Item divided by Page 2, Line 12, Column 3) x 100.0					
30. Bonds (Line 1)	74.6	68.1	71.5	81.5	75.4
31. Stocks (Line 2.1 and Line 2.2)	12.8	11.8	15.5	9.8	8.9
32. Mortgage loans on real estate (Line 3.1 and Line 3.2)	3.9	4.0	4.7	5.6	5.6
33. Real estate (Lines 4.1, 4.2 and 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	8.6	16.2	8.4	3.2	10.1
35. Contact loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Column 1)				400,005	
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Column 1)					
44. Affiliated common stocks (Schedule D, Summary, Line 24, Column 1)					
45. Affiliated short-term investments (Schedule DA Verification, Column 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Line 42 through Line 47				400,005	
49. Total investment in parent included in Line 42 through Line 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Column 1, Line 37 x 100.0)				0.7	

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24)	(10,154,547)	(2,284,765)	1,619,027	114,750	1,167,570
52. Dividends to stockholders (Line 35)	(1,998,180)	(14,001,868)	(2,822,400)	(2,954,000)	(3,046,530)
53. Change in surplus as regards policyholders for the year (Line 38)	(2,653,759)	5,370,285	5,771,524	3,777,056	4,103,577
<b>Gross Losses Paid (Page 9, Part 2, Columns 1 and 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 and 19.3, 19.4)	17,520,043	17,492,882	8,813,338	678,179	1,112,145
55. Property lines (Lines 1, 2, 9, 12, 21 and 26)	486,230	525,709	295,090	552,242	638,289
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 and 27)	899,112	1,240,106	831,795	1,272,754	1,387,207
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 and 34)	16,350	(1,141)	(23,856)	16,140	103,640
58. Nonproportional reinsurance lines (Lines 31, 32, and 33)					
59. Total (Line 35)	18,921,735	19,257,556	9,916,367	2,519,315	3,241,281
<b>Net Losses Paid (Page 9, Part 2, Column 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 and 19.3, 19.4)	14,016,857	11,482,132	8,813,338	678,179	437,065
61. Property lines (Lines 1, 2, 9, 12, 21 and 26)	486,228	525,709	295,090	552,242	638,289
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 and 27)	811,460	971,920	556,450	1,012,649	790,489
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 and 34)	16,350	(1,041)	(47,401)	16,140	103,640
64. Nonproportional reinsurance lines (Lines 31, 32, and 33)					
65. Total (Line 35)	15,330,895	12,978,720	9,617,477	2,259,210	1,969,483
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	33.6	35.6	29.3	10.7	8.5
68. Loss expenses incurred (Line 3)	4.0	4.8	4.7	7.4	7.5
69. Other underwriting expenses incurred (Line 4)	55.6	58.4	63.7	68.5	69.1
70. Net underwriting gain (loss) (Line 8)	6.8	1.2	2.3	13.4	14.9
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Line 4 plus Line 5 minus Line 15 divided by Page 8, Part 1B, Column 6, Line 35 x 100.0)	54.5	(30.7)	63.2	67.1	69.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Line 2 plus Line 3 divided by Page 4, Line 1 x 100.0)	37.6	40.4	33.9	18.1	16.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Column 6, Line 35 divided by Page 3, Line 37, Column 1 x 100.0)	63.4	57.6	51.2	39.3	42.6
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2 - Summary, Line 12, Column 11)	(1,829)	(1,199)	(2,076)	(1,447)	(1,290)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Column 1 x 100.0)	(2.6)	(1.9)	(3.6)	(2.7)	(2.6)
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Column 12)	(1,642)	(2,492)	(2,157)	(1,670)	(1,630)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Column 2 x 100.0)	(2.6)	(4.3)	(4.0)	(3.3)	(3.4)

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

Yes ( ) No ( )

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**

**SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X	29		12				(2)	41	X X X	
2. 2005	22,511	8,086	14,425	3,026	111	610		9	1,139		4,655	X X X	
3. 2006	23,873	8,217	15,656	2,655	218	538		67	1,642		4,550	X X X	
4. 2007	25,429	7,839	17,590	2,007	36	315		1	1,642		3,927	X X X	
5. 2008	29,416	9,997	19,419	3,477	1,091	561		121	1,690		4,516	X X X	
6. 2009	33,797	10,955	22,842	2,717	595	416		40	1,729	(1)	4,227	X X X	
7. 2010	33,593	10,515	23,078	1,925	257	331		10	1,491		3,480	X X X	
8. 2011	32,854	10,483	22,371	1,910	84	346		6	1,129		3,295	X X X	
9. 2012	43,139	10,746	32,393	10,489	245	243		14	1,236		11,709	X X X	
10. 2013	57,722	21,839	35,883	18,781	6,510	190		4	1,500		13,957	X X X	
11. 2014	60,172	18,680	41,492	17,456	3,146	105			898		15,313	X X X	
12. Totals	X X X	X X X	X X X	64,472	12,293	3,667		272	14,096		58	69,670	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	121											121	X X X
2.	55	52										3	X X X
3.													X X X
4.													X X X
5.	3		19				17	11	22			50	X X X
6.	136		19				17	11	22			183	X X X
7.	135		19				17	11	22			182	X X X
8.	215	100	50	8			21	12	42			208	X X X
9.	330	75	69	8			39	23	65			397	X X X
10.	297	(6)	152	18			81	46	135			607	X X X
11.	595	189	1,336	236			371	182	815			2,510	X X X
12.	1,887	410	1,664	270			563	296	1,123			4,261	X X X

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter - Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	X X X	X X X	X X X	X X X	X X X	X X X			X X X	121	
2.	4,830	172	4,658	21.5	2.1	32.3				3	
3.	4,835	285	4,550	20.3	3.5	29.1					
4.	3,964	37	3,927	15.6	0.5	22.3					
5.	5,789	1,223	4,566	19.7	12.2	23.5				22	28
6.	5,056	646	4,410	15.0	5.9	19.3				155	28
7.	3,940	278	3,662	11.7	2.6	15.9				154	28
8.	3,713	210	3,503	11.3	2.0	15.7				157	51
9.	12,471	365	12,106	28.9	3.4	37.4				316	81
10.	21,136	6,572	14,564	36.6	30.1	40.6				437	170
11.	21,576	3,753	17,823	35.9	20.1	43.0				1,506	1,004
12.	X X X	X X X	X X X	X X X	X X X	X X X			X X X	2,871	1,390

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

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior	785	624	530	415	349	351	314	361	361	523	162	162
2. 2005	4,951	3,329	3,351	3,281	3,219	3,253	3,177	3,147	3,189	3,159	(30)	12
3. 2006	X X X	4,155	2,957	2,978	3,054	3,123	3,102	2,975	2,919	2,908	(11)	(67)
4. 2007	X X X	X X X	4,063	2,723	2,598	2,596	2,490	2,317	2,319	2,285	(34)	(32)
5. 2008	X X X	X X X	X X X	4,548	3,165	3,108	3,044	2,873	2,758	2,854	96	(19)
6. 2009	X X X	X X X	X X X	X X X	4,386	3,105	2,985	2,976	2,697	2,659	(38)	(317)
7. 2010	X X X	X X X	X X X	X X X	X X X	3,679	2,637	2,429	2,275	2,149	(126)	(280)
8. 2011	X X X	X X X	X X X	X X X	X X X	X X X	4,132	2,766	2,805	2,692	(113)	(74)
9. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	11,833	11,058	10,805	(253)	(1,028)
10. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	14,412	12,929	(1,483)	X X X
11. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	16,110	X X X	X X X
12. Totals											(1,830)	(1,643)

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	0 0 0	155	241	319	317	317	317	323	7,364	403	X X X	X X X
2. 2005	1,896	2,412	2,767	2,880	3,015	3,064	3,141	3,145	3,149	3,156	X X X	X X X
3. 2006	X X X	1,457	2,135	2,398	2,680	2,737	2,813	2,881	2,908	2,908	X X X	X X X
4. 2007	X X X	X X X	1,228	1,690	2,026	2,169	2,396	2,282	2,285	2,285	X X X	X X X
5. 2008	X X X	X X X	X X X	1,614	2,285	2,623	2,753	2,767	2,763	2,826	X X X	X X X
6. 2009	X X X	X X X	X X X	X X X	1,713	2,195	2,358	2,465	2,495	2,498	X X X	X X X
7. 2010	X X X	X X X	X X X	X X X	X X X	1,371	1,757	1,957	1,967	1,989	X X X	X X X
8. 2011	X X X	X X X	X X X	X X X	X X X	X X X	1,545	2,082	2,304	2,526	X X X	X X X
9. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	9,044	10,455	10,473	X X X	X X X
10. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	11,619	12,457	X X X	X X X
11. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	14,415	X X X	X X X

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	271	161	115	93	64	34				
2. 2005	1,917	178	86	59	32	34	34			
3. 2006	X X X	1,904	190	92	60	34	34	34		
4. 2007	X X X	X X X	1,932	201	94	62	34	34		
5. 2008	X X X	X X X	X X X	1,961	205	95	63	34		
6. 2009	X X X	X X X	X X X	X X X	1,623	208	96	63		
7. 2010	X X X	X X X	X X X	X X X	X X X	1,641	208	97		
8. 2011	X X X	X X X	X X X	X X X	X X X	X X X	1,649	208		
9. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,662		
10. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

**Allocated By States And Territories**

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. Dist. Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	L	26,546,424	41,112,550	11,993,314	10,088,255	3,552,468		
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate other alien	OT	X X X							
59. Totals	(a) 1		26,546,424	41,112,550	11,993,314	10,088,255	3,552,468		
<b>DETAILS OF WRITE-INS</b>									
58001.		X X X							
58002.		X X X							
58003.		X X X							
58998. Summary of remaining write-ins for Line 58 from overflow page		X X X							
58999. Totals (Line 58001 through 58003+58998) (Line 58 above)		X X X							

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

**Explanation of basis of allocation of premiums by states, etc.**

(a) Insert the number of "L" responses except for Canada and Other Alien.

**NONE**

# Property and Casualty

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# Property and Casualty

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