



# ANNUAL STATEMENT

## For the Year Ended DECEMBER 31, 2016

### OF THE CONDITION AND AFFAIRS OF THE

# Anchor Property & Casualty Insurance Company

NAIC Group Code 4823 , 4823 NAIC Company Code 15617 Employer's ID Number 47-2169789  
(Current Period) (Prior Period)

Organized under the Laws of Florida , State of Domicile or Port of Entry FL

Country of Domicile United States of America

Incorporated/Organized 10/28/2014 Commenced Business 01/13/2015

Statutory Home Office 5959 Central Avenue, Suite 200 , St. Petersburg, FL, US 33710  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 5959 Central Avenue, Suite 200  
(Street and Number)

St Petersburg, FL, US 33710 (727)853-6670  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 5959 Central Ave, Suite 200 , St. Petersburg, FL, US 33710  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 5959 Central Avenue, Suite 200  
(Street and Number)

St. Petersburg, FL, US 33710 (727)853-6670  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.relyonanchor.com

Statutory Statement Contact Michael Hugh Terry (727)853-6672  
(Name) (Area Code)(Telephone Number)(Extension)

mterry@relyonanchor.com (727)914-7252  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
Joseph John Wortman	President
Kevin Francis Pawlowski	Chief Operating Officer

### OTHERS

### DIRECTORS OR TRUSTEES

Varnavas Louis Zagaris	Brendan Keilty Moeller
Pramod Datta Kerkar	Richard Alan Roberts
Daniel Shawn Bowman	

State of Florida  
 County of Pinellas ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

\_\_\_\_\_  
(Signature)  
 Joseph John Wortman  
(Printed Name)  
 1.  
 President  
(Title)

\_\_\_\_\_  
(Signature)  
 Kevin Francis Pawlowski  
(Printed Name)  
 2.  
 Chief Operating Officer  
(Title)

\_\_\_\_\_  
(Signature)  
(Printed Name)  
 3.  
(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017

- 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

\_\_\_\_\_  
 02/27/2017  
 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

# EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 4823

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Company Code: 15617

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	1,483,289	1,356,100		882,002	236,105	468,034	318,118	38,660	53,220	16,340	155,649	26,074
2.1 Allied lines	10,176,772	9,469,253		5,944,204	1,333,616	2,864,530	1,779,339	287,867	446,504	185,184	1,282,025	178,889
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril	45,802,754	36,677,384		26,759,246	7,284,196	14,297,608	8,298,993	1,482,539	2,315,522	900,806	5,508,839	805,131
5.1 Commercial multiple peril (non - liability portion)	51,006	4,493		46,513		619	619				5,752	897
5.2 Commercial multiple peril (liability portion)	886	115		771		23	23				93	15
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	57,514,707	47,507,345		33,632,736	8,853,917	17,630,814	10,397,092	1,809,066	2,815,246	1,102,330	6,952,358	1,011,006

19 Florida

**DETAILS OF WRITE-INS**

3401.												
3402.												
3403.												
3498.	Summary of remaining write-ins for Line 34 from overflow page											
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)											

(a) Finance and service charges not included in Lines 1 to 35 \$.....8

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

# EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 4823

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 15617

19 Grand Total

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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2.1 Allied lines	10,176,772	9,469,253		5,944,204	1,333,616	2,864,530	1,779,339	287,867	446,504	185,184	1,282,025	178,889
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2.5 Private flood												
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4. Homeowners multiple peril	45,802,754	36,677,384		26,759,246	7,284,196	14,297,608	8,298,993	1,482,539	2,315,522	900,806	5,508,839	805,131
5.1 Commercial multiple peril (non - liability portion)	51,006	4,493		46,513		619	619				5,752	897
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30. Warranty												
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**DETAILS OF WRITE-INS**

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(a) Finance and service charges not included in Lines 1 to 35 \$.....8

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

## SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Columns 6 + 7							
<b>Other U.S. Unaffiliated Insurers</b>														
59-3164851	10064	CITIZENS PROP INS CORP	FL	2,178					(41)	90				
0999998 Total - Other U.S. Unaffiliated Insurers - Reinsurance for which the total of Column 8 is less than \$100,000				2,178					(41)	90				
0999999 Total - Other U.S. Unaffiliated Insurers				2,178					(41)	90				
1099998 Total - Pools and Associations - Mandatory Pools - Reinsurance for which the total of Column 8 is less than \$100,000														
1099999 Total - Pools and Associations - Mandatory Pools - Pools, Associations or Other Similar Facilities														
1199998 Total - Pools and Associations - Voluntary Pools - Reinsurance for which the total of Column 8 is less than \$100,000														
1199999 Total - Pools and Associations - Voluntary Pools - Pools, Associations or Other Similar Facilities														
1299999 Total - Pools and Associations														
1399998 Total - Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
1399999 Total - Other Non-U.S. Insurers														
9999999 Totals				2,178					(41)	90				

## SCHEDULE F - PART 2

### Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>					
0299999 Total Reinsurance Assumed By Portfolio .....					

# SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
<b>Authorized - Other U.S. Unaffiliated Insurers</b>																				
22-2005057	26921	EVEREST REINS CO	DE		1,641									690		690	985	(295)		
47-0698507	23680	ODYSSEY REINS CO	CT		212									88	88	127	(39)			
13-5616275	19453	TRANSATLANTIC REINS CO	NY		674									281	281	405	(124)			
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)						19								11	11	3	8			
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers						2,546								1,070	1,070	1,520	(450)			
<b>Authorized - Pools - Mandatory Pools</b>																				
AA-9991310	00000	FLORIDA HURRICANE CATASTROPHE FUND	FL		9,354									4,032	4,032		4,032			
1099999 Total - Authorized - Pools - Mandatory Pools						9,354								4,032	4,032		4,032			
<b>Authorized - Other Non-U.S. Insurers</b>																				
AA-1127183	00000	LLOYD'S SYNDICATE NUMBER 1183	GBR		163									68	68	98	(30)			
AA-1120102	00000	LLOYD'S SYNDICATE NUMBER 1458	GBR		632									263	263	379	(116)			
AA-1120157	00000	LLOYD'S SYNDICATE NUMBER 1729	GBR		267									111	111	160	(49)			
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR		1,115									452	452	628	(176)			
AA-1120158	00000	LLOYD'S SYNDICATE NUMBER 2014	GBR		123									51	51	74	(23)			
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		442									184	184	265	(81)			
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		145									60	60	87	(27)			
AA-1120075	00000	Lloyd's Syndicate Number 4020	GBR		129									54	54	78	(24)			
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR		385									160	160	231	(71)			
1299998 Total - Authorized - Other Non-U.S. Insurers (Under \$100,000)						440								176	176	234	(58)			
1299999 Total - Authorized - Other Non-U.S. Insurers						3,841								1,579	1,579	2,234	(655)			
1399999 Total - Authorized						15,741								6,681	6,681	3,754	2,927			
<b>Unauthorized - Other Non-U.S. Insurers</b>																				
AA-3191185	00000	AlphaCat Re 2012 Ltd	BMU		1,616									673	673	970	(297)			
AA-1460019	00000	Amlin AG	CHE		431									179	179	258	(79)			
AA-3190677	00000	Horseshoe Re Ltd	BMU		8,776									8,568	8,568	5,683	2,885			
2599998 Total - Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																				
2599999 Total - Unauthorized - Other Non-U.S. Insurers						10,823								9,420	9,420	6,911	2,509			
2699999 Total - Unauthorized						10,823								9,420	9,420	6,911	2,509			
<b>Certified - Other Non-U.S. Insurers</b>																				
AA-3190770	00000	ACE TEMPEST REINS CO LTD	BMU		2,323									968	968	1,394	(426)			
AA-3194126	00000	Arch Reins Ltd	BMU		231									96	96	139	(43)			
AA-3194139	00000	Axis Specialty Ltd	BMU		598									249	249	359	(110)			
AA-3194122	00000	DaVinci Reins Ltd	BMU		368									153	153	221	(68)			
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU		934									383	383	539	(156)			
AA-3190829	00000	Markel Bermuda Ltd	BMU		512									213	213	307	(94)			
AA-3190686	00000	Partner Reins Co Ltd	BMU		592									243	243	355	(112)			
AA-3190339	00000	RENAISSANCE REINS LTD	BMU		553									230	230	332	(102)			
AA-3190870	00000	Validus Reins Ltd	BMU		2,023									843	843	1,214	(371)			
3899998 Total - Certified - Other Non-U.S. Insurers (under \$100,000)						111								41	41	52	(11)			
3899999 Total - Certified - Other Non-U.S. Insurers						8,245								3,419	3,419	4,912	(1,493)			
3999999 Total - Certified						8,245								3,419	3,419	4,912	(1,493)			
4099999 Total - Authorized, Unauthorized and Certified						34,809								19,520	19,520	15,577	3,943			

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
4199999 Total - Protected Cells																				
9999999 Totals						34,809							19,520		19,520	15,577		3,943		

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)	Horseshoe Re Ltd	32.500	9,311
2)	Factory Mutual Insurance Co	35.000	19
3)			
4)			
5)			

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	Horseshoe Re Ltd	8,568	8,776	Yes[X] No[ ]
2)	Florida Hurricane Catastrophe Fund	4,032	9,354	Yes[ ] No[X]
3)	ACE TEMPEST REINS CO LTD	968	2,323	Yes[ ] No[X]
4)	AlphaCat Re 2012 Ltd	843	2,023	Yes[ ] No[X]
5)	EVEREST REINS CO	690	1,641	Yes[ ] No[X]

## SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5 Current	Overdue				11 Total Due Cols. 5 + 10			
					6 1 - 29 Days	7 30-90 Days	8 91-120 Days	9 Over 120 Days		10 Total Overdue Columns 6 + 7 + 8 + 9		
<b>N O N E</b>												
9999999 Totals .....												



## SCHEDULE F - PART 5

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Recoverable All Items Schedule F Pt. 3, Col. 15	7 Funds Held By Company Under Reinsurance Treaties	8 Letters of Credit	9 Issuing or Confirming Bank Reference Number (a)	10 Ceded Balances Payable	11 Miscel- laneous Balances Payable	12 Trust Funds and Other Allowed Offset Items	13 Total Collateral and Offsets Allowed (Cols. 7+8+10 +11+12 But Not in Excess of Col. 6)	14 Provision for Unauth- orized Reins- urance (Col. 6 minus Col. 13)	15 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	16 20 % of Amount in Col. 15	17 20% of Amount in Dispute Included in Column 6	18 Provision for Overdue Reins- urance (Col. 16 plus Col. 17)	19 Total Provision for Reinsurance Ceded to Unauth- orized Reinsurers (Col. 14 + Col. 18 but not in Excess of Col. 6)
<b>Other Non-U.S. Insurers</b>																		
AA-3190978	00000	Alphacat Reins Ltd	BMU		673				970			673						
AA-1460019	00000	Amlin AG	CHE		179				258			179						
AA-3190677	00000	Horseshoe Re Ltd	BMU		8,568				5,683		2,900	8,568						
1299999 Total - Other Non-U.S. Insurers					9,420			X X X	6,911		2,900	9,420						
1399999 Total - Affiliates and Others					9,420			X X X	6,911		2,900	9,420						
1499999 Total - Protected Cells								X X X										
9999999 Totals					9,420			X X X	6,911		2,900	9,420						

1. Amounts in dispute totaling \$.....0 are included in Column 5.
2. Amounts in dispute totaling \$.....0 are excluded from Column 14.

(a)

Issuing or Confirming Bank Reference Number	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letter of Credit Amount

## SCHEDULE F - PART 6 - Section 1

### Provision for Reinsurance Ceded to Certified Reinsurers as of December 31 Current Year (000 OMITTED)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Certified Reinsurer Rating (1 through 6)	6 Effective Date of Certified Reinsurer Rating	7 Percent Collateral Required for Full Credit (0% - 100%)	8 Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	9 Catastrophe Recoverables Qualifying for Collateral Deferral	10 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	11 Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Collateral Provided					18 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	19 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18 / Col. 7 not to exceed 100%)	20 Amount of Credit Allowed for Net Recoverables (Col. 9 + (Col. 10 x Col. 19))	21 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 8 - Col. 20)										
											12 Multiple Beneficiary Trust	13 Funds held by Company Under Reinsurance Treaties	14 Letters of Credit	15 Issuing or Confirming Bank Reference Number (a)	16 Other Allowable Collateral					17 Total Collateral Provided (Col. 12 + 13 + 14 + 16)									
0899999 Total - Affiliates																													
<b>Other Non-U.S. Insurers</b>																													
AA-3190770	00000	ACE TEMPEST REINS CO LTD	BMU	2	01/05/2016	10.000	(426)		(426)	(43)																			
AA-3194126	00000	Arch Reins Ltd	BMU	3	12/30/2015	20.000	(42)		(42)	(8)																			
AA-3194168	00000	Aspen Bermuda Ltd	BMU	3	01/04/2016	20.000	(9)		(9)	(2)																			
AA-3194139	00000	Axis Specialty Ltd	BMU	3	01/04/2016	20.000	(110)		(110)	(22)																			
AA-3194122	00000	DaVinci Reins Ltd	BMU	4	12/31/2015	50.000	(68)		(68)	(34)																			
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU	3	10/03/2016	20.000	(155)		(155)	(31)																			
AA-1340125	00000	Hannover Rueck SE	DEU	2	03/07/2016	10.000	(2)		(2)	0																			
AA-3190829	00000	Markel Bermuda Ltd	BMU	3	12/31/2015	20.000	(94)		(94)	(19)																			
AA-3190686	00000	Partner Reins Co Ltd	BMU	3	01/03/2017	20.000	(112)		(112)	(22)																			
AA-3190339	00000	RENAISSANCE REINS LTD	BMU	3	12/31/2015	20.000	(101)		(101)	(20)																			
AA-3190870	00000	Validus Reins Ltd	BMU	3	10/03/2016	20.000	(371)		(371)	(74)																			
1299999 Total - Other Non-U.S. Insurers							(1,490)		(1,490)	(276)																			
1399999 Total - Affiliates and Others							(1,490)		(1,490)	(276)																			
1499999 Total - Protected Cells																													
9999999 Totals							(1,490)		(1,490)	(276)																			

25

(a)

Issuing or Confirming Bank Reference Number	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

26 Schedule F Part 6 - Section 2 Overdue Reins. Ceded to Certified Reinsurers . . NONE

27 Schedule F Part 7 Overdue Authorized Reinsurance . . . . . NONE

28 Schedule F Part 8 Overdue Reinsurance . . . . . NONE

## SCHEDULE F - PART 9

### Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Column 3)</b>			
1. Cash and invested assets (Line 12) .....	60,459,916		60,459,916
2. Premiums and considerations (Line 15) .....	4,602,915		4,602,915
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....			
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	7,336,458		7,336,458
6. Net amount recoverable from reinsurers .....		3,949,435	3,949,435
7. Protected cell assets (Line 27) .....			
8. TOTALS (Line 28) .....	72,399,289	3,949,435	76,348,724
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	17,384,904		17,384,904
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	520,119		520,119
11. Unearned premiums (Line 9) .....	14,199,410	19,523,609	33,723,019
12. Advance premiums (Line 10) .....	1,385,276		1,385,276
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....	15,574,174	(15,574,174)	
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	139,546		139,546
19. TOTAL Liabilities excluding protected cell business (Line 26) .....	49,203,429	3,949,435	53,152,864
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	23,195,860	X X X	23,195,860
22. TOTALS (Line 38) .....	72,399,289	3,949,435	76,348,724

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

If yes, give full explanation:

30 Schedule H Part 1 A & H Exhibit ..... NONE

31 Schedule H Parts 2, 3 & 4 - A & H Exh Cont ..... NONE

32 Schedule H Part 5 Health Claims ..... NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Anchor Property & Casualty Insurance Company  
**SCHEDULE P - PART 1A**  
**HOMEOWNERS/FARMOWNERS**

(\$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									X X X
2. 2007												
3. 2008												
4. 2009												
5. 2010												
6. 2011												
7. 2012												
8. 2013												
9. 2014												
10. 2015	26,997	6,741	20,256	7,357		3,324		3,135			13,816	1,029
11. 2016	44,580	16,828	27,752	8,090		1,224		3,292			12,606	1,895
12. Totals	X X X	X X X	X X X	15,447		4,548		6,427			26,422	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 and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior													
2. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015	1,015		1,115		440		110		180			2,860	273
11. 2016	4,980		3,976		724		199		585			10,464	615
12. Totals	5,995		5,091		1,164		309		765			13,324	888

	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. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2007											
3. 2008											
4. 2009											
5. 2010											
6. 2011											
7. 2012											
8. 2013											
9. 2014											
10. 2015	16,676		16,676	61.8		82.3				2,130	730
11. 2016	23,070		23,070	51.7		83.1				8,956	1,508
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	11,086	2,238

36 Schedule P - Part 1B - Private Passenger Auto Liability/Medical ..... NONE

37 Schedule P - Part 1C - Comm. Auto/Truck Liability/Medical ..... NONE

38 Schedule P - Part 1D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Anchor Property & Casualty Insurance Company  
**SCHEDULE P - PART 1E**  
**COMMERCIAL MULTIPLE PERIL**

(\$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 ...									... X X X ...
2. 2007 ...												
3. 2008 ...												
4. 2009 ...												
5. 2010 ...												
6. 2011 ...												
7. 2012 ...												
8. 2013 ...												
9. 2014 ...												
10. 2015 ...												
11. 2016 ...	... 5 ...	... 2 ...	... 3 ...						... 1 ...			... 1 ...
12. Totals ...	... X X X ...	... X X X ...	... X X X ...						... 1 ...			... 1 ... 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 and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior ...													
2. 2007 ...													
3. 2008 ...													
4. 2009 ...													
5. 2010 ...													
6. 2011 ...													
7. 2012 ...													
8. 2013 ...													
9. 2014 ...													
10. 2015 ...													
11. 2016 ...				... 1 ...						... 2 ...		... 3 ...	
12. Totals ...				... 1 ...						... 2 ...		... 3 ...	

	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. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 2007 ...											
3. 2008 ...											
4. 2009 ...											
5. 2010 ...											
6. 2011 ...											
7. 2012 ...											
8. 2013 ...											
9. 2014 ...											
10. 2015 ...											
11. 2016 ...	... 4 ...		... 4 ...	... 80.0 ...		... 133.3 ...				... 1 ...	... 2 ...
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...	... 1 ...	... 2 ...



40 Schedule P - Part 1F Sn 1 - Medical Professional Liability - Occurrence . . . . . NONE

41 Schedule P - Part 1F Sn 2 - Medical Professional Liability - Claims-Made . . . . . NONE

42 Schedule P - Part 1G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) . . . . . NONE

43 Schedule P - Part 1H Sn 1 - Other Liability - Occurrence . . . . . NONE

44 Schedule P - Part 1H Sn 2 - Other Liability - Claims-Made . . . . . NONE

**SCHEDULE P - PART 11**

**SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

(\$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 ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2. 2015 ...	..... 11,105	..... 2,773	..... 8,332	..... 2,189	.....	..... 708	.....	..... 1,098	.....	..... 13	..... 3,995	... X X X ...
3. 2016 ...	..... 13,249	..... 4,937	..... 8,312	..... 1,441	.....	..... 195	.....	..... 744	.....	..... 2	..... 2,380	... X X X ...
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	..... 3,630	.....	..... 903	.....	..... 1,842	.....	..... 15	..... 6,375	... 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 and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2015 ...	..... 292	.....	..... 304	.....	..... 109	.....	..... 30	.....	..... 45	.....	.....	..... 780	..... 58
3. 2016 ...	..... 1,040	.....	..... 1,924	.....	..... 104	.....	..... 96	.....	..... 117	.....	.....	..... 3,281	..... 109
4. Totals ...	..... 1,332	.....	..... 2,228	.....	..... 213	.....	..... 126	.....	..... 162	.....	.....	..... 4,061	..... 167

	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. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 2015 ...	..... 4,775	.....	..... 4,775	..... 43.0	.....	..... 57.3	.....	.....	.....	..... 596	..... 184
3. 2016 ...	..... 5,661	.....	..... 5,661	..... 42.7	.....	..... 68.1	.....	.....	.....	..... 2,964	..... 317
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	..... 3,560	..... 501

- 46 Schedule P - Part 1J - Auto Physical Damage ..... NONE
  
- 47 Schedule P - Part 1K - Fidelity/Surety ..... NONE
  
- 48 Schedule P - Part 1L - Other (Incl. Credit, Accident and Health) ..... NONE
  
- 49 Schedule P - Part 1M - International ..... NONE
  
- 50 Schedule P - Part 1N - Reins. Nonproportional Assumed Property ..... NONE
  
- 51 Schedule P - Part 1O - Reins. Nonproportional Assumed Liability ..... NONE
  
- 52 Schedule P - Part 1P - Reins. Nonproportional Assumed Financial Lines ..... NONE
  
- 53 Schedule P - Part 1R Sn 1 - Products Liability - Occurrence ..... NONE
  
- 54 Schedule P - Part 1R Sn 2 - Products Liability - Claims-Made ..... NONE
  
- 55 Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty ..... NONE
  
- 56 Schedule P - Part 1T - Warranty ..... NONE

## SCHEDULE P - PART 2A HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,350			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,193	13,361	5,011	XXX
12. TOTALS											5,011	

## SCHEDULE P - PART 2B PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

## SCHEDULE P - PART 2C COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

## SCHEDULE P - PART 2D WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

## SCHEDULE P - PART 2E COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	XXX
12. TOTALS												

**SCHEDULE P - PART 2F - SECTION 1  
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

**SCHEDULE P - PART 2F - SECTION 2  
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE**

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

**SCHEDULE P - PART 2G  
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

**SCHEDULE P - PART 2H - SECTION 1  
OTHER LIABILITY - OCCURRENCE**

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

**SCHEDULE P - PART 2H - SECTION 2  
OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX								
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

### SCHEDULE P - PART 2I

#### SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,089	3,632	543	XXX
3. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,800	XXX	XXX
4. TOTALS .....											543	

### SCHEDULE P - PART 2J

#### AUTO PHYSICAL DAMAGE

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>								
2. 2015 .....	XXX	XXX	XXX	XXX		XXX						XXX	
3. 2016 .....	XXX	XXX	XXX	XXX		XXX	XXX	XXX				XXX	XXX
4. TOTALS .....													

### SCHEDULE P - PART 2K

#### FIDELITY/SURETY

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>								
2. 2015 .....	XXX	XXX	XXX	XXX		XXX							XXX
3. 2016 .....	XXX	XXX	XXX	XXX		XXX	XXX	XXX				XXX	XXX
4. TOTALS .....													

### SCHEDULE P - PART 2L

#### OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>								
2. 2015 .....	XXX	XXX	XXX	XXX		XXX							XXX
3. 2016 .....	XXX	XXX	XXX	XXX		XXX	XXX	XXX				XXX	XXX
4. TOTALS .....													

### SCHEDULE P - PART 2M

#### INTERNATIONAL

1. Prior .....													
2. 2007 .....													
3. 2008 .....	XXX												
4. 2009 .....	XXX	XXX											
5. 2010 .....	XXX	XXX	XXX										
6. 2011 .....	XXX	XXX	XXX	XXX	<b>NONE</b>								
7. 2012 .....	XXX	XXX	XXX	XXX		XXX	XXX	XXX					
8. 2013 .....	XXX	XXX	XXX	XXX		XXX	XXX	XXX					
9. 2014 .....	XXX	XXX	XXX	XXX		XXX	XXX	XXX					
10. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. TOTALS .....													

60 Schedule P - Part 2N - Reins. Nonproportional Assumed Property . . . . . NONE

60 Schedule P - Part 2O - Reins. Nonproportional Assumed Liability . . . . . NONE

60 Schedule P - Part 2P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

61 Schedule P - Part 2R Sn 1 - Products Liability - Occurrence . . . . . NONE

61 Schedule P - Part 2R Sn 2 - Products Liability - Claims-Made . . . . . NONE

61 Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty . . . . . NONE

61 Schedule P - Part 2T - Warranty . . . . . NONE

**SCHEDULE P - PART 3A  
HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016			
1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,150				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,681	9,314	430	326
												655	625

**SCHEDULE P - PART 3B  
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3C  
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3D  
WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3E  
COMMERCIAL MULTIPLE PERIL**

1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			



**SCHEDULE P - PART 3F SECTION 1  
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016			
1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	X								
8. 2013	XXX	XXX	XXX	XXX	X								
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3F SECTION 2  
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE**

1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	X								
8. 2013	XXX	XXX	XXX	XXX	X								
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3G  
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	X						XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	X						XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3H SECTION 1  
OTHER LIABILITY - OCCURRENCE**

1. Prior	000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	X							
8. 2013	XXX	XXX	XXX	XXX	X							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P - PART 3H SECTION 2  
OTHER LIABILITY - CLAIMS MADE**

1. Prior	000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	X							
8. 2013	XXX	XXX	XXX	XXX	X							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P - PART 3I**

**SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000				XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,374	2,897		XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,636		XXX	XXX

**SCHEDULE P - PART 3J**

**AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX				000					
2. 2015	XXX	XXX	XXX	XXX				XXX					
3. 2016	XXX	XXX	XXX	XXX				XXX	XXX				

**NONE**

**SCHEDULE P - PART 3K**

**FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX				000				XXX	XXX
2. 2015	XXX	XXX	XXX	XXX				XXX				XXX	XXX
3. 2016	XXX	XXX	XXX	XXX				XXX	XXX			XXX	XXX

**NONE**

**SCHEDULE P - PART 3L**

**OTHER (INCLUDING CREDIT ACCIDENT AND HEALTH)**

1. Prior	XXX	XXX	XXX	XXX				000				XXX	XXX
2. 2015	XXX	XXX	XXX	XXX				XXX				XXX	XXX
3. 2016	XXX	XXX	XXX	XXX				XXX	XXX			XXX	XXX

**NONE**

**SCHEDULE P - PART 3M**

**INTERNATIONAL**

1. Prior	000											XXX	XXX
2. 2007												XXX	XXX
3. 2008	XXX											XXX	XXX
4. 2009	XXX	XXX										XXX	XXX
5. 2010	XXX	XXX	XXX									XXX	XXX
6. 2011	XXX	XXX	XXX	XXX								XXX	XXX
7. 2012	XXX	XXX	XXX	XXX								XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

65 Schedule P - Part 3N - Reins. Nonproportional Assumed Property ..... NONE

65 Schedule P - Part 3O - Reins. Nonproportional Assumed Liability ..... NONE

65 Schedule P - Part 3P - Reins. Nonproportional Assumed Financial Lines ..... NONE

66 Schedule P - Part 3R Sn 1 - Products Liability - Occurrence ..... NONE

66 Schedule P - Part 3R Sn 2 - Products Liability - Claims-Made ..... NONE

66 Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty ..... NONE

66 Schedule P - Part 3T - Warranty ..... NONE

**SCHEDULE P - PART 4A  
HOMEOWNERS/FAROWNERS**

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,657	1,225
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,175

**SCHEDULE P - PART 4B  
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4C  
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4D  
WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS COMPENSATION)**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4E  
COMMERCIAL MULTIPLE PERIL**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SCHEDULE P - PART 4F SECTION 1  
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4F - SECTION 2  
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4G  
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4H - SECTION 1  
OTHER LIABILITY - OCCURRENCE**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4H - SECTION 2  
OTHER LIABILITY - CLAIMS MADE**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,064	334
3. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,020

**SCHEDULE P - PART 4J**

**AUTO PHYSICAL DAMAGE**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4K**

**FIDELITY/SURETY**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4L**

**OTHER (INCLUDING CREDIT ACCIDENT AND HEALTH)**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4M**

**INTERNATIONAL**

1. Prior .....										
2. 2007 .....										
3. 2008 .....	XXX									
4. 2009 .....	XXX	XXX								
5. 2010 .....	XXX	XXX	XXX							
6. 2011 .....	XXX	XXX	XXX	XXX						
7. 2012 .....	XXX	XXX	XXX	XXX	XXX					
8. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

70 Schedule P - Part 4N - Reins. Nonproportional Assumed Property . . . . . NONE

70 Schedule P - Part 4O - Reins. Nonproportional Assumed Liability . . . . . NONE

70 Schedule P - Part 4P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

71 Schedule P - Part 4R Sn 1 - Products Liability - Occurrence . . . . . NONE

71 Schedule P - Part 4R Sn 2 - Products Liability - Claims-Made . . . . . NONE

71 Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty . . . . . NONE

71 Schedule P - Part 4T - Warranty . . . . . NONE

**SCHEDULE P - PART 5A  
HOMEOWNERS/FARMOWNERS**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	X X X									
4. 2009 .....	X X X	X X X								
5. 2010 .....	X X X	X X X	X X X							
6. 2011 .....	X X X	X X X	X X X	X X X						
7. 2012 .....	X X X	X X X	X X X	X X X	X X X					
8. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		329
11. 2016 .....	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	655

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	X X X									
4. 2009 .....	X X X	X X X								
5. 2010 .....	X X X	X X X	X X X							
6. 2011 .....	X X X	X X X	X X X	X X X						
7. 2012 .....	X X X	X X X	X X X	X X X	X X X					
8. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		391
11. 2016 .....	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	615

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	X X X									
4. 2009 .....	X X X	X X X								
5. 2010 .....	X X X	X X X	X X X							
6. 2011 .....	X X X	X X X	X X X	X X X						
7. 2012 .....	X X X	X X X	X X X	X X X	X X X					
8. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		958
11. 2016 .....	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	1,895



73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 1 . . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 2 . . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 3 . . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 1 . . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 2 . . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 3 . . . . . NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 1 NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 2 NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 3 NONE

**SCHEDULE P - PART 5E**  
**COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	X X X									
4. 2009 .....	X X X	X X X								
5. 2010 .....	X X X	X X X	X X X							
6. 2011 .....	X X X	X X X	X X X	X X X						
7. 2012 .....	X X X	X X X	X X X	X X X	X X X					
8. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015 .....	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. 2016 .....	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	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	X X X									
4. 2009 .....	X X X	X X X								
5. 2010 .....	X X X	X X X	X X X							
6. 2011 .....	X X X	X X X	X X X	X X X						
7. 2012 .....	X X X	X X X	X X X	X X X	X X X					
8. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015 .....	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. 2016 .....	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	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	X X X									
4. 2009 .....	X X X	X X X								
5. 2010 .....	X X X	X X X	X X X							
6. 2011 .....	X X X	X X X	X X X	X X X						
7. 2012 .....	X X X	X X X	X X X	X X X	X X X					
8. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015 .....	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. 2016 .....	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	

- 77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 1A . . . NONE
- 77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 2A . . . NONE
- 77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 3A . . . NONE
- 78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 1B . . NONE
- 78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 2B . . NONE
- 78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 3B . . NONE
- 79 Schedule P - Part 5H - Other Liability - Occurrence - Sn 1A . . . . . NONE
- 79 Schedule P - Part 5H - Other Liability - Occurrence - Sn 2A . . . . . NONE
- 79 Schedule P - Part 5H - Other Liability - Occurrence - Sn 3A . . . . . NONE
- 80 Schedule P - Part 5H - Other Liability - Claims-Made - Sn 1B . . . . . NONE
- 80 Schedule P - Part 5H - Other Liability - Claims-Made - Sn 2B . . . . . NONE
- 80 Schedule P - Part 5H - Other Liability - Claims-Made - Sn 3B . . . . . NONE
- 81 Schedule P - Part 5R - Products Liability - Occurrence - Sn 1A . . . . . NONE
- 81 Schedule P - Part 5R - Products Liability - Occurrence - Sn 2A . . . . . NONE
- 81 Schedule P - Part 5R - Products Liability - Occurrence - Sn 3A . . . . . NONE
- 82 Schedule P - Part 5R - Products Liability - Claims-Made - Sn 1B . . . . . NONE
- 82 Schedule P - Part 5R - Products Liability - Claims-Made - Sn 2B . . . . . NONE
- 82 Schedule P - Part 5R - Products Liability - Claims-Made - Sn 3B . . . . . NONE
- 83 Schedule P - Part 5T - Warranty - Sn 1 . . . . . NONE
- 83 Schedule P - Part 5T - Warranty - Sn 2 . . . . . NONE
- 83 Schedule P - Part 5T - Warranty - Sn 3 . . . . . NONE
- 84 Schedule P - Part 6C - Comm. Auto/Truck Liability/Medical - Sn 1 . . . . . NONE
- 84 Schedule P - Part 6C - Comm. Auto/Truck Liability/Medical - Sn 2 . . . . . NONE
- 84 Schedule P - Part 6D - Workers' Comp. (Excl. Excess Workers' Comp.) - Sn 1 . NONE
- 84 Schedule P - Part 6D - Workers' Comp. (Excl. Excess Workers' Comp.) - Sn 2 . NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Anchor Property & Casualty Insurance Company  
**SCHEDULE P - PART 6E**  
**COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior											
2. 2007											
3. 2008	X X X										
4. 2009	X X X	X X X									
5. 2010	X X X	X X X	X X X								
6. 2011	X X X	X X X	X X X	X X X							
7. 2012	X X X	X X X	X X X	X X X	X X X						
8. 2013	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2015	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. 2016	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		
12. TOTAL	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	X X X	
13. Earned Premiums (Sch. P-Part 1)										5	X X X

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior											
2. 2007											
3. 2008	X X X										
4. 2009	X X X	X X X									
5. 2010	X X X	X X X	X X X								
6. 2011	X X X	X X X	X X X	X X X							
7. 2012	X X X	X X X	X X X	X X X	X X X						
8. 2013	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2015	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. 2016	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		
12. TOTAL	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	X X X	
13. Earned Premiums (Sch. P-Part 1)										2	X X X

**SCHEDULE P - PART 6H**  
**OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior											
2. 2007											
3. 2008	X X X										
4. 2009	X X X	X X X									
5. 2010	X X X	X X X	X X X								
6. 2011	X X X	X X X	X X X	X X X							
7. 2012	X X X	X X X	X X X	X X X	X X X						
8. 2013	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2015	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. 2016	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		
12. TOTAL	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	X X X	
13. Earned Premiums (Sch. P-Part 1)											X X X

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior											
2. 2007											
3. 2008	X X X										
4. 2009	X X X	X X X									
5. 2010	X X X	X X X	X X X								
6. 2011	X X X	X X X	X X X	X X X							
7. 2012	X X X	X X X	X X X	X X X	X X X						
8. 2013	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2015	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. 2016	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		
12. TOTAL	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	X X X	
13. Earned Premiums (Sch. P-Part 1)											X X X

86	Schedule P - Part 6H - Other Liability - Claims-Made - Sn 1B	NONE
86	Schedule P - Part 6H - Other Liability - Claims-Made - Sn 2B	NONE
86	Schedule P - Part 6M - International - Sn 1	NONE
86	Schedule P - Part 6M - International - Sn 2	NONE
87	Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 1	NONE
87	Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 2	NONE
87	Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 1	NONE
87	Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 2	NONE
88	Schedule P - Part 6R - Products Liability - Occurrence - Sn 1A	NONE
88	Schedule P - Part 6R - Products Liability - Occurrence - Sn 2A	NONE
88	Schedule P - Part 6R - Products Liability - Claims-Made - Sn 1B	NONE
88	Schedule P - Part 6R - Products Liability - Claims-Made - Sn 2B	NONE
89	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 1	NONE
89	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 2	NONE
89	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 3	NONE
90	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 4	NONE
90	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 5	NONE
91	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 1	NONE
91	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 2	NONE
91	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 3	NONE
92	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 4	NONE
92	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 5	NONE
92	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 6	NONE
92	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 7	NONE

## SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies, EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Yes[ ] No[X] 0  
 \$ .....  
 Yes[ ] No[ ] N/A[X]  
 Yes[ ] No[ ] N/A[X]  
 Yes[ ] No[ ] N/A[X]

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....	.....	.....
1.602 2007 .....	.....	.....
1.603 2008 .....	.....	.....
1.604 2009 .....	.....	.....
1.605 2010 .....	.....	.....
1.606 2011 .....	.....	.....
1.607 2012 .....	.....	.....
1.608 2013 .....	.....	.....
1.609 2014 .....	.....	.....
1.610 2015 .....	.....	.....
1.611 2016 .....	.....	.....
1.612 TOTALS .....	.....	.....

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on page 10? If Yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request. Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

Yes[X] No[ ]  
 Yes[X] No[ ]  
 Yes[ ] No[X]

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity \$ ..... 0  
 5.2 Surety \$ ..... 0

6. Claim count information is reported per claim or per claimant (Indicate which).

6.1 per claim .....  
 6.2 per claimant ..... ✓

If not the same in all years, explain in Interrogatory 7.

- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?
- 7.2 An extended statement may be attached.

Yes[ ] No[X]

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

**NONE**

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4823	Anchor Insurance Holdings, Inc.	00000	47-1455170				Anchor Insurance Holdings, Inc. ....	FL	UDP	Dr. Pramod & Jyoti Kerkar .....	Ownership .....	16.9	Dr. Pramod & Jyoti Kerkar ...	N	
	Anchor Insurance Holdings, Inc.	15617	47-2169789				Anchor Property & Casualty Insurance Company .....	FL	RE	Anchor Insurance Holdings, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
4823	Anchor Insurance Holdings, Inc.	00000	47-1248233				Anchor Insurance Managers, Inc. ....	FL	NIA	Anchor Insurance Holdings, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
	Anchor Insurance Holdings, Inc.	11853	20-0505287				Anchor Specialty Insurance Company .....	TX	IA	Anchor Insurance Holdings, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
	Anchor Insurance Holdings, Inc.	00000	74-1663949				Spindletop Premium Finance, Inc. ....	TX	NIA	Anchor Insurance Holdings, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
	Anchor Insurance Holdings, Inc.	00000	47-2602858				Anchor Realty Partners, LLC .....	FL	NIA	Anchor Insurance Holdings, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
	Anchor Insurance Holdings, Inc.	00000	76-0374076				Southeast Surplus Underwriters General Agency, Inc. ....	TX	NIA	Anchor Insurance Holdings, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
	Anchor Insurance Holdings, Inc.	00000	11-3662902				Lozano Insurance Adjusters, Inc. ....	FL	NIA	Grappling Hook Investments, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
	Anchor Insurance Holdings, Inc.	00000	35-2570711				Grappling Hook Investments, Inc. ....	FL	NIA	Anchor Insurance Holdings, Inc. ....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	
	Anchor Insurance Holdings, Inc.	00000					Anchor Holdings Bermuda, Ltd .....	BMU	DS	Anchor Realty Partners, LLC .....	Ownership .....	100.0	Anchor Insurance Holdings, Inc. ....	N	

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Asterisk	Explanation
0000001	



## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
15617	47-1455170	ANCHOR INSURANCE HOLDINGS, INC.		(5,976,469)			293,872				(5,682,597)	
	47-2169789	ANCHOR PROP & CAS INS CO		3,000,000			(16,551,062)	2,528,020			(11,023,042)	8,567,601
	47-1248233	ANCHOR INSURANCE MANAGERS, INC.					16,257,190				16,257,190	
11853	47-2602858	ANCHOR REALTY PARTNERS, LLC										
	20-0505287	ANCHOR SPECIALTY INS CO		2,976,469			(4,315,881)	1,390,756			51,344	4,237,915
	76-0374076	SE SURPLUS UW GENERAL AGENCY, INC.					4,315,881				4,315,881	
	11-3662902	LOZANO INSURANCE ADJUSTERS, INC.										
	35-2570711	GRAPPLING HOOK INVESTMENTS, LLC										
		ANCHOR HOLDINGS BERMUDA, LTD.						(3,918,776)			(3,918,776)	(12,805,516)
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

**MARCH FILING**

- |  |     |
|--|-----|
| 1. Will an actuarial opinion be filed by March 1?  | Yes |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                    | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                            | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | Yes |

**APRIL FILING**

- |  |     |
|--|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 6. Will Management's Discussion and Analysis be filed by April 1?                                  | Yes |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?                      | Yes |

**MAY FILING**

- |   |                 |
|---|-----------------|
| 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1? | See Explanation |
|---|-----------------|

**JUNE FILING**

- |   |     |
|---|-----|
| 9. Will an audited financial report be filed by June 1?   | Yes |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

**AUGUST FILING**

- |   |     |
|---|-----|
| 11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

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

**MARCH FILING**

- |  |     |
|--|-----|
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No  |
| 13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?   | No  |
| 14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | No  |
| 15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?   | No  |
| 16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?   | No  |
| 17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?   | No  |
| 18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?  | No  |
| 19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No  |
| 20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?   | Yes |
| 21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?   | Yes |
| 22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?  | No  |
| 23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?   | No  |
| 24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?   | No  |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No  |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?       | No  |
| 27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?                     | No  |
| 28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?                  | No  |

**APRIL FILING**

- |  |    |
|--|----|
| 29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?  | No |
| 30. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | No |
| 31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?  | No |
| 32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                                      | No |
| 33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | No |
| 34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?                           | No |

**AUGUST FILING**

- |  |    |
|--|----|
| 35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanations:

- 8. The members of the group have no ownership in one another, no inter-company reinsurance, and no inter-company pooling and therefore a combined statement is not required.

Bar Codes:

Schedule SIS



Financial Guaranty Insurance Exhibit



Medicare Supplement Insurance Experience Exhibit



Supplement A to Schedule T



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Trusteed Surplus Statement



Premiums Attributed to Protected Cells Exhibit



Reinsurance Summary Supplemental Filing



Medicare Part D Coverage Supplement



Exceptions to the Reinsurance Attestation Supplement



Bail Bond Supplement



Director and Officer Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



Reinsurance Counterparty Reporting Exception



Credit Insurance Exhibit



LTC Supplemental Interrogatories



Accident and Health Policy Experience Exhibit



Supplemental Health Care Exhibit



Supplemental Health Care Exhibit's Expense Allocation Report



Cybersecurity and Identity Theft Insurance Coverage Supplement



Management's Report of Internal Control over Financial Reporting





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