PROPERTY AND CASUALTY

## 2015

## ANNUAL STATEMENT

For the Year Ended December 31, 2015 OF THE CONDITION AND AFFAIRS OF THE
TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION


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
Subscribed and sworn to before me
this day of
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


# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION <br> LIABILITIES, SURPLUS AND OTHER FUNDS 

|  | $\begin{gathered} 1 \\ \text { Current Year } \end{gathered}$ | $\stackrel{2}{\text { Prior Year }}$ |
| :---: | :---: | :---: |
| 1. Losses (Part 2A, Line 35, Column 8) | 288,500,782 | 385,175,359 |
| 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) | . 1,265,107 | 694,625 |
| 4. Commissions payable, contingent commissions and other similar charges |  |  |
| 5. Other expenses (excluding taxes, licenses and fees) | 8,554,710 | 9,513,379 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) |  |  |
| 7.1 Current federal and foreign income taxes (including \$ .............................. on realized capital gains (losses)) |  |  |
| 7.2 Net deferred tax liability. |  |  |
|  |  |  |
| 9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of <br> \$ $\qquad$ 31,076 and including warranty reserves of \$ $\qquad$ and accrued accident and health experience rating refunds including \$ $\qquad$ for medical loss ratio rebate per the Public Health Service Act) $\qquad$ <br>  | 1,652,068 | 2,277,181 |
| 10. Advance premium |  |  |
| 11. Dividends declared and unpaid: 11.1 Stockholders |  |  |
| 11.2 Policyholders |  |  |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | .1,860,381 | 1,198,349 |
| 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 | 444,894 | 300,051 |
| 15. Remittances and items not allocated | 555,318 | .86,588 |
| 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 |  | 7,498,591 |
| 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 | 691,411,227 | 653,111,865 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 994, 244,487 | 1,059,855,990 |
| 27. Protected cell liabilities |  |  |
| 28. Total liabilities (Lines 26 and 27) | 994,244,487 | 1,059,855,990 |
| 29. Aggregate write-ins for special surplus funds |  |  |
| 30. Common capital stock | 3,500,000 | 3,500,000 |
| 31. Preferred capital stock |  |  |
| 32. Aggregate write-ins for other-than-special surplus funds |  |  |
| 33. Surplus notes | 25,000,000 | 25,000,000 |
| 34. Gross paid in and contributed surplus | 105,215,928 | 105,215,926 |
| 35. Unassigned funds (surplus) | ( $931,138,831)$ | ( $960,222,123)$ |
| 36. Less treasury stock, at cost: |  |  |
|  |  |  |
|  |  |  |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) | $(797,422,903)$ | $(826,506,197)$ |
| 38. Totals (Page 2, Line 28, Col. 3) | 196,821,584 | 233,349,792 |
| DETAILS OF WRITE-INS |  |  |
| 2501. Deferred Premium Refund. | 767,339 | 407,359 |
| 2502. Deferred Payment Obligation, including carry charges.. | . $689,179,127$ | .651, 109,952 |
| 2503. Rescinded Premium Payable. | ..-1,464,761 | . 1,594,554 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page |  |  |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 691,411,227 | 653,111,865 |
| 2901. |  |  |
| 2902. |  |  |
| $2903 .$ |  |  |
| 2998. Summary of remaining write-ins for Line 29 from overflow page |  |  |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) |  |  |
| 3201. |  |  |
| 3202. |  |  |
| 3203. |  |  |
| 3298. Summary of remaining write-ins for Line 32 from overflow page |  |  |
| 3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above) |  |  |

## STATEMENT OF INCOME



CASH FLOW

| Cash from Operations | $\stackrel{1}{\text { Current Year }}$ | $\stackrel{2}{2}$ |
| :---: | :---: | :---: |
| 1. Premiums collected net of reinsurance | 80,514,797 | 97,320,785 |
| 2. Net investment income | 6,102,411 | 7,558,571 |
| 3. Miscellaneous income | 41,820 | 4,791,666 |
| 4. Total (Lines 1 through 3) | 86,659,029 | 109,671,022 |
| 5. Benefit and loss related payments | 109,832,059 | 146,730,695 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts. |  |  |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 6,872,969 | 8,287,421 |
| 8. Dividends paid to policyholders .-.-.-- |  |  |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ...................................tax on capital gains (losses).. |  |  |
| 10. Total (Lines 5 through 9) | 116,705,027 | 155,018,116 |
| 11. Net cash from operations (Line 4 minus Line 10) | $(30,045,999)$ | $(45,347,094)$ |
| Cash from Investments |  |  |
| 12. Proceeds from investments sold, matured or repaid: 12.1 Bonds | 82,457,033 | 90,226,323 |
| 12.2 Stocks |  | 332 |
| 12.3 Mortgage loans |  |  |
| 12.4 Real estate |  |  |
| 12.5 Other invested assets |  |  |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments |  | 455 |
| 12.7 Miscellaneous proceeds |  | 7,498,260 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 82,457,033 | 97,725,370 |
| 13. Cost of investments acquired (long-term only): 13.1 Bonds | 57,042,069 | 67,224,756 |
| 13.2 Stocks |  |  |
| 13.3 Mortgage loans |  |  |
| 13.4 Real estate |  |  |
| 13.5 Other invested assets |  |  |
| 13.6 Miscellaneous applications | 7,013,253 |  |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 64,055,322 | 67,224,756 |
| 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) | 18,401,711 | 30,500,614 |
| Cash from Financing and Miscellaneous Sources |  |  |
| 16. Cash provided (applied): <br> 16.1 Surplus notes, capital notes |  |  |
| 16.2 Capital and paid in surplus, less treasury stock |  | (2) |
| 16.3 Borrowed funds |  |  |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities |  |  |
| 16.5 Dividends to stockholders |  |  |
| 16.6 Other cash provided (applied). | $(43,739)$ | 118,269 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6). | $(43,739)$ | 118,267 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS <br> 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | $(11,688,028)$ | $(14,728,213)$ |
| 19. Cash, cash equivalents and short-term investments: |  |  |
| 19.1 Beginning of year ........................................... | 25,290,913 | 40,019,126 |
| 19.2 End of year (Line 18 plus Line 19.1) | 13,602,885 | 25,290,913 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS EARNED


UNDERWRITING AND INVESTMENT EXHIBIT
PART 1A - RECAPITULATION OF ALL PREMIUMS


## UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

| Line of Business | 1 <br> Direct Business <br> (a) | Reinsurance Assumed |  | Reinsurance Ceded |  | 6 <br> Net Premiums Written Cols. $1+2+3-4-5$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 2 From Affiliates | 3 From Non-Affiliates | 4 To Affiliates | 5 To Non-Affiliates |  |
| 1. Fire |  |  |  |  |  |  |
| 2. Allied lines |  |  |  |  |  |  |
| 3. Farmowners multiple peril |  |  |  |  |  |  |
| 4. Homeowners multiple peril |  |  |  |  |  |  |
| 5. Commercial multiple peril |  |  |  |  |  |  |
| 6. Mortgage guaranty | 82,213,997 |  |  | 1,326,875 | 1,522,906 | 79,364,216 |
| 8. Ocean marine |  |  |  |  |  |  |
| 9. Inland marine |  |  |  |  |  |  |
| 10. Financial guaranty ... |  |  |  |  |  |  |
| 11.1 Medical professional liability-occurrence. |  |  |  |  |  |  |
| 11.2 Medical professional liability-claims-made |  |  |  |  |  |  |
| 12. Earthquake |  |  |  |  |  |  |
| 13. 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 |  |  |  |  |  |  |
| 17.2 Other liability-claims-made. |  |  |  |  |  |  |
| 17.3 Excess workers' compensation |  |  |  |  |  |  |
| 18.1 Products liability-occurrence |  |  |  |  |  |  |
| 18.2 Products liability-claimsmade |  |  |  |  |  |  |
| 19.1,19.2 Private passenger auto liability |  |  |  |  |  |  |
| 19.3,19.4 Commercial auto liability |  |  |  |  |  |  |
| 21. Auto physical damage |  |  |  |  |  |  |
| 22. Aircraft (all perils) |  |  |  |  |  |  |
| 23. Fidelity |  |  |  |  |  |  |
| 24. Surety |  |  |  |  |  |  |
| 26. Burglary and theft |  |  |  |  |  |  |
| 27. Boiler and machinery ... |  |  |  |  |  |  |
| 28. Credit |  |  |  |  |  |  |
| 29. International |  |  |  |  |  |  |
| 30. Warranty |  |  |  |  |  |  |
| 31. Reinsurancenonproportional assumed property $\qquad$ | XXX |  |  |  |  |  |
| 32. Reinsurancenonproportional assumed liability | XXX |  |  |  |  |  |
| 33. Reinsurancenonproportional assumed financial lines $\qquad$ | XXX |  |  |  |  |  |
| 34. Aggregate write-ins for other lines of business |  |  |  |  |  |  |
| 35. TOTALS | 82,213,997 |  |  | 1,326,875 | 1,522,906 | 79,364,216 |
| DETAILS OF WRITE-INS <br> 3401. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 3402. |  |  |  |  |  |  |
| 3403. |  |  |  |  |  |  |
| 3498. $\begin{aligned} & \text { Sum. of remaining write- } \\ & \text { ins for Line } 34 \text { from } \\ & \text { overflow page ................... }\end{aligned}$ |  |  |  |  |  |  |
| 3499.Totals (Lines 3401 through <br> 3403 <br> plus 3498) (Line 34 above) |  |  |  |  |  |  |
| (a) Does the company's direct premiums written include premiums recorded on an installment basis? <br> If yes: 1 . The amount of such installment premiums $\$$ $\qquad$ <br> 2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis $\$$ |  |  |  |  |  |  |

UNDERWRITING AND INVESTMENT EXHIBIT


## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

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

| Line of Business |  | Reported Losses |  |  |  | Incurred But Not Reported |  |  |  | 9 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |
|  |  | Direct | $\begin{aligned} & \text { Reinsurance } \\ & \text { Assumed } \\ & \hline \end{aligned}$ | $\begin{array}{\|c\|} \hline \text { Deduct Reinsurance } \\ \text { Recoverable } \end{array}$ | Net Losses Excl. Incurred But Not Reported (Cols. 1+2-3) | Direct | $\begin{aligned} & \text { Reinsurance } \\ & \text { Assumed } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { Reinsurance } \\ \text { Ceded } \end{gathered}$ |  | Net Unpaid Loss Adjustment Expenses |
| 1. | Fire |  |  |  |  |  |  |  |  |  |
| 2. | Allied lines |  |  |  |  |  |  |  |  |  |
| 3. | Farmowners multiple peril |  |  |  |  |  |  |  |  |  |
| 4. | Homeowners multiple peril |  |  |  |  |  |  |  |  |  |
| 5. | Commercial multiple peril . |  |  |  |  |  |  |  |  |  |
| 6. | Mortgage guaranty ..... | -- - - 283,718,159 |  | -- 5, 174,606 | - - - 278,543,553 | $\ldots$. $10,123,816$ |  | - 166,587 | 288,500,782 | $\cdots \quad 1,265,107$ |
| 8. | Ocean marine |  |  |  |  |  |  |  |  |  |
| 9. | Inland marine. |  |  |  |  |  |  |  |  |  |
| 10. | Financial guaranty |  |  |  |  |  |  |  |  |  |
|  | Medical professional liability-occurrence |  |  |  |  |  |  |  |  |  |
| 11.2 | Medical professional liability-claims-made |  |  |  |  |  |  |  |  |  |
| 12. | Earthquake .... |  |  |  | $\cdots$ | $\cdots$ |  |  |  |  |
| 13. | Group accident and health |  |  |  |  |  |  |  | (a) |  |
| 14. | Credit accident and health (group and individual). |  |  |  |  |  |  |  | (a) |  |
| 15. | Other accident and health . |  |  |  |  |  |  |  | (a) |  |
| 16. 17.1 |  |  |  |  |  |  |  |  |  |  |
| 17.1 | Other liability-occurrence -_- |  |  |  |  |  |  |  |  |  |
| 17.2 | Other liability-claims-made |  |  |  |  |  |  |  |  |  |
| 17.3 | Excess workers' compensation. | $\cdots$ |  | $\cdots$ | $\cdots$ | $\square$ | $\ldots$ | .a.a.a....... | $\square \times$ | $\cdots$ |
| 18.1 | Products liability-occurrence |  |  |  |  |  |  |  |  |  |
| 18.2 Products liabiity-claims-made . |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19.3, | Commercial auto liability ....... |  |  |  |  |  |  |  |  |  |
| 21. 22. | Auto physical damage Aircraft (all peris) |  |  |  |  |  |  |  |  |  |
| 22. | Aircraft (all perils) Fidelity |  |  |  |  |  |  |  |  |  |
| 23. 24. | Fidelity <br> Surety |  |  |  |  |  |  |  |  |  |
| 26. | Burglary and theft |  |  |  |  |  |  |  |  |  |
| 27. | Boiler and machinery |  |  |  |  |  |  |  |  |  |
| 28. | Credit.................... |  |  |  |  |  |  |  |  |  |
| 29. | International ............. |  |  |  |  |  |  |  |  |  |
| 30. | Warranty. |  |  |  |  |  |  |  |  |  |
| 31. | Reinsurance-nonproportional assumed property ....... | - XXX |  |  |  | xxx |  |  |  |  |
| 32. | Reinsurance-nonproportional assumed liability | 1 xxx |  |  |  | xxx |  |  |  |  |
| 33. | Reinsurance-nonproportional assumed financial lines | $\ldots$ - $\quad$ - ${ }^{\text {PXX }}$ |  |  |  | xxx |  |  |  |  |
| 34. 35. | Aggregate write-ins for other lines of business TOTALS | 283,718,159 |  | 5,174,606 | 278,543,553 | 10, 123,816 |  | 166,587 | 288,500,782 | 1,265,107 |
| DETAILS OF WRITE-INS |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3499. Totals (Lines 3401 through $3403+3498$ ) (Line 34 above) |  |  |  |  |  |  |  |  |  |  |

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - EXPENSES


[^0]to affiliates and \$
.to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

|  |  | 1 Collected During Year |  | 2EarnedDuring Year |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | U.S. Government bonds |  | 531,136 |  | 530,332 |
| 1.1 | Bonds exempt from U.S. tax | (a) |  |  |  |
| 1.2 | Other bonds (unaffiliated) |  | 4,219,488 |  | --3,930,425 |
| 1.3 | Bonds of affiliates | (a) |  |  |  |
| 2.1 | Preferred stocks (unaffiliated) | (b) |  |  |  |
| 2.11 | Preferred stocks of affiliates | (b) |  |  |  |
| 2.2 | Common stocks (unaffiliated) |  |  |  |  |
| 2.21 | Common stocks of affiliates |  |  |  |  |
| 3. | Mortgage loans | (c) |  |  |  |
| 4. | Real estate |  |  |  |  |
| 5. | Contract loans. |  |  |  |  |
| 6. | Cash, cash equivalents and short-term investments |  | .....1,003 |  | 1,003 |
| 7. | Derivative instruments | (f). |  |  |  |
| 8. | Other invested assets |  | 644,969 |  | 643,724 |
| 9. | Aggregate write-ins for investment income |  |  |  |  |
| 10. | Total gross investment income |  | 5,396,596 |  | 5,105,484 |
| 11. | Investment expenses |  |  |  | 285,267 |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes |  |  | (g) |  |
| 13. | Interest expense |  |  | (h) |  |
| 14. | Depreciation on real estate and other invested assets |  |  |  |  |
| 15. | Aggregate write-ins for deductions from investment income |  |  |  |  |
| 16. | Total deductions (Lines 11 through 15) |  |  |  | 285,267 |
| 17. | Net investment income (Line 10 minus Line 16) |  |  |  | 4,820,217 |
| DETAILS OF WRITE-INS |  |  |  |  |  |
| 0901. |  |  |  |  |  |
| 0902. |  |  |  |  |  |
| 0903. |  |  |  |  |  |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page |  |  |  |  |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) |  |  |  |  |  |
| 1501. Carrying charge on Deferred Payment Obligation |  |  |  |  |  |
| 1502. |  |  |  |  |  |
| 1503. |  |  |  |  |  |
| 1598. Summary of remaining write-ins for Line 15 from overflow page |  |  |  |  |  |
| 1599. | Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) |  |  |  |  |


| (a) Includes \$ | 191,643 accrual of discount less \$ | 1,192,672 amortization of premium and less \$ | 196,817 paid for accrued interest on purchases. |
| :---: | :---: | :---: | :---: |
| (b) Includes \$ | .-.........accrual of discount less \$ | ..................amortization of premium and less \$ | -............... paid for accrued dividends on purchases. |
| (c) Includes \$ | accrual of discount less \$ | amortization of premium and less \$ | paid for accrued interest on purchases. |
| (d) Includes \$ | for company's occupancy of | f its own buildings; and excludes \$ ........................... | interest on encumbrances. |
| (e) Includes \$ | accrual of discount less \$ | amortization of premium and less \$ | paid for accrued interest on purchases. |
| (f) Includes \$ | -...-...............accrual of discount less \$ | amortization of premium. |  |
| (g) Includes \$ segregated | investment expenses and and Separate Accounts. | investment taxes, licenses and fe | es, excluding federal income taxes, attributable to |
| (h) Includes \$ | ...-..............interest on surplus notes and | nd \$ ......................... interest on capital notes. |  |
| (i) Includes \$ | .-...-................depreciation on real estate | and \$ .......................... depreciation on other investe | d assets. |

EXHIBIT OF CAPITAL GAINS (LOSSES)

|  | Realized Gain (Loss) On Sales or Maturity | Other <br> Realized Adjustments | Total Realized Capital Gain (Loss) (Columns $1+2$ ) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. U.S. Government bonds | -. $(8,834)$ |  | $(8,834)$ |  |  |
| 1.1 Bonds exempt from U.S. tax |  |  |  |  |  |
| 1.2 Other bonds (unaffiliated). | .840,752 |  | ..840,752 | $\ldots$--...-1,037 |  |
| 1.3 Bonds of affiliates |  |  |  |  |  |
| 2.1 Preferred stocks (unaffiliated) |  |  |  |  |  |
| 2.11 Preferred stocks of affiliates |  |  |  |  |  |
| 2.2 Common stocks (unaffiliated) |  |  |  |  |  |
| 2.21 Common stocks of affiliates |  |  |  | 604,991 |  |
| 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) | 17,109 |  | 17,109 |  |  |
| 10. Total capital gains (losses) | 849,027 |  | 849,027 | 606,028 |  |
| DETAILS OF WRITE-INS |  |  |  |  |  |
| 0901. Gain on Investment System Conversion.. | . 17,109 |  | 17,109 |  |  |
| 0902. |  |  |  |  |  |
| 0903. ... Sumary of remaing wite ins for line from |  |  |  |  |  |
| 0998. Summary of remaining write-ins for Line 9 from overflow page |  |  |  |  |  |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | 17,109 |  | 17,109 |  |  |

EXHIBIT OF NONADMITTED ASSETS

|  |  |  | Change in Total Nonadmitted Assets (Col. 2-Col. 1) |
| :---: | :---: | :---: | :---: |
| 1. Bonds (Schedule D) |  |  |  |
| 2. Stocks (Schedule D): <br> 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): <br> 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 (Lines 1 to 11) |  |  |  |
| 13. Title plants (for Title insurers only). |  |  |  |
| 14. Investment income due and accrued |  |  |  |
| 15. Premiums and considerations: <br> 15.1 Uncollected premiums and agents' balances in the course of collection. |  |  |  |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due |  |  |  |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination |  |  |  |
| 16. Reinsurance: <br> 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... | 54 | 557 | . 503 |
| 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 |  |  |  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 54 | 557 | 503 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. |  |  |  |
| 28. Total (Lines 26 and 27) | 54 | 557 | 503 |
| DETAILS OF WRITE-INS |  |  |  |
| 1101. |  |  |  |
| 1102. |  |  |  |
| 1103. |  |  |  |
| 1198. Summary of remaining write-ins for Line 11 from overflow page |  |  |  |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) |  |  |  |
| 2501. Prepaid expenses. |  |  |  |
| 2502. |  |  |  |
| 2503. |  |  |  |
| 2598. Summary of remaining write-ins for Line 25 from overflow page |  |  |  |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) |  |  |  |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## NOTES TO FINANCIAL STATEMENTS

As instructed by the Office of Special Deputy Receiver, representing the Illinois Director of Insurance, Notes to the Financial Statements are no longer required by the Company. Specific questions regarding any information usually presented in the Notes to the Financial Statements should be directed to the Annual Statement contact.

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## 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?

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?
. 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?
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.
3.2 State the as of date that 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.
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).
3.4 By what department or departments? Illinois Department of Insurance.
3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
3.6 Have all of the recommendations within the latest financial examination report been complied with?
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
control a substantial part (more than 20 percent of any major line of business measured on direct 4.11 sales of new business?
premiums) of:
4.12 renewals?

Yes [ ] No [ X ]
. 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?
4.22 renewals?
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
5.2 If yes, provide the name of the entity, 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 | $\begin{gathered} 3 \\ \text { State of Domicile } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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 [ X ] No [ ]
6.2 If yes, give full information A number of states have suspended or requested the return of the Company's Certificate of Authority as the Copmany is in Rehabilitation.
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 <br> Nationality | $\begin{gathered} 2 \\ \text { Type of Entity } \\ \hline \end{gathered}$ |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## GENERAL INTERROGATORIES

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 | 2 <br> Location <br> (City, State) | 3 | 4 | 5 | 6 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Affiliate Name |  | FRB | OCC | FDIC | SEC |
|  |  |  |  |  |  |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? No audit is required per the Office of Special Deputy Receiver
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?
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 18A of the Model Regulation, or substantially similar state law or regulation?
10.4 If the response to 10.3 is yes, provide information related to this exemption: The Company is in Rehabilitation and is no longer required to file an Audited Report or Management's Report on Internal Control.
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?
10.6 If the response to 10.5 is no or $\mathrm{n} / \mathrm{a}$, please explain The Company is in Rehabilitation and no longer has an Audit Committee.
10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuaria consulting firm) of the individual providing the statement of actuarial opinion/certification? No Statement of Acturarial Opinion will be filed due to the Company being in Rehabilitation
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
12.2 If yes, provide explanation
11. 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?
13.3 Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [
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
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).

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION 

## GENERAL INTERROGATORIES

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 the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered

| 1 <br> American Bankers Association (ABA) Routing Number | $2$ <br> Issuing or Confirming Bank Name | $3$ <br> Circumstances That Can Trigger the Letter of Credit | 4 <br> Amount |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [ ] No [ X ]
7. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
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?

## FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
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 the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers 20.22 To stockholders not officers (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?
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
\$
23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
\$

## 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 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 the Risk-Based Capital Instructions?

Yes [ ] No [ ] NA [ 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 [ ] NA [ X ]
24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below $100 \%$ ?
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?
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 reinvested 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

## GENERAL INTERROGATORIES

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).
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 |

$\$$
\$... $\qquad$
 \$.............................................
 ........................................................... ............................................. \$..........................................................


$\qquad$
\$...
25.3 For category (25.26) provide the following:

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?
26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? 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?
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?
28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | $\stackrel{2}{2}$ Custodian's Address |
| :---: | :---: |
| The Northern Trust Company. | 50 South LaSalle Street, Chicago, Illinois 60603. |

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:

| $\begin{gathered} 1 \\ \mathrm{Name}(\mathrm{~s}) \\ \hline \end{gathered}$ | $\begin{gathered} 2 \\ \text { Location(s) } \\ \hline \end{gathered}$ | $\begin{gathered} \hline 3 \\ \text { Complete Explanation(s) } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

| 1 <br> Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/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:

| Central Registration Depository Number(s) | $\begin{gathered} 2 \\ \text { Name } \end{gathered}$ | $\begin{gathered} 3 \\ \text { Address } \end{gathered}$ |
| :---: | :---: | :---: |
| 111135 | Mesirow Financial Investment Management, Inc. | 353 N. Clark Street, Chicago, Illinois 60654 |

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 [ X ]
29.2 If yes, complete the following schedule:

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

| 1Name of Mutual Fund <br> (from above table) | 2Name of Significant Holding <br> 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.

|  | Statement (Admitted) Value | 2 <br> Fair Value | $\begin{gathered} 3 \\ \text { Excess of Statement } \\ \text { over Fair Value }(-), \\ \text { or Fair Value } \\ \text { over Statement }(+) \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 30.1 Bonds | 158,091,231 | 158,778,819 | 687,588 |
| 30.2 Preferred Stocks. |  |  |  |
| 30.3 Totals | 158,091,231 | 158,778,819 | 687,588 |

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

Fair values were obtained from a securities pricing advisor
31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
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?
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:

Company relies solely on the broker and custodian for fair values.
32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?
32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## GENERAL INTERROGATORIES

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

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.

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.


## GENERAL INTERROGATORIES

 PART 2 - PROPERTY \& CASUALTY INTERROGATORIES

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION 

## GENERAL INTERROGATORIES PART 2 - PROPERTY \& CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:
The Company does not write worker's 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.
Management bases reserves on factors including policy year, origination channels, default length, and economic conditions Frequency and severity assumptions are reviewed regularly. Loss exposures on individual mortgage loans are limited by coverage percents.
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?
The Company has a limited amount of reinsurance in place and no catestropic coverage is utilitzed.
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 [ ] No [ X ]
5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss
The Company has a limited amount of reinsurance in place and no catestropic coverage is utilitzed.
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)?
7.2 If yes, indicate the number of reinsurance contracts containing such provisions
7.2 If yes, indicate the number of reinsurance contracts containing such provisions..............................................................................
7.3 yes provision(s)?

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

## Has this reporting entity reinsured any risk with any other entity loss that may occur on this risk, or portion thereof, reinsured?

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 yearend 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.
. Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than $5 \%$ of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than $5 \%$ of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50\%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent ( $25 \%$ ) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.
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?
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,
(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
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement

Yes [ ] No [ X ]

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

Yes [ ] No [ ] N/A [X]

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## GENERAL INTERROGATORIES PART 2 - PROPERTY \& CASUALTY INTERROGATORIES



* Disclose type of coverage:


## GENERAL INTERROGATORIES PART 2 - PROPERTY \& CASUALTY INTERROGATORIES

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

Incurred 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.

| Gross amount of unauthorized reinsurance in Schedule F - Part 3 |  |
| :--- | :--- |
| 17.18 | excluded from Schedule F - Part 5 $\ldots \ldots$ |

[^1]Yes [ ] No [ X ]

Yes [ ] No [ X ]

FIVE-YEAR HISTORICAL DATA

|  | $\begin{gathered} 1 \\ 2015 \end{gathered}$ | $\begin{gathered} 2 \\ 2014 \end{gathered}$ | $\begin{gathered} 3 \\ 2013 \end{gathered}$ | $\begin{gathered} 4 \\ 2012 \end{gathered}$ | $\begin{gathered} 5 \\ 2011 \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 \& 3) <br> 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 \& 19.3, 19.4) |  |  |  |  |  |
| 2. Property lines (Lines $1,2,9,12,21 \& 26$ ). |  |  |  |  |  |
| 3. Property and liability combined lines (Lines $3,4,5$, 8, 22 \& 27) |  |  |  |  |  |
| 4. All other lines (Lines $6,10,13,14,15,23,24,28$, $29,30 \& 34)$ | 82,213,997 | 98,289,114 | 112,886,917 | 134,059,397 | 165,251,331 |
| 5. Nonproportional reinsurance lines (Lines 31, 32 \& 33) |  | (322) | 138 | 164 | 225 |
| 6. Total (Line 35) | 82,213,997 | 98,288,792 | 112,887,055 | 134,059,561 | 165,251,556 |
| Net Premiums Written (Page 8, Part 1B, Col. 6) |  |  |  |  |  |
| 7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 \& 19.3, 19.4) |  |  |  |  |  |
| 8. Property lines (Lines 1, 2, 9, 12, 21 \& 26) |  |  |  |  |  |
| 9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 \& 27) |  |  |  |  |  |
| 10. All other lines <br> (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 \& 34) | 79,364,216 | 94,400,063 | 107,453,922 | 128,930,099 | 156,684,003 |
| 11. Nonproportional reinsurance lines (Lines 31, 32 \& 33) |  | (322) | 138 | 164 | 225 |
| 12. Total (Line 35) | 79,364,216 | 94,399,741 | 107,454,060 | 128,930,263 | 156,684,228 |
| Statement of Income (Page 4) |  |  |  |  |  |
| 13. Net underwriting gain (loss) (Line 8) | 22,953,287 | 6,060,142 | ( $22,986,070)$ | $(128,619,209)$ | $(212,737,770)$ |
| 14. Net investment gain (loss) (Line 11) | . $5,669,244$ | 7,100,404 | 24,181,528 | .4,164,824 | 25,691,409 |
| 15. Total other income (Line 15) ... | 41,820 | 4,791,666 | 4,791,680 | 4,768,751 | -....-66,753 |
| 16. Dividends to policyholders (Line 17) |  |  |  |  |  |
| 17. Federal and foreign income taxes incurred (Line 19) |  |  |  |  |  |
| 18. Net income (Line 20) | 28,664,352 | 17,952,212 | 5,987,138 | $(119,685,634)$ | $(186,979,608)$ |
| Balance Sheet Lines (Pages 2 and 3) |  |  |  |  |  |
| 19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) | ..196,821,584 | 233,349,792 | 279,706,503 | 749,986,304 | 839,887,395 |
| 20. Premiums and considerations (Page 2, Col. 3) 20.1 In course of collection (Line 15.1) | 2,799,755 | 4,384,572 | 5,347,410 | 8,303,915 | 10,788,415 |
| 20.2 Deferred and not yet due (Line 15.2) | 16,465,783 | ..14,496,558 | 20,130,436 | 28,558,421 | 29,849,630 |
| 20.3 Accrued retrospective premiums (Line 15.3) |  |  |  |  |  |
| 21. Total liabilities excluding protected cell business (Page 3, Line 26) | .994,244,487 | 1,059,855,990 | 1,125,422,271 | ...1,602,734,592 | 605,768,899 |
| 22. Losses (Page 3, Line 1) ................. | 288,500,782 | 385,175,359 | 500,806,385 | 677,015,521 | 478,850, 170 |
| 23. Loss adjustment expenses (Page 3, Line 3) | 1,265,107 | 694,625 | 3,137,948 | 7,372,569 | 9,636,988 |
| 24. Unearned premiums (Page 3, Line 9) | 1,652,068 | 2,277,181 | 3,594,166 | 5,794,670 | 6,801,773 |
| 25. Capital paid up (Page 3, Lines 30 \& 31) | 3,500,000 | 3,500,000 | 3,500,000 | 3,500,000 | 3,500,000 |
| 26. Surplus as regards policyholders (Page 3, Line 37) | $(797,422,903)$ | $(826,506,197)$ | $(845,715,768)$ | $(852,748,288)$ | 234,118,496 |
| Cash Flow (Page 5) |  |  |  |  |  |
| 27. Net cash from operations (Line 11). | $(30,045,999)$ | $(45,347,094)$ | $(376,901,838)$ | $(100,678,066)$ | ( $92,513,420)$ |
| Risk-Based Capital Analysis |  |  |  |  |  |
| 28. Total adjusted capital |  |  |  |  |  |
| 29. Authorized control level risk-based capital |  |  |  |  |  |
| Percentage Distribution of Cash, Cash Equivalents and Invested Assets |  |  |  |  |  |
| (Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0 |  |  |  |  |  |
| 30. Bonds (Line 1) | 87.2 | 84.2 | 80.7 | 80.5 | 90.3 |
| 31. Stocks (Lines 2.1 \& 2.2) | 5.1 | 3.9 | 3.3 | ..1.1 | .1.1 |
| 32. Mortgage loans on real estate (Lines 3.1 and 3.2) |  |  |  |  |  |
| 33. Real estate (Lines 4.1, 4.2 \& 4.3) |  |  |  |  |  |
| 34. Cash, cash equivalents and short-term investments (Line 5) | 7.7 | .. 11.9 | 16.0 | 18.4 | 8.6 |
|  |  |  |  |  |  |
| 36. Derivatives (Line 7).... |  |  |  |  |  |
| 37. Other invested assets (Line 8) |  |  |  |  |  |
| 38. Receivables for securities (Line 9) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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 |
| Investments in Parent, Subsidiaries and Affiliates |  |  |  |  |  |
| 42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) |  |  |  |  |  |
| 43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1) |  |  |  |  |  |
| 44. Affiliated common stocks <br> (Sch. D, Summary, Line 24, Col. 1) | 8,985,897 | 8,380,906 | 8,204,400 | 7,881,259 | 8,370,920 |
| 45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) |  |  |  |  |  |
| 46. Affiliated mortgage loans on real estate |  |  |  |  |  |
| 47. All other affiliated |  |  |  |  |  |
| 48. Total of above Lines 42 to 47 | 8,985,897 | 8,380,906 | 8,204,400 | 7,881,259 | 8,370,920 |
| 49. Total Investment in parent included in Lines 42 to 47 above |  |  |  |  |  |
| 50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0) | (1.1) | (1.0) | (1.0) | (0.9) | 3.6 |

Note to Iten
Model Acts REHABILITATION

FIVE-YEAR HISTORICAL DATA


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

Yes [ ] No [ ]
If no, please explain
Note to Items 28 and 29. The Company is a Mortgage Guaranty Insurer and is exempt from Risk Based Capital requirements by III inois Statutes and the NAIC Model Acts.
 ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION


Schedule F - Part 1
NONE
Schedule F - Part 2
NONE

## SCHEDULE F - PART 3

 | Unauthor ized - Pools - Mandatory Pools |
| :--- | :--- |
| Unauthor ized - Pools - Voluntary Pools |

 Cert ified - Affiliates - U.S. Intercompany Pool ing
Certified - Affili iates - U.S. Non-Pool - Capt ive

Cert ified - Affiliates - Other (Non-U.S.) - Othe
cert If ied - Other U.S. Unaff il iated
Cert $i$ ified - Pools - Mandatory Pools
Cert ified - Pools - Voluntary Pools

 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 $\$ 50,000$ :


## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE F - PART 3


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 | Total Recoverables | Ceded Premiums | Affiliated |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | tRIAD guaranty assurance corporation. | 3,842,832 | --1.- 1,326,900 | Yes | [ X ] | No |  |
|  | AAMBG REINS INC. | .985,045 | 196,103 | Yes |  | No | $x$ |
| 3. | CHEROKEE INS CO | 215,474 | 152,959 | Yes |  | No | $x$ |
| 4. | Nat IONAL CITY MORTGAGE INS CO INC. | 172,514 |  | Yes |  | No | $x$ |
|  | TXL REINS LTD. | 148,816 | 20,178 | Yes |  | No |  |

## SCHEDULE F - PART 4

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


## SCHEDULE F - PART 5



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION，IN REHABILITATION

| （a） |  | $\begin{gathered} \text { Letters of } \\ \text { Credit } \\ \text { Code } \\ \hline \end{gathered}$ | American Bankers Association（ABA） Routing Number | Issuing or Confirming Bank Name | Letters of Credit |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Schedule F - Part 6 - Section 1

NONE
Schedule F - Part 6 - Section 2
NONE
Schedule F - Part 7
NONE
Schedule F - Part 8
NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

SCHEDULE F - PART 9

|  | $\begin{gathered} 1 \\ \text { As Reported } \\ \text { (Net of Ceded) } \\ \hline \end{gathered}$ | 2Restatement <br> Adjustments | 3 Restated (Gross of Ceded) |
| :---: | :---: | :---: | :---: |
| ASSETS (Page 2, Col. 3) |  |  |  |
| 1. Cash and invested assets (Line 12) | . $176,084,831$ |  | 176,084,831 |
| 2. Premiums and considerations (Line 15) | ....19,265,538 |  | .19,265,538 |
| 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).. | 304,217 | $(304,217)$ |  |
| 4 Funds held by or deposited with reinsured companies (Line 16.2).. |  |  |  |
| 5. Other assets | .....1,166,998 |  | .1,166,998 |
| 6. Net amount recoverable from reinsurers |  | 3,816,104 | 3,816,104 |
| 7. Protected cell assets (Line 27) |  |  |  |
| 8. Totals (Line 28) | . 196,821,584 | -....3,511,887 | 200,333,471 |
| IABILITIES (Page 3) |  |  |  |
| 9. Losses and loss adjustment expenses (Lines 1 through 3). | 289,765,889 | . $5,341,193$ | 295, 107,082 |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8) | ....8,554,710 |  | . 8,554,710 |
| 11. Unearned premiums (Line 9) | -..1,652,068 | -.-. 31.076 | -....1,683, 144 |
| 12. Advance premiums (Line 10). |  |  |  |
| 13. Dividends declared and unpaid (Line 11.1 and 11.2) |  |  |  |
| 14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) | ....1,860,381 | .... $(1,860,382)$ | .(1) |
| 15. Funds held by company under reinsurance treaties (Line 13) |  |  |  |
| 16. Amounts withheld or retained by company for account of others (Line 14) | 444,894 |  | 444,894 |
| 17. Provision for reinsurance (Line 16). |  |  |  |
| 18. Other liabilities | 691,966,545 |  | 691,966,545 |
| 19. Total liabilities excluding protected cell business (Line 26). | 994,244,487 | 3,511,887 | 997,756,374 |
| 20. Protected cell liabilities (Line 27) |  |  |  |
| 21. Surplus as regards policyholders (Line 37) | (797,422,903) | xxx | (797,422,903) |
| 22. Totals (Line 38) | 196,821,584 | 3,511,887 | 200,333,471 |

[^2]
## Schedule H - Part 1

NONE
Schedule H - Part 2
NONE

Schedule H - Part 3
NONE
Schedule H - Part 4
NONE
Schedule H - Part 5 - Health Claims
NONE

## SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned |  |  | Loss and Loss Expense Payments |  |  |  |  |  |  |  | 12 Number of <br> Claims Reported Direct and Assumed |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | Loss Payments |  | Defense and Cost Containment Payments |  | Adjusting and Other Payments |  | 10 | 11 |  |
|  | Direct and Assumed | Ceded | $\begin{gathered} \text { Net } \\ \text { (Cols. 1-2) } \end{gathered}$ | Direct and Assumed | Ceded | Direct and Assumed | 7 Ceded | Direct and Assumed | 9 Ceded | $\qquad$ | $\begin{gathered} \text { Total Net } \\ \text { Paid (Cols. } \\ 4-5+6- \\ 7+8-9) \\ \hline \end{gathered}$ |  |
| 1. Prior | XxX | XXX | xxX | 332 | (1) |  |  |  |  | . 5 | 333 | xxx |
| 2. 2006 | 257,007 | 48,725 | 208,282 | 95,443 | . 978 |  |  | 3,217 |  | 79 | -97,683 | xxx |
| 3. 2007 | 334,407 | 60,763 | 273,644 | . 311,438 | 99,444 |  |  | 7,936 |  | 452 | 219,929 | xxx |
| 4. 2008 | 318,239 | 79,815 | 238,425 | 805,106 | $(26,915)$ |  |  | 17,242 |  | 1,710 | .849,264 | xxx |
| 5. 2009 | 220,722 | 31,516 | 189, 206 | 780,135 | 225,776 |  |  | 17,066 |  | 2,410 | 571,424 | xxx |
| 6. 2010 | 219,113 | 18,776 | 200,337 | 453,157 | 26,257 |  |  | 7,610 |  | 2,017 | 434,510 | xxx |
| 7. 2011 | 167,438 | 8,576 | 158,862 | 277,176 | 14,326 |  |  | 3,483 |  | 2,263 | 266,333 | xxx |
| 8. 2012 | 135,076 | .5,139 | 129,938 | .173,851 | 8,-794 |  |  | 1,585 |  | 489 | .166,642 | XXX |
| 9. 2013 | 115,117 | 5,450 | 109,666 | 84,710 | -3,643 |  |  | 205 |  | 77 | 81,273 | xxx |
| 10. 2014 | 99,614 | 3,897 | 95,717 | 31,505 | 1,403 |  |  |  |  | 29 | 30,103 | xxx |
| 11. 2015 | 82,843 | 2,853 | 79,989 | 3,079 | 58 |  |  |  |  | 212 | 3,021 | xxx |
| 12. Totals | xxx | xxx | xxx | 3,015,932 | 353,762 |  |  | 58,344 |  | 9,743 | 2,720,514 | xxx |


|  | Losses Unpaid |  |  |  | Defense and Cost Containment Unpaid |  |  |  | Adjusting and Other Unpaid |  |  | 24 <br>  <br> Total <br> Net <br> Losses <br> and <br> Expenses <br> Unpaid | 25 <br> Number of <br> Claims <br> Outstand- <br> ing Direct <br> and <br> Assumed$\|$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Case Basis |  | Bulk + IBNR |  | Case Basis |  | Bulk + IBNR |  | 21 | 22 |  |  |  |
|  | 13 <br> Direct and <br> Assumed | 14 Ceded | 15 <br> Direct and <br> Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 <br>  <br> Direct and <br> Assumed | 20 <br> Ceded | Direct and Assumed | Ceded |  |  |  |
| 1. | 546 | 2 |  |  |  |  | 3 |  |  |  |  | 547 | xxx |
| 2. | . 601 | - 2 |  |  |  |  | 2 |  |  |  |  | 601 | XXX |
| 3. | 4,909 | $\ldots 31$ |  |  |  |  | 14 |  |  |  |  | 4,891 | xxx |
| 4. | 20,947 | .. 189 |  |  |  |  | 60 |  |  |  |  | 20,818 | xxx |
| 5. | 33,884 | $\ldots$ |  |  |  |  | 123 |  |  |  |  | 33,435 | XXX |
| 6. | .27,604 | . 545 |  |  |  |  | 122 |  |  |  |  | 27,181 | xxx |
| 7. | 28,003 | . 398 |  |  |  |  | 171 |  |  |  |  | 27,776 | xxx |
| 8. | .28,837 | . 502 |  |  |  |  | 165 |  |  |  |  | 28,500 | xxx |
| 9. | 32,937 | 608 |  |  |  |  | 185 |  |  |  |  | 32,514 | xxx |
| 10. | . 52,132 | 1,144 | 1,012 | ... 17 |  |  | 296 |  |  |  |  | 52,279 | xxx |
| 11. | 53,318 | 1,182 | 9,111 | 150 |  |  | 126 |  |  |  |  | 61,222 | xxx |
| 12. | 283,718 | 5,175 | 10,124 | 167 |  |  | 1,265 |  |  |  |  | 289,766 | xxx |


|  | TotalLosses and Loss Expenses Incurred |  |  | Loss and Loss Expense Percentage (Incurred/Premiums Earned) |  |  | Nontabular Discount |  | 34Inter-CompanyPoolingParticipationPercentage | Net Balance Sheet Reserves After Discount |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Direct and Assumed | 27 Ceded | 28 Net | Direct and Assumed | 30 Ceded | 31 Net | Loss |  |  |  |  |
| 1. | XXX | xxx | XxX | XxX | XxX | xxx |  |  | xxX | 545 | 3 |
| 2. | ..99,263 | ... 979 | .98,284 | . 38.6 | 2.0 | 47.2 |  |  |  | 599 | 2 |
| 3. | 324,296 | 99,475 | 224,821 | 97.0 | . 163.7 | 82.2 |  |  |  | 4,877 | 14 |
| 4. | 843,355 | $(26,727)$ | . 870,082 | 265.0 | ...(33.5) | 364.9 |  |  |  | 20,758 | 60 |
| 5. | 831,207 | 226,348 | 604,859 | 376.6 | 718.2 | 319.7 |  |  |  | 33,312 | 123 |
| 6. | 488,493 | 26,802 | 461,691 | 222.9 | . 142.7 | 230.5 |  |  |  | 27,060 | . 122 |
| 7. | 308,833 | 14,724 | 294,109 | 184.4 | 171.7 | 185.1 |  |  |  | 27,605 | 171 |
| 8. | 204,438 | 9,296 | 195,142 | . 151.4 | . 180.9 | 150.2 |  |  |  | 28,335 | 165 |
| 9. | 118,038 | 4,251 | 113,787 | 102.5 | 78.0 | 103.8 |  |  |  | 32,329 | 185 |
| 10. | . 84,946 | 2,564 | .82,382 | 85.3 | 65.8 | 86.1 |  |  |  | 51,983 | 296 |
| 11. | 65,633 | 1,390 | 64,243 | 79.2 | 48.7 | 80.3 |  |  |  | 61,097 | 126 |
| 12. | XXX | XXX | xxx | xxx | xxx | xxx |  |  | xxx | 288,501 | 1,265 |

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

|  | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END$(\$ 000$ OMITTED) |  |  |  |  |  |  |  |  |  | DEVELOPMENT |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Years in Which Losses Were Incurred | 1 2006 | 2 2007 | 3 2008 | 4 2009 | 5 2010 | 6 2011 | 7 2012 | 8 2013 | 9 2014 | 10 2015 | 11 One Year | 12 Two Year |
| 1. Prior | 21,876 | . 26,223 | 28,228 | ...24,911 | 26,474 | 28,432 | 29,207 | 29,952 | 30,019 | 30,185 | 166 | 234 |
| 2. 2006 | 67,844 | . 102,519 | 94,910 | ..81,523 | 83,091 | 92,219 | 92,887 | 94,855 | 95,022 | 95,067 | 44 | 211 |
| 3. 2007 | XXX | 320,301 | 244,172 | . 169,188 | 182,703 | 205,652 | 209,551 | 215,153 | 216,694 | 216,885 | 191 | 1,732 |
| 4. 2008 | XXX | XXX | 735,809 | 695,387 | 765,620 | 754,812 | 783,866 | 842,981 | 851,369 | 852,840 | 1,471 | 9,859 |
| 5. 2009 | XXX | XXX | XXX | 466,941 | 411,541 | 501,224 | 582,722 | 578,936 | 584,747 | 587,794 | 3,047 | 8,858 |
| 6. 2010 | XXX | XXX | XXX | XXX | 314,000 | 364,021 | 465,129 | 451,858 | 454,503 | 454,081 | ...(422) | 2,223 |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX | 211,212 | 303,381 | 287,840 | 290,642 | 290,625 | .-..... (17) | 2,785 |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | 262,846 | ...198,913 | -..197,376 | .... 193,557 | ... $(3,819)$ | ... $(5,356)$ |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 148,078 | ...121,263 | ..113,581 | ... $(7,682)$ | $(34,496)$ |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 89,613 | 82,382 | . $(7,231)$ | XXX |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 64,243 | XXX | XXX |

12. Totals
$(14,251) \quad(13,951)$
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 <br> Number of <br> Claims <br> Closed With <br> Loss <br> Payment | 12 <br> Number of <br> Claims <br> Closed <br> Without <br> Loss <br> Payment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2006 | 2 2007 | 2008 | 4 2009 | 5 2010 | 6 2011 | 2012 | 8 2013 | 9 2014 | 10 2015 |  |  |
| 1. Prior | 000 | .19,372 | 23,068 | 23,951 | 25,318 | 26,267 | 27,076 | 29,152 | 29,305 | 29,638 | xxx | xxx |
| 2. 2006 | 7,251 | 66,758 | 84,776 | 86,760 | 88,550 | 89,701 | 90,411 | 93,364 | 94,082 | 94,466 | xxx | xxx |
| 3. 2007 | XXX | 20,764 | 76,030 | .163,457 | . 183,416 | 195,208 | 199,824 | 207,543 | 209,777 | 211,994 | xxx | xxx |
| 4. 2008 | xxx | xxx | 62,331 | .509,497 | .678,684 | 744,283 | 779,769 | 805,680 | 820,889 | 832,021 | XxX | xxx |
| 5. 2009 | xxx | xxX | XXX | 66,367 | . 183,588 | 367,048 | 450,886 | 504,694 | .533,921 | 554,358 | XxX | xxx |
| 6. 2010 | xxx | xxx | Xxx | xxX | 58,086 | 223,948 | 328,781 | 380,099 | 408,544 | 426,900 | XxX | xxx |
| 7. 2011 | xxx | xxx | xxx | xxx | xxX | 32,267 | .144,327 | 211,619 | .244,284 | 262,850 | XxX | xxx |
| 8. 2012 | xxx | xxx | xxx | xxx | xxX | xxX | 31,499 | 102,078 | 143,470 | 165,057 | xxX | xxX |
| 9. 2013 | xxx | xxx | xxx | xxx | xxx | xxX | xxX | 13,531 | .55,451 | 81,068 | XXX | xxX |
| 10. 2014 | xxx | xxx | xxx | xxx | xxx | xxx | xxX | XXX | 5,657 | 30,103 | XXX | xxx |
| 11. 2015 | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | 3,021 | xxx | xxx |

SCHEDULE P - PART 4 - SUMMARY

| $\begin{gathered} \text { Years in Which } \\ \text { Losses Were } \\ \text { Incurred } \\ \hline \end{gathered}$ | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \hline 1 \\ 2006 \\ \hline \end{gathered}$ | $\begin{gathered} 2 \\ 2007 \\ \hline \end{gathered}$ | $\begin{gathered} 3 \\ 2008 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 4 \\ 2009 \\ \hline \end{gathered}$ | $\begin{gathered} 5 \\ 2010 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 6 \\ 2011 \\ \hline \end{gathered}$ | $\begin{array}{r} \hline 7 \\ 2012 \\ \hline \end{array}$ | $\begin{gathered} 8 \\ 2013 \\ \hline \end{gathered}$ | $\begin{gathered} 9 \\ 2014 \\ \hline \end{gathered}$ | $\begin{array}{r} 10 \\ 2015 \\ \hline \end{array}$ |
| 1. Prior | 634 |  |  |  |  |  |  |  | 1 | 3 |
| 2. 2006 | 5,705 | 4,835 |  |  |  |  |  |  | 2 | 2 |
| 3. 2007 | xxx | 43,514 | 4,815 |  |  |  |  |  | 14 | 14 |
| 4. 2008 | xxx | xxx | 43,331 | 212 |  |  |  |  | 46 | 60 |
| 5. 2009 | xxx | xxx | xxx | 1,910 | 1,216 |  |  |  | 83 | 123 |
| 6. 2010 | xxx | xxx | xxx | xxx | 10,942 | 2,134 |  |  | 89 | 122 |
| 7. 2011 | xxx | xxx | xxx | xxx | xxx | 19,210 | 2,263 |  | 104 | 171 |
| 8. 2012 | xxx | xxx | xxx | xxx | xxx | xxx | 20,369 | 1,872 | 129 | 165 |
| 9. 2013 | xxx | xxx | xxx | xxx | xxx | xxx | xxx | 16,847 | 1,319 | 185 |
| 10. 2014 | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | 10,538 | 1,292 |
| 11. 2015 | XxX | xxx | xxx | xxx | xxx | xxx | xxx | xXX | XXX | 9.087 |

Schedule P - Part 1A - Home/Farm
NONE

Schedule P - Part 1B - Private Passenger
NONE
Schedule P - Part 1C - Comm Auto/Truck
NONE
Schedule P - Part 1D - Workers' Comp
NONE
Schedule P - Part 1E - Comm Multi Peril
NONE
Schedule P - Part 1F - Med Pro Liab Occ
NONE
Schedule P - Part 1F - Med Pro Liab Clm
NONE
Schedule P - Part 1G - Special Liability
NONE
Schedule P - Part 1H - Other Liab Occur
NONE
Schedule P - Part 1H - Other Liab Claims
NONE
Schedule P - Part 1I-Special Property
NONE

## Schedule P - Part 1J - Auto Physical

NONE
Schedule P - Part 1K - Fidelity/Surety
NONE
Schedule P - Part 1L - Other
NONE
Schedule P - Part 1M - International
NONE
Schedule P - Part 1N - Reinsurance NONE

Schedule P - Part 10-Reinsurance
NONE

## SCHEDULE P - PART 1P - REINSURANCE - NONPROPORTIONAL ASSUMED FINANCIAL LINES <br> (\$000 OMITTED)

| Years in <br> Which <br> Premiums <br> Were <br> Earned <br> and Losses <br> Were <br> Incurred | Premiums Earned |  |  | Loss and Loss Expense Payments |  |  |  |  |  |  |  | 12 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | Loss Payments |  | Defense and Cost Containment Payments |  | Adjusting and Other Payments |  | 10 | 11 |  |
|  |  |  |  | 4 | 5 |  |  |  |  |  |  | Number of Claims Reported Direct and Assumed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Salvage | Total |  |
|  | $\begin{gathered} \text { Direct } \\ \text { and } \\ \text { Assumed } \end{gathered}$ | Ceded | $\begin{gathered} \text { Net } \\ \text { (Cols. 1-2) } \end{gathered}$ |  | Ceded | $\begin{gathered} \text { Direct } \\ \text { and } \\ \text { Assumed } \end{gathered}$ | Ceded | $\begin{aligned} & \text { Direct } \\ & \text { And } \\ & \text { Assumed } \end{aligned}$ | Ceded | Subrogation Received | $\begin{array}{\|c\|} \hline \text { Net Paid } \\ \text { (Cols. 4-5 } \\ 6-7+8-9) \\ \hline \end{array}$ |  |
| 1. Prior | XXX | XXX | XXX |  |  |  |  |  |  |  |  | XxX |
| 2. 2006 | $\ldots$ |  | . 1 |  |  |  |  |  |  |  |  | XXX |
| 3. 2007. | .. 1 |  | . 1 |  |  |  |  |  |  |  |  | xxx |
| 4. 2008 | $\cdots$ |  | $\cdots$ |  |  |  |  |  |  |  |  | xxx |
| 5. 2009 | - - - |  | $\cdots$ |  |  |  |  |  |  |  |  | xxx |
| 6. 2010 . | $\ldots$ |  | $\cdots$ |  |  |  |  |  |  |  |  | xxx |
| 7. 2011. |  |  |  |  |  |  |  |  |  |  |  | xxx |
| 8. 2012 |  |  |  |  |  |  |  |  |  |  |  | XXX |
| 9. 2013 |  |  |  |  |  |  |  |  |  |  |  | xxx |
| 10. 2014 |  |  |  |  |  |  |  |  |  |  |  | XXX |
| 11. 2015 |  |  |  |  |  |  |  |  |  |  |  | xxx |
| 12. Totals | xxx | xxx | xxx |  |  |  |  |  |  |  |  | xxx |



|  | TotalLosses and Loss Expenses Incurred |  |  | Loss and Loss Expense Percentage (Incurred/Premiums Earned) |  |  | Nontabular Discount |  | 34 <br> Inter- <br> Company <br> Pooling <br> Participation <br> Percentage | Net Balance Sheet Reserves After Discount |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $26$ <br> Direct and Assumed | $27$ <br> Ceded | 28 <br> Net | 29 <br> Direct and Assumed | $30$ <br> Ceded | 31 <br> Net | $\begin{gathered} \hline 32 \\ \text { Loss } \\ \hline \end{gathered}$ | 33 Loss Expense |  | 35 <br> Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |
| 12. | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX |  |  |

## Schedule P - Part 1R - Prod Liab Occur NONE

Schedule P - Part 1R - Prod Liab Claims
NONE

## SCHEDULE P-PART 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 OMITTED)

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multirow[t]{3}{*}{\begin{tabular}{|c|}
\hline Years in \\
Which \\
Premiums \\
Were \\
Earned \\
and Losses \\
Were \\
Incurred \\
\hline
\end{tabular}} \& \multicolumn{3}{|c|}{Premiums Earned} \& \multicolumn{8}{|c|}{Loss and Loss Expense Payments} \& \multirow[t]{2}{*}{12} \\
\hline \& \multirow[t]{2}{*}{1} \& \multirow[t]{2}{*}{2} \& 3 \& \multicolumn{2}{|l|}{Loss Payments} \& \multicolumn{2}{|l|}{Defense and Cost Containment Payments} \& \multicolumn{2}{|l|}{Adjusting and Other Payments} \& 10 \& \& \\
\hline \& \& \& \begin{tabular}{l}
Net \\
(Cols. 1-2)
\end{tabular} \& Direct and Assumed \& 5

Ceded \& | $6$ |
| :--- |
| Direct and Assumed | \& 7

Ceded \& | 8 |
| :--- |
| Direct and Assumed | \& 9

Ceded \& Salvage and Subrogation Received \& Total Net Paid (Cols. 4-5

$$
\begin{array}{r}
+6-7 \\
+8-9) \\
\hline
\end{array}
$$ \& Number of Claims Reported Direct and Assumed <br>

\hline 1. Prior \& XXX \& XXX \& XXX \& ..119,979 \& ..... 1,349 \& \& \& \& \& .1,415 \& 118,630 \& XXX <br>
\hline 2. 2014 \& -99,614 \& 3,-897 \& -. 95,717 \& $\ldots 31,505$ \& .. 1,403 \& \& \& \& \& 29 \& 30,103 \& XXX <br>
\hline 3. 2015 \& 82,843 \& 2,853 \& 79,989 \& 3,079 \& 58 \& \& \& \& \& 212 \& 3,021 \& XXX <br>
\hline 4. Totals \& XXX \& XXX \& XXX \& 154,563 \& 2,810 \& \& \& \& \& 1,656 \& 151,753 \& XXX <br>
\hline
\end{tabular}

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \& \multicolumn{4}{|c|}{Losses Unpaid} \& \multicolumn{4}{|c|}{Defense and Cost Containment Unpaid} \& \multicolumn{2}{|l|}{Adjusting and Other Unpaid} \& \multirow[t]{2}{*}{23} \& \multirow[t]{2}{*}{24} \& \multirow[t]{2}{*}{25} \\
\hline \& \multicolumn{2}{|c|}{Case Basis} \& \multicolumn{2}{|c|}{Bulk + IBNR} \& \multicolumn{2}{|c|}{Case Basis} \& \multicolumn{2}{|c|}{Bulk + IBNR} \& 21 \& 22 \& \& \& \\
\hline \& \begin{tabular}{l}
\[
13
\] \\
Direct and Assumed
\end{tabular} \&  \& \begin{tabular}{l}
\[
15
\] \\
Direct and Assumed
\end{tabular} \& 16

Ceded \& | $17$ |
| :--- |
| Direct and Assumed | \& 18

Ceded \& | $19$ |
| :--- |
| Direct and Assumed | \& 20

Ceded \& Direct and Assumed \& Ceded \& Salvage and Subrogation Anticipated \& Total Net Losses and Expenses Unpaid \& Number of Claims Outstanding Direct and Assumed <br>
\hline 1. \& .178,269 \& 2,848 \& \& \& \& \& 843 \& \& \& \& \& . 176,264 \& 900 <br>
\hline 2. \& 52,132 \& ...1,144 \& .....-1,012 \& . 17 \& \& \& 296 \& \& \& \& \& 52,279 \& 316 <br>
\hline 3. \& 53,318 \& 1,182 \& 9,111 \& 150 \& \& \& 126 \& \& \& \& \& 61,222 \& 134 <br>
\hline 4. \& 283,718 \& 5,175 \& 10,124 \& 167 \& \& \& 1,265 \& \& \& \& \& 289,766 \& 1,350 <br>
\hline
\end{tabular}

|  | TotalLosses and Loss Expenses Incurred |  |  | Loss and Loss Expense Percentage (Incurred/Premiums Earned) |  |  | Nontabular Discount |  | 34 <br> Inter- <br> Company <br> Pooling <br> Participation <br> Percentage | Net Balance Sheet Reserves After Discount |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $26$ <br> Direct and Assumed | 27 Ceded | 28 Net | 29 <br> Direct and Assumed | $30$ <br> Ceded | 31 Net | 32 Loss | 33 Loss Expense |  | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX | 175,421 | 843 |
| 2. | 84,946 | 2,564 | 82,382 | 85.3 | 65.8 | 86.1 |  |  |  | 51,983 | 296 |
| 3. | 65,633 | 1,390 | 64,243 | 79.2 | 48.7 | 80.3 |  |  |  | 61,097 | 126 |
| 4. | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX | 288,501 | 1,265 |

Schedule P - Part 1T - Warranty
NONE
Schedule P - Part 2A
NONE
Schedule P - Part 2B
NONE
Schedule P - Part 2C
NONE
Schedule P - Part 2D
NONE
Schedule P - Part 2E
NONE

Schedule P - Part 2F - Section 1
NONE
Schedule P - Part 2F - Med Pro Liab Clm
NONE
Schedule P - Part 2G
NONE
Schedule P - Part 2H - Other Liab Occur
NONE
Schedule P - Part 2H - Other Liab Claim
NONE

Schedule P - Part 21
NONE
Schedule P - Part 2J
NONE
Schedule P - Part 2K
NONE
Schedule P - Part 2L
NONE
Schedule P - Part 2M
NONE

SCHEDULE P - PART 2N - REINSURANCE
Nonproportional Assumed Property


SCHEDULE P - PART 20 - REINSURANCE Nonproportional Assumed Liability

| 1. Prior |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | xxx |  |  |  |  |  |  |  |  |  |  |
| 4. 2008 | xxx | xxx |  |  |  |  |  |  |  |  |  |
| 5. 2009 | xxx | xxx | xxx |  |  |  |  |  |  |  |  |
| 6. 2010 | xxx | xxx | xxx | $x \mathrm{xx}$ |  |  |  |  |  |  |  |
| 7. 2011 | xxx | $x \mathrm{xx}$ | xxx | xxx |  |  |  |  |  |  |  |
| 8. 2012 | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |  |  |
| 9. 2013 | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |  |
| 10. 2014 | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |  | xxx |
| 11. 2015 | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
|  |  |  |  |  |  |  |  |  |  |  |  |

SCHEDULE P - PART 2P - REINSURANCE Nonproportional Assumed Financial Lines

| 1. Prior | 3 |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2006 | 13 | -.... 3 |  |  |  |  |  |  |  |  |  |
| 3. 2007 | XXX | . 13 | 3 |  |  |  |  |  |  |  |  |
| 4. 2008 | XXX | XXX | 14 | . 1 |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX | 9 | ... 1 |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX | XXX | 9 | 1 |  |  |  |  |  |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX | 9 |  |  |  |  |  |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
|  |  |  |  |  |  |  |  |  |  |  |  |

SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE


SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

| 1. Prior |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 , | XXX |  |  |  |  |  |  |  |  |  |  |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 7. 2011 | XXX | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
|  |  |  |  |  |  |  |  |  |  |  |  |

## SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY



SCHEDULE P - PART 2T - WARRANTY


Schedule P - Part 3A
NONE

Schedule P - Part 3B
NONE
Schedule P - Part 3C
NONE
Schedule P - Part 3D
NONE
Schedule P - Part 3E
NONE
Schedule P - Part 3F - Med Pro Liab Occ
NONE
Schedule P - Part 3F - Med Pro Liab Clm
NONE
Schedule P - Part 3G
NONE
Schedule P - Part 3H - Other Liab Occur
NONE
Schedule P - Part 3H - Other Liab Claims
NONE
Schedule P - Part 31
NONE

Schedule P - Part 3J
NONE
Schedule P - Part 3K
NONE
Schedule P - Part 3L
NONE
Schedule P - Part 3M
NONE

SCHEDULE P - PART 3N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

|  | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END(\$000 OMITTED) |  |  |  |  |  |  |  |  |  | 11 <br> Number of <br> Claims <br> Closed With <br> Loss <br> Payment | 12 <br> Number of <br> Claims <br> Closed <br> Without <br> Loss <br> Payment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Years in Which Losses Were Incurred | 1 2006 | 2 2007 | 3 2008 | 4 2009 | $\begin{gathered} 5 \\ \\ 2010 \\ \hline \end{gathered}$ | $\begin{gathered} 66 \\ \\ 2011 \\ \hline \end{gathered}$ | $7$ $2012$ | 8 <br> 2013 | 9 2014 | 10 2015 |  |  |
| 1. Prior | . 000 |  |  |  |  |  |  |  |  |  | XXX | XXX |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  | XXX | XXX |
| 3. 2007 | XXX |  |  |  |  |  |  |  |  |  | XXX | XXX |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  |  | XXX | XXX |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  | XXX | XXX |
| 6. 2010 | XXX | XXX | XXX | XXX |  |  |  |  |  |  | XXX | XXX |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX |  |  |  |  |  | XXX | XXX |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  | XXX | XXX |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  | XXX | XXX |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX | XXX |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  | XXX | XXX |

SCHEDULE P - PART 30-REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

| 1. Prior | . 000 |  |  |  |  |  |  |  |  | XXX | XXX |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2006 |  |  |  |  |  |  |  |  |  | XXX | XXX |
| 3. 2007 . | XXX |  |  |  |  |  |  |  |  | XXX | XXX |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  | XXX | XXX |
| 5. 2009 . | XXX | XXX | XXX |  |  |  |  |  |  | XXX | XXX |
| 6. 2010 | XXX | XXX | XXX | XXX |  |  |  |  |  | XXX | XXX |
| 7. 2011. | XXX | XXX | XXX | XXX | XXX |  |  |  |  | XXX | XXX |
| 8. 2012 . | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  | XXX | XXX |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX | XXX |
| 10. 2014. | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  | XXX | XXX |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SCHEDULE P - PART 3P - REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

| 1. Prior | . 000 |  |  |  |  |  |  |  |  | XXX | XXX |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2006 |  |  |  |  |  |  |  |  |  | XXX | XXX |
| 3. 2007 | XXX |  |  |  |  |  |  |  |  | XXX | XXX |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  | XXX | XXX |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  | XXX | XXX |
| 6. 2010 | XXX | XXX | XXX | XXX |  |  |  |  |  | XXX | XXX |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX |  |  |  |  | XXX | XXX |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  | XXX | XXX |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  | XXX | XXX |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  | XXX | XXX |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \& \multicolumn{10}{|l|}{CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END
(\$000 OMITTED)} \& \multirow[t]{2}{*}{\begin{tabular}{|c|}
11 \\
Number of \\
Claims \\
Closed With \\
Loss \\
Payment
\end{tabular}} \& \multirow[t]{2}{*}{\begin{tabular}{c}
12 \\
Number of \\
Claims \\
Closed \\
Without \\
Loss \\
Payment \\
\hline
\end{tabular}} \\
\hline Years in Which Losses Were Incurred \& 1

2006 \& 2

2007 \& 3

2008 \& 4

2009 \& $$
5
$$

$$
2010
$$ \& \[

6
\]

$$
2011
$$ \& 7

$$
2012
$$ \& 8

2013 \& 9

2014 \& 10
2015 \& \& <br>
\hline 1. Prior \& . 000 \& \& \& \& \& \& \& \& \& \& \& <br>
\hline 2. 2006 \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline 3. 2007 , \& XXX \& \& \& \& \& \& \& \& \& \& \& <br>
\hline 4. 2008 \& XXX \& XXX \& \& \& \& \& \& \& \& \& \& <br>
\hline 5. 2009 \& XXX \& XXX \& XXX \& \& \& \& \& \& \& \& \& <br>
\hline 6. 2010 \& XXX \& XXX \& XXX \& XXX \& \& \& \& \& \& \& \& <br>
\hline 7. 2011 . \& XXX \& XXX \& XXX \& XXX \& XXX \& \& \& \& \& \& \& <br>
\hline 8. 2012 \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& \& \& \& \& \& <br>
\hline 9. 2013 \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& \& \& \& \& <br>
\hline 10. 2014 \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& \& \& \& <br>
\hline 11. 2015 \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& XXX \& \& \& <br>
\hline
\end{tabular}

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE


SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | . 000 | 191,961 | 310,591 | XXX | XXX |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 5,657 | 30,103 | XXX | XXX |
| 3. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3,021 | XXX | XXX |

SCHEDULE P - PART 3T - WARRANTY


Schedule P - Part 4A
NONE

Schedule P - Part 4B
NONE
Schedule P - Part 4C
NONE
Schedule P - Part 4D
NONE
Schedule P - Part 4E
NONE
Schedule P - Part 4F - Med Pro Liab Occ
NONE
Schedule P - Part 4F - Med Pro Liab Clm
NONE
Schedule P - Part 4G
NONE
Schedule P - Part 4H - Other Liab Occur
NONE
Schedule P - Part 4H - Other Liab Claims
NONE
Schedule P - Part 4I
NONE

Schedule P - Part 4J
NONE
Schedule P - Part 4K
NONE
Schedule P - Part 4L
NONE
Schedule P - Part 4M
NONE

SCHEDULE P - PART 4N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

| 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) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} 1 \\ 2006 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 2 \\ 2007 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 3 \\ 2008 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 4 \\ 2009 \end{gathered}$ | $\begin{gathered} \hline 5 \\ 2010 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 6 \\ 2011 \end{gathered}$ | $\begin{array}{r} \hline 7 \\ 2012 \\ \hline \end{array}$ | $\begin{gathered} \hline 8 \\ 2013 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 9 \\ 2014 \end{gathered}$ | 10 2015 |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | xxx |  |  |  |  |  |  |  |  |  |
| 4. 2008 | xxx | xxx |  |  |  |  |  |  |  |  |
| 5. 2009 | xXX | xxx | xxx |  |  |  |  |  |  |  |
| 6. 2010 | xxx | xxx | xxx |  |  |  |  |  |  |  |
| 7. 2011 | xxx | xxx | xxx | xxx | xxx |  |  |  |  |  |
| 8. 2012 | . $x \times x$ | xxx | xxx | xxx | xxx | . $x$ xx |  |  |  |  |
| 9. 2013 | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |
| 9. 2014 | xxx | xxx | xxx | xxx | xxx | xxx | xxx | . $x$ xx |  |  |
| 11. 2015 | xxx | Xxx | xxx | xxx | Xxx | Xxx | Xxx | XxX | xxx |  |

SCHEDULE P - PART 4O-REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | XXX |  |  |  |  |  |  |  |  |  |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 7. 2011 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |
| 9. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |

SCHEDULE P - PART 4P - REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES


SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE


SCHEDULE P - PART 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

| 1. Prior ...- |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | XXX |  |  |  |  |  |  |  |  |  |
| 4. 2008 . | XXX | XXX |  |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 7. 2011. | XXX | XXX | XXX |  | XX |  |  |  |  |  |
| 8. 2012 . | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |

SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

| 1. Prior ... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 18,719 | 1,786 | 843 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 10,538 | 1,292 |
| 3. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 9,087 |

SCHEDULE P - PART 4T - WARRANTY

| 1. Prior | XXX | XXX | XXX |  |  | XXX |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. 2014 | XXX | XXX | XXX |  |  | XXX | XXX |  |  |
| 3. 2015 | XXX | XXX | XXX |  |  | XXX | XXX | XXX |  |

Schedule P - Part 5A- SN1
NONE
Schedule P - Part 5A- SN2
NONE
Schedule P - Part 5A- SN3
NONE
Schedule P - Part 5B- SN1
NONE
Schedule P - Part 5B- SN2
NONE

Schedule P - Part 5B- SN3
NONE

Schedule P - Part 5C- SN1
NONE
Schedule P - Part 5C- SN2
NONE
Schedule P - Part 5C- SN3
NONE
Schedule P - Part 5D- SN1
NONE
Schedule P - Part 5D- SN2
NONE

Schedule P - Part 5D- SN3
NONE
Schedule P - Part 5E- SN1
NONE
Schedule P - Part 5E- SN2
NONE
Schedule P - Part 5E- SN3
NONE
Schedule P - Part 5F- SN1A
NONE

Schedule P - Part 5F- SN2A
NONE

Schedule P - Part 5F- SN3A
NONE
Schedule P - Part 5F- SN1B
NONE
Schedule P - Part 5F- SN2B
NONE
Schedule P - Part 5F- SN3B
NONE

Schedule P - Part 5H- SN1A
NONE

Schedule P - Part 5H- SN2A
NONE
Schedule P - Part 5H- SN3A
NONE
Schedule P - Part 5H- SN1B
NONE
Schedule P - Part 5H- SN2B
NONE
Schedule P - Part 5H- SN3B
NONE
Schedule P - Part 5R- SN1A
NONE
Schedule P - Part 5R- SN2A
NONE
Schedule P - Part 5R- SN3A
NONE
Schedule P - Part 5R- SN1B
NONE
Schedule P - Part 5R- SN2B
NONE
Schedule P - Part 5R- SN3B
NONE

Schedule P - Part 5T- SN1
NONE
Schedule P - Part 5T- SN2
NONE
Schedule P - Part 5T- SN3
NONE
Schedule P - Part 6C - SN1
NONE
Schedule P - Part 6C - SN2
NONE
Schedule P - Part 6D - SN1
NONE

Schedule P - Part 6D - SN2
NONE
Schedule P - Part 6E - SN1
NONE
Schedule P - Part 6E - SN2
NONE
Schedule P - Part 6H - SN1A
NONE
Schedule P - Part 6H - SN2A
NONE

Schedule P - Part 6H - SN1B
NONE
Schedule P - Part 6H - SN2B
NONE
Schedule P - Part 6M - SN1
NONE
Schedule P - Part 6M - SN2
NONE
Schedule P - Part 6N - SN1
NONE
Schedule P - Part 6N - SN2
NONE

Schedule P - Part 6O-SN1
NONE
Schedule P - Part 6O-SN2
NONE
Schedule P - Part 6R - SN1A
NONE
Schedule P - Part 6R - SN2A
NONE
Schedule P - Part 6R - SN1B
NONE

Schedule P - Part 6R - SN2B
NONE

## SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS <br> (\$000 OMITTED)

| Schedule P - Part 1 | $1$ <br> Total Net Losses and Expenses Unpaid | 2 <br> Net Losses and Expenses Unpaid on Loss Sensitive Contracts | $3$ <br> Loss Sensitive as Percentage of Total | 4 <br> Total Net Premiums Written | 5 <br> Net Premiums Written on Loss Sensitive Contacts | $6$ <br> Loss Sensitive as Percentage of Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Homeowners/Farmowners |  |  |  |  |  |  |
| 2. Private Passenger Auto Liability/Medical |  |  |  |  |  |  |
| 3. Commercial Auto/Truck Liability/Medical |  |  |  |  |  |  |
| 4. Workers' Compensation |  |  |  |  |  |  |
| 5. Commercial Multiple Peril |  |  |  |  |  |  |
| 6. Medical Professional Liability-Occurrence |  |  |  |  |  |  |
| 7. Medical Professional Liability -ClaimsMade |  |  |  |  |  |  |
| 8. Special Liability |  |  |  |  |  |  |
| 9. Other Liability-Occurrence |  |  |  |  |  |  |
| 10. Other Liability-Claims-Made |  |  |  |  |  |  |
| 11. Special Property |  |  |  |  |  |  |
| 12. Auto Physical Damage |  |  |  |  |  |  |
| 13. Fidelity/Surety |  |  |  |  |  |  |
| 14. Other |  |  |  |  |  |  |
| 15. International |  |  |  |  |  |  |
| 16. Reinsurance-Nonproportional Assumed Property | XXX | XXX | XXX | XXX | XXX | XXX |
| 17. Reinsurance-Nonproportional Assumed Liability | XXX | XXX | XXX | XXX | XXX | XXX |
| 18. Reinsurance-Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX | XXX | XXX |
| 19. Products Liability-Occurrence |  |  |  |  |  |  |
| 20. Products Liability-Claims-Made |  |  |  |  |  |  |
| 21. Financial Guaranty/Mortgage Guaranty | 289,766 |  |  | 79,364 |  |  |
| 22. Warranty |  |  |  |  |  |  |
| 23. Totals | 289,766 |  |  | 79,364 |  |  |

SECTION 2

| Years in Which Policies Were Issued | INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} 1 \\ 2006 \end{gathered}$ | $\begin{gathered} 2 \\ 2007 \end{gathered}$ | $\begin{gathered} 3 \\ 2008 \end{gathered}$ | $\begin{gathered} 4 \\ 2009 \end{gathered}$ | $\begin{gathered} 5 \\ 2010 \end{gathered}$ | $\begin{gathered} 6 \\ 2011 \end{gathered}$ | $\begin{gathered} 7 \\ 2012 \end{gathered}$ | $\begin{gathered} 8 \\ 2013 \\ \hline \end{gathered}$ | $\begin{gathered} 99 \\ 2014 \end{gathered}$ | $\begin{gathered} 10 \\ 2015 \end{gathered}$ |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 . | . XXX |  |  |  | - |  |  |  |  |  |
| 4. 2008 . | . xxx | xxx |  |  |  |  |  |  |  |  |
| 5. 2009 | xxx | xxx | xxx |  |  |  |  |  |  |  |
| 6. 2010 | xxx | xxx | xxx | XXX |  |  |  |  |  |  |
| 7. 2011 . | xxx | xxx | xxx | xxx | xxx |  |  |  |  |  |
| 8. 2012 . | . xxx | . xxx | xxx | xxx | xxx | xxx |  |  |  |  |
| 9. 2013 | . xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |
| 10. 2014 | . xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |  |
| 11. 2015 | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | XXX |  |

SECTION 3

| Years in Which Policies Were Issued | BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 2006 | 2 <br> 2007 | 3 2008 | $4$ $2009$ | $\begin{gathered} \hline 5 \\ 2010 \end{gathered}$ | 6 <br> 2011 | $\begin{gathered} \hline 7 \\ 2012 \end{gathered}$ | 8 2013 | 9 2014 | $\begin{gathered} 10 \\ 2015 \end{gathered}$ |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | xxx |  |  |  |  |  |  |  |  |  |
| 4. 2008 | xxx | ..xxx |  |  |  |  |  |  |  |  |
| 5. 2009 . | XXX | ..XXX | . XXX |  |  |  |  |  |  |  |
| 6. 2010 | xxx | . xxx | xxx | xxx |  |  |  |  |  |  |
| 7. 2011. | xxx | XXX | . XXX | XXX | xxx |  |  |  |  |  |
| 8. 2012 | XXX | XXX | xxx | XXX | xxx | XXX |  |  |  |  |
| 9. 2013 | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |
| 10. 2014 | xxx | . xxx | xxx | . xxx | xxx | . xxx | . xxx | xxx |  |  |
| 11. 2015 | xxx | xxx | xxx | xxx | xxx | XXX | XxX | xxx | xxx |  |

## SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued) <br> SECTION 4



SECTION 5

| Years in Which Policies Were Issued | NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} 1 \\ 2006 \\ \hline \end{gathered}$ | $\begin{gathered} 2 \\ 2007 \\ \hline \end{gathered}$ | $\begin{gathered} 3 \\ 2008 \\ \hline \end{gathered}$ | $\begin{gathered} 4 \\ 2009 \\ \hline \end{gathered}$ | $\begin{gathered} 5 \\ 2010 \\ \hline \end{gathered}$ | $\begin{gathered} 6 \\ 2011 \\ \hline \end{gathered}$ | $\begin{gathered} 7 \\ 2012 \\ \hline \end{gathered}$ | $\begin{gathered} 8 \\ 2013 \\ \hline \end{gathered}$ | $\begin{gathered} 9 \\ 2014 \\ \hline \end{gathered}$ | $\begin{array}{r} 10 \\ 2015 \\ \hline \end{array}$ |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | XXX |  |  |  |  |  |  |  |  |  |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX | XX |  |  |  |  |  |  |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX |  |  |  |  |  |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |

## SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

| Schedule P - Part 1 | 1 <br> Total Net Losses <br> and Expenses <br> Unpaid | 2 <br> Net Losses and Expenses Unpaid on Loss Sensitive Contracts | 3 <br> Loss Sensitive as Percentage of Total | 4 Total Net Premiums Written | 5 <br> Net Premiums Written on Loss Sensitive Contacts | 6 <br> Loss Sensitive as Percentage of Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Homeowners/Farmowners |  |  |  |  |  |  |
| 2. Private Passenger Auto Liability/Medical |  |  |  |  |  |  |
| 3. Commercial Auto/Truck Liability/Medical |  |  |  |  |  |  |
| 4. Workers' Compensation |  |  |  |  |  |  |
| 5. Commercial Multiple Peril. |  |  |  |  |  |  |
| 6. Medical Professional Liability-Occurrence . |  |  |  |  |  |  |
| 7. Medical Professional Liability -ClaimsMade $\qquad$ |  |  |  |  |  |  |
| 8. Special Liability |  |  |  |  |  |  |
| 9. Other Liability-Occurrence |  |  |  |  |  |  |
| 10. Other Liability-Claims-made |  |  |  |  |  |  |
| 11. Special Property |  |  |  |  |  |  |
| 12. Auto Physical Damage |  |  |  |  |  |  |
| 13. Fidelity/Surety . |  |  |  |  |  |  |
| 14. Other |  |  |  |  |  |  |
| 15. International |  |  |  |  |  |  |
| 16. Reinsurance-Nonproportional Assumed Property |  |  |  |  |  |  |
| 17. Reinsurance-Nonproportional Assumed Liability |  |  |  |  |  |  |
| 18. Reinsurance-Nonproportional Assumed Financial Lines |  |  |  |  |  |  |
| 19. Products Liability-Occurrence |  |  |  |  |  |  |
| 20. Products Liability-Claims-Made |  |  |  |  |  |  |
| 21. Financial Guaranty/Mortgage Guaranty <br> 22. Warranty | 289,766 |  |  | 79,364 |  |  |
| 23. Totals | 289,766 |  |  | 79,364 |  |  |

SECTION 2

| Years in Which Policies Were Issued | INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} 1 \\ 2006 \end{gathered}$ | $\begin{gathered} \hline 2 \\ 2007 \end{gathered}$ | $\begin{gathered} \hline 3 \\ 2008 \end{gathered}$ | $\begin{gathered} \hline 4 \\ 2009 \\ \hline \end{gathered}$ | $\begin{gathered} \hline 5 \\ 2010 \end{gathered}$ | $\begin{gathered} \hline 6 \\ 2011 \end{gathered}$ | $\begin{gathered} \hline 7 \\ 2012 \end{gathered}$ | $\begin{gathered} \hline 8 \\ 2013 \end{gathered}$ | $\begin{gathered} \hline 9 \\ 2014 \end{gathered}$ | $\begin{gathered} \hline 10 \\ 2015 \end{gathered}$ |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | xxx |  |  | - | $\cdots$ |  |  |  |  |  |
| 4. 2008 | xxx | xxx |  |  |  |  |  |  |  |  |
| 5. 2009 | . $x$ xx | xxx | xxx |  |  |  |  |  |  |  |
| 6. 2010 | xxx | xxx | xxx | XXX |  |  |  |  |  |  |
| 7. 2011 | xxx | xxx | $x x x$ | xxx | XXX |  |  |  |  |  |
| 8. 2012 | xxx | xxx | xxx | . xxx | xxx | xxx |  |  |  |  |
| 9. 2013 | . $x$ xx | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |
| 10. 2014 | . $x$ xx | xxx | xxx | ...xxx | xxx | xxx | xxx | xxx |  |  |
| 11. 2015 | Xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |

SECTION 3

| Years in Which Policies Were Issued | BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | XXX |  |  |  |  |  |  |  |  |  |
| 4. 2008 | xxx | XXX |  |  |  |  |  |  |  |  |
| 5. 2009 | Xxx | XxX | xxx |  |  |  |  |  |  |  |
| 6. 2010 | xxx | xxx | xxx | xxx |  |  |  |  |  |  |
| 7. 2011 | xxx | xxx | xxx | xxx | xxx |  |  |  |  |  |
| 8. 2012 | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |  |
| 9. 2013 | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |  |  |
| 10. 2014 | XXX | XXX | xxx | xxx | xxx | xxx | xxx | xxx |  |  |
| 11. 2015 | Xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |  |

## SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

| Years in Which Policies Were Issued | NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  | 2014 | 2015 |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 . | .. XXX |  |  |  |  |  |  |  |  |  |
| 4. 2008 | XXX | xXX |  |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX | XX |  |  |  |  |  |  |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX |  |  |  |  |  |
| 8. 2012 | . XXX | XXX | . XXX | ... $X X X$ | XXX | XXX |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | ... $X X X$ | XXX | XXX | XXX |  |  |  |
| 10. 2014 | XXX | XXX | XXX | .. $x$ XX | XXX | XXX | XXX | XXX |  |  |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |

SECTION 5

| Years in Which Policies Were Issued | NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | 2006 |  | 2008 |  |  | $2011$ |  |  | 2014 | 2015 |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | . XXX |  |  |  |  |  |  |  |  |  |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX | XX |  |  |  |  |  |  |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX |  |  |  |  |  |
| 8. 2012 | XXX | XXX | XXX | XXX | .. $x$ Xx | XXX |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | $x x x$ | .. $x$ xx | . XXX | XXX |  |  |  |
| 10. 2014 | XXX | XXX | XXX | XXX | . XXX | XXX | XXX | . XXX |  |  |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |

SECTION 6

| Years in Which Policies Were Issued | INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| 1. Prior |  |  |  |  |  |  |  |  |  |  |
| 2. 2006 |  |  |  |  |  |  |  |  |  |  |
| 3. 2007 | XXX |  |  |  |  |  |  |  |  |  |
| 4. 2008 | XXX | XXX |  |  |  |  |  |  |  |  |
| 5. 2009 | XXX | XXX | XXX |  |  |  |  |  |  |  |
| 6. 2010 | XXX | XXX | XXX | XXX |  |  |  |  |  |  |
| 7. 2011 | XXX | XXX | XXX | XXX | XXX |  |  |  |  |  |
| 8. 2012 | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |  |
| 9. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |  |
| 10. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |  |
| 11. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |  |

SECTION 7


# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION 

## 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:

| Years in Which Premiums Were Earned and Losses Were Incurred | DDR Reserve Included in <br> Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid |  |
| :---: | :---: | :---: |
|  | Section 1: Occurrence | Section 2: $\stackrel{2}{\text { Claims-Made }}$ |
| 1.601 Prior |  |  |
| 1.6022006 |  |  |
| 1.6032007 |  |  |
| 1.6042008 |  |  |
| 1.6052009 |  |  |
| 1.6062010 |  |  |
| 1.6072011 |  |  |
| 1.6082012 |  |  |
| 1.6092013 |  |  |
| 1.6102014 |  |  |
| 1.6112015 |  |  |
| 1.612 Totals |  |  |

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?

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?:

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

Claim count information is reported per claim or per claimant. (indicate which)
f not the same in all years, explain in Interrogatory 7
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?

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multirow[b]{2}{*}{States, etc.} \& \multirow[t]{2}{*}{1} \& \multicolumn{2}{|l|}{Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken} \& \multirow[b]{2}{*}{Dividends Paid or Credited to Policyholders on Direct Business} \& \multirow[t]{2}{*}{5

Direct Losses
Paid
(Deducting

Salvage)} \& 6 \& 7 \& \[
8

\] \& \multirow[t]{2}{*}{| 9 |
| :--- |
| Direct |
| Premium |
| Written for |
| Federal |
| Purchasing Groups (Included in Col. 2) |} <br>

\hline \& \& 2 Direct Premiums Written \& 3
Direct
Premiums
Earned \& \& \& Direct Losses Incurred \& Direct Losses Unpaid \& Service Charges Not Included in Premiums \& <br>
\hline 1. Alabama .............. AL \& L \& 201,731 \& 209,132 \& \& 618,121 \& 226,362 \& 530,730 \& \& <br>
\hline 2. Alaska .................. AK \& N \& \& \& \& \& \& \& \& <br>
\hline 3. Arizona ................AZ \& L \& 1,188,524 \& 1,192,425 \& \& 1,803,233 \& 632,275 \& 1,604,909 \& \& <br>
\hline 4. Arkansas ...............AR \& L. \& 313,778 \& 320,680 \& \& 632,882 \& 190,220 \& 561,218 \& \& <br>
\hline 5. California .............. CA \& L \& 17,335,184 \& 17,345,201 \& \& 45,578,274 \& 11,687,300 \& 78,351,361 \& \& <br>
\hline 6. Colorado ................ CO \& L. \& 3,475,154 \& 3,478,681 \& \& 5,887,196 \& 3,308,304 \& 11,697,749 \& \& <br>
\hline 7. Connecticut ...--....- CT \& L \& 281,849 \& 283,208 \& \& 837,922 \& 229,898 \& -1,133,799 \& \& <br>
\hline 8. Delaware ............. DE \& L \& 102,070 \& 102,070 \& \& 94,732 \& 78,993 \& 129,448 \& \& <br>
\hline 9. Dist. Columbia ....... DC \& L \& $(2,706,879)$ \& $(2,575,574)$ \& \& 13,596,034 \& 9,229,101 \& 33,064,314 \& \& <br>
\hline 10. Florida ................... FL \& L. \& 2,632,632 \& 2,697,273 \& \& 9,699,041 \& 1,895,245 \& 15,307,108 \& \& <br>
\hline 11. Georgia ................ GA \& L \& 1,211,531 \& 1,214,833 \& \& 1,026,913 \& .532,832 \& 2,521,056 \& \& <br>
\hline 12. Hawaii .................. HI \& L \& .5,803 \& 5,803 \& \& \& (749) \& \& \& <br>
\hline 13. Idaho .................... ID \& L \& 3,391 \& 3,391 \& \& \& $(22,024)$ \& \& \& <br>
\hline 14. Illinois ................... IL \& L. \& 2,018,230 \& 2,022,190 \& \& 4,915,054 \& 1,324,164 \& 6,691,383 \& \& <br>
\hline 15. Indiana _-..-...-...-..... ${ }^{\text {IN }}$ \& L. \& 139,205 \& 144,212 \& \& 185,426 \& $(173,550)$ \& 238,478 \& \& <br>
\hline  \& L. \& 6,330 \& 6,330 \& \& . (400) \& 36,371 \& 71,468 \& \& <br>
\hline 17. Kansas .................. KS \& L. \& 103,463 \& 106,594 \& \& 129,740 \& $(13,403)$ \& 256,276 \& \& <br>
\hline 18. Kentucky ................ KY \& L \& 363,325 \& 365,554 \& \& 552,420 \& . 5,979 \& 955,001 \& \& <br>
\hline 19. Louisiana -............. LA \& L. \& 121,402 \& 122,909 \& \& 14,790 \& 85,902 \& 205,481 \& \& <br>
\hline 20. Maine ................... ME \& L \& \& \& \& \& \& \& \& <br>
\hline 21. Maryland ............... MD \& L \& 888,809 \& 907,999 \& \& 2,559,290 \& 1,271,137 \& 4,349,623 \& \& <br>
\hline 22. Massachusetts ...-. MA \& L \& -519,606 \& 519,978 \& \& .676,563 \& -.. $(135,754)$ \& 1,756,895 \& \& <br>
\hline 23. Michigan .-.-..........-. MI. \& L \& 1,157,582 \& 1,159,335 \& \& 1,675,977 \& 822,812 \& 3,947,392 \& \& <br>
\hline 24. Minnesota ............. MN \& L \& 13,962,195 \& 14,195,551 \& \& 22,595,194 \& 11,560,815 \& 47, 395,265 \& \& <br>

\hline 25. Mississippi ..-------...... MS \& L \& --70,528 \& -- 98,507 \& \& --.-111,890 \& ---127,525 \& $$
249,154
$$ \& \& <br>

\hline 26. Missouri ................ MO \& L. \& 207,903 \& 212,785 \& \& 151,952 \& 145,976 \& 360,247 \& \& <br>
\hline 27. Montana --------------MT. \& L. \& 9,720 \& .-9,720 \& \& \& ... $(1,299)$ \& \& \& <br>
\hline 28. Nebraska .............. NE \& L \& \& \& \& \& ...16) \& \& \& <br>
\hline 29. Nevada ................ NV \& L. \& 252,638 \& 253,096 \& \& 765,620 \& 156,611 \& 1,146,976 \& \& <br>
\hline 30. New Hampshire .... NH \& L \& 25,930 \& 25,930 \& \& \& $(3,739)$ \& \& \& <br>
\hline 31. New Jersey ............ NJ \& L \& 1,519,711 \& 1,524,201 \& \& 4,067,409 \& 2,290,905 \& 13,431,107 \& \& <br>
\hline 32. New Mexico ...-....... NM \& L. \& 187,440 \& 187,543 \& \& 20,398 \& 177,913 \& 838,304 \& \& <br>
\hline 33. New York .............. NY \& L \& 691,140 \& 690,993 \& \& 1,701,575 \& 327,722 \& 5,211,430 \& \& <br>
\hline 34. No.Carolina -.----.-.- NC. \& L \& 2,333,783 \& 2,360,739 \& \& 2,519,782 \& 230,498 \& 4,276,482 \& \& <br>
\hline 35. No.Dakota ............ ND. \& N \& \& \& \& \& \& \& \& <br>
\hline 36. Ohio .-..................- $\mathrm{OH}^{-}$ \& L \& 818,067 \& 824,507 \& \& 2,109,368 \& 703,625 \& 2,261,842 \& \& <br>
\hline 37. Oklahoma ............. OK \& L \& 598,573 \& 611,900 \& \& 291,371 \& 37,166 \& 956,096 \& \& <br>
\hline 38. Oregon ................ OR \& N \& 118,183 \& 119,530 \& \& 192,849 \& $(19,085)$ \& 306,507 \& \& <br>
\hline 39. Pennsylvania ........PA. \& L \& 848,619 \& 852,924 \& \& 1,546,017 \& 446,911 \& 3,432,536 \& \& <br>
\hline 40. Rhode Island ......... RI \& L \& 52,420 \& 52,993 \& \& 283,903 \& $(61,774)$ \& 273,115 \& \& <br>
\hline 41. So. Carolina ......... SC \& L. \& 1,332,044 \& 1,335,897 \& \& 2,163,445 \& 39,172 \& 3,022,508 \& \& <br>
\hline 42. So. Dakota ...........-SD \& L \& 4,237 \& 4,237 \& \& \& (648) \& \& \& <br>
\hline 43. Tennessee -...-.........TN \& L. \& 521,745 \& 530,490 \& \& 908,356 \& 212,900 \& 1,079,283 \& \& <br>
\hline 44. Texas .......-...-.....- TX \& L \& 27,446,673 \& 27,460,396 \& \& 15,508,465 \& 1,324,348 \& 38,960,945 \& \& <br>
\hline 45. Utah ...................... UT \& L \& 155,523 \& -156,465 \& \& 202,514 \& --..-58,946 \& --.-169,380 \& \& <br>
\hline 46. Vermont .................-VT \& L \& \& \& \& \& \& \& \& <br>
\hline 47. Virginia .------------- VA \& N \& 1,167,125 \& 1,173,676 \& \& 2,392,656 \& 763,647 \& 6,143,366 \& \& <br>
\hline 48. Washington .-........- WA \& L \& 195,231 \& 195,296 \& \& 443,167 \& 67,982 \& 488,711 \& \& <br>
\hline 49. West Virginia ......... WV \& L \& 91,054 \& 91,682 \& \& 23,776 \& $(31,741)$ \& 31,917 \& \& <br>
\hline 50. Wisconsin ............. WI \& L. \& 187,619 \& 188,162 \& \& 371,252 \& 163,629 \& 433,113 \& \& <br>
\hline 51. Wyoming .............. WY \& L. \& 53,175 \& 53,175 \& \& \& . $(7,946)$ \& \& \& <br>
\hline 52. American Samoa .. AS \& \& \& \& \& \& \& \& \& <br>
\hline 53. Guam ................... GU \& \& \& \& \& \& \& \& \& <br>
\hline 54. Puerto Rico .......... PR \& \& \& \& \& \& \& \& \& <br>
\hline 55. U.S. Virgin Islands \& \& \& \& \& \& \& \& \& <br>
\hline 56. Northern Mariana Islands $\qquad$ MP \& \& \& \& \& \& \& \& \& <br>
\hline 57. Canada ................ CAN \& \& \& \& \& \& \& \& \& <br>
\hline 58. Aggregate other alien $\qquad$ OT \& XXX \& \& \& \& \& \& \& \& <br>
\hline 59. Totals \& (a) 47 \& 82,213,997 \& 82,842,616 \& \& 148,854,167 \& 49,921,459 \& 293,841,975 \& \& <br>
\hline DETAILS OF WRITE-INS 58001 \& XXX \& \& \& \& \& \& \& \& <br>
\hline 58002. \& XXX \& \& \& \& \& \& \& \& <br>
\hline 58003. \& XXX \& \& \& \& \& \& \& \& <br>
\hline 58998. Sum. of remaining write-ins for Line 58 from overflow page \& ... XXX \& \& \& \& \& \& \& \& <br>

\hline $$
\begin{aligned}
& \text { 58999. Totals (Lines 58001 } \\
& \text { through } 58003+58998 \text { ) } \\
& \text { (Line } 58 \text { above) }
\end{aligned}
$$ \& ... XXX \& \& \& \& \& \& \& \& <br>

\hline
\end{tabular}

(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.
Premiums are allocated to the state of residence of the insured master policyholder
(a) Insert the number of $L$ responses except for Canada and Other Alien

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

| States, Etc. | Direct Business Only |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | 4 | 5 | 6 |
|  | Life (Group and Individual) | Annuities (Group and Individual) | Disability (Group and Individual | Long-Term Care (Group and Individual) | Deposit-Type Contracts | Totals |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 5. California |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 24. Minnesota |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 26. Missouri ....-.............................................. |  | - |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 30. New Hampshire |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 33. New York .-. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 37. Oklahoma |  |  |  |  |  |  |
| 38.0regon - |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 47.Virginia ...........................................VA ... |  |  |  |  |  |  |
| 48. Washington ..--mena |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 51. Wyoming ...-a-mena |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 53. Guam |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 57. Canada ${ }_{\text {58. Aggregate Other Alien }}$ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

TRIAD GUARANTY INC. and SUBSIDIARIES


## SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM


[^3]Explanation

## SCHEDULE Y

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

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline $$
\begin{array}{|c}
\text { NAIC } \\
\text { Company } \\
\text { Code }
\end{array}
$$ \& 2

ID

IDumber \& Names of Insurers and Parent, Subsidiaries or Affiliates \& \begin{tabular}{l}
4 <br>
Shareholder Dividends

 \& 

5 <br>
Capital Contributions

 \& 

6 <br>

| Purchases, Sales or |
| :---: |
| Exchanges of |
| Loans, Securties, |
| Real |
| Esta, Mortgage |
| Loans or Other |
| Investments | <br>

\hline

 \& 

7 <br>
Income/ <br>
(Disbursements) <br>
Incurred in <br>
Connection with <br>
Guarantees or <br>
Undertakings for the <br>
Benefit of any <br>
Affiliate(s) <br>
\hline

 \& 

8 <br>
Management Agreements and Service Contracts

 \&  \& 10 \& 

11 <br>
Any Other Material Activity Not in the Ordinary Course of the Insurer's Business
\end{tabular} \& 12

Totals \& | Reinsurance |
| :--- |
| Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) | <br>

\hline 00000 \& 56-1838519 \&  \& \& \& \& \& \& \& \& \& \& <br>
\hline 24350 \& 56-1570971 \& Triad Guaranty Insurance Corporation. \& \& \& \& \& \& (268,536) \& \& \& $(268,536)$ \& 3,842,832 <br>
\hline 10217. \& 56-1905825 \& Triad Guaranty Assurance Corporation.. \& \& \& \& \& \& $\ldots$ \& \& \& - \& (3,842,832) <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& $\square$ \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline $\bigcirc$ \& \& $\square{ }^{-1}$ \& \& \& \& $\cdots$ \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \&  \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline $\cdots$ \& \& $\cdots$ \& \& \& \& $\cdots$ \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& $\cdots$ \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline $\cdots$ \& \& - \& \& \& (.).-*) \& $\cdots$ \& \& \& \& $\cdots$ \& $\cdots$ \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline $\cdots$ \& \&  \& \& \& \& $\cdots$ \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& $\cdots$ \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& \& \& \& \& <br>
\hline 9999999 \& Control Tota \& \& \& \& \& \& \& \& Xxx \& \& \& <br>
\hline
\end{tabular}

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION <br> SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.


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

## MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1 ?
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1 ?
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1 ?
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1 ?
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1 ?
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1 ?
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1 ?
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1 ?
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1 ?
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?

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION <br> SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## APRIL FILING

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

## AUGUST FILING

34. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

## Explanation

1. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the Illinois Director of Insurance.
2. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the IIIinois Director of Insurance.
3. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the IIIinois Director of Insurance.
4. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the IIIinois Director of Insurance.
5. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the lllinois Director of Insurance
6. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the lllinois Director of Insurance
7. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the Illinois Director of Insurance
8. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the IIIinois Director of Insurance
9. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the IIIinois Director of Insurance
10. 
11. 
12. 
13. 
14. 
15. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the IIlinois Director of Insurance

19
20. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the IIIinois Director of Insurance
21. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the Illinois Director of Insurance
22. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the Illinois Director of Insurance.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

```
29.
30.
31.
32.
34. Company is in Rehabilitation and has been instructed not to file by the Office of Special Deputy Receiver, representing the Illinois Director of Insurance
Bar Code:
    ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    |}
    |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
```




```
    ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    /|||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
    |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
```




## OVERFLOW PAGE FOR WRITE-INS

P011 Additional Aggregate Lines for Page 11 Line 24 rwriting and Investment - Part 3

|  | 1 <br> Loss Adjustment Expenses | 2 Other Underwriting Expenses | 3 Investment Expenses | $\begin{gathered} \hline 4 \\ \text { Total } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| 2404. Contract underwriting fees. |  |  |  |  |
| 2405. Miscellaneous expenses. |  | 13,162 |  | 13,162 |
| 2406. Holding company expenses |  |  |  |  |
| 2407. Bank fees and service charges |  | 47,096 |  | 47,096 |
| 2497. Summary of remaining write-ins for Line 24 from page 11 |  | 60,257 |  | 60,257 |

## SUMMARY INVESTMENT SCHEDULE



## SCHEDULE A - VERIFICATION BETWEEN YEARS

## Real Estate

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

## SCHEDULE B - VERIFICATION BETWEEN YEARS

Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition (Part 2, Column 7)
2.2 Additional investment made after acquisition (Part 2, Column 8)
3. Capitalized deferred interest and other:
3.1 Totals, Part 1, Column 12
3.2 Totals, Part 3, Column 11
4. Accrual of discount
5. Unrealized valuation increase (decrease) 5.1 Totals, Part 1, Column 9 5. Totals, Part 3, Column
6. Total gain (loss) on disposals, Part 3, Column 18
. Deduct amounts received on disposals, Part 3, Column 15

9. Total foreign exchange change in book value/recorded investment excluding accrued interest: 9.1 Totals, Part 1, Column 13 9.2 Totals, Part 3, Column 13
0. Deduct current year's other-than-temporary impairment recognized: 10.1 Totals, Part 1, Column 11 10.2 Totals, Part 3, Column 10

1. Book value/recorded investment excluding accrued interest at end of current period (Lines $1+2+3+4+5+6-7-8+9-10$ ).
2. Total valuation allowance
3. Subtotal (Line 11 plus Line 12
4. Deduct total nonadmitted amounts
5. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

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

Dedu Touls, Part 1 Colum 15
10.2 Totals, Part 3, Column 11

1. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5+6-7-8+9-10)$
2. Deduct total nonadmitted amounts
3. Statement value at end of current period (Line 11 minus Line 12).

## SCHEDULE D - VERIFICATION BETWEEN YEARS

## Bonds and Stocks

| 1. Book/adjusted carrying value, December 31 of prior year | 187,440,632 |
| :---: | :---: |
| 2. Cost of bonds and stocks acquired, Part 3, Column 7 . | 57,042,343 |
| 3. Accrual of discount | 191,643 |
| 4. Unrealized valuation increase (decrease): |  |
| 4.1 Part 1, Column 12 |  |
| 4.2 Part 2, Section 1, Column 15 |  |
| 4.3 Part 2, Section 2, Column 13 |  |
| 4.4 Part 4, Column 11. | 605,984 |
| 5. Total gain (loss) on disposals, Part 4, Column 19 | 850,506 |
| 6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7. | 82,456,963 |
| 7. Deduct amortization of premium | 1,192,410 |
| 8. Total foreign exchange change in book/adjusted carrying value: |  |
| 8.1 Part 1, Column 15 |  |
| 8.2 Part 2, Section 1, Column 19 |  |
| 8.3 Part 2, Section 2, Column 16 |  |
| 8.4 Part 4, Column 15 |  |
| 9. Deduct current year's other-than-temporary impairment recognized: |  |
| 9.1 Part 1, Column 14 |  |
| 9.2 Part 2, Section 1, Column 17. |  |
| 9.3 Part 2, Section 2, Column 14 |  |
| 9.4 Part 4, Column 13 |  |
| 10. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9$ ). | 162,481,735 |
| 11. Deduct total nonadmitted amounts |  |
|  | 162,481,735 |

## SCHEDULE D - SUMMARY BY COUNTRY



SCHEDULE D - PART 1A - SECTION 1

| NAIC Designation | 1 1 Year or Less | $\underset{\|c\| c \mid}{\substack{2 \\ \text { Over } 1 \text { Year Through } 5 \\ \text { Years }}}$ | 3 Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | 5 <br> Over 20 Years | 6 Total Current Year | $\begin{gathered} 7 \\ \text { Col. } 6 \text { as a } \\ \% \text { of Line } 9.7 \end{gathered}$ | $\begin{gathered} 8 \\ \begin{array}{c} \text { Total from Col. } 6 \\ \text { Prior Year } \end{array} \end{gathered}$ | $\begin{gathered} 9 \\ \begin{array}{c} \text { From Col. } 7 \\ \text { Prior Year } \end{array} \end{gathered}$ | $\begin{gathered} 10 \\ \text { Total Publicly } \\ \text { Traded } \end{gathered}$ | 11 <br> Total Privately Placed <br> (a) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. U.S. Governments |  |  |  |  |  |  |  |  |  |  |  |
| 1.1 NAIC 1. | .....1,196,059 | $\ldots$ - ${ }_{-}^{\text {3,672,030 }}$ | .17,667,011 |  |  | 22,535,100 | 14.3 | .32,491,050 | 10.8 | .22,535,099 |  |
| 1.2 NAIC 2. |  |  |  |  |  |  |  |  |  |  |  |
| 1.3 NAIC 3. |  |  |  |  |  |  |  |  |  |  |  |
| 1.4 NAIC 4. |  |  |  |  |  |  |  | $\square$ |  |  |  |
| 1.5 NAIC 5 |  |  |  |  |  |  |  |  |  |  |  |
| 1.6 NAIC 6. |  |  |  |  |  |  |  |  |  |  |  |
| 1.7 Totals | 1,196,059 | 3,672,030 | 17,667,011 |  |  | 22,535,100 | 14.3 | 32,491,050 | 10.8 | 22,535,099 |  |
| 2. All Other Governments |  |  |  |  |  |  |  |  |  |  |  |
| 2.1 NAIC 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2.2 NAIC 2 |  |  |  |  |  |  |  |  |  |  |  |
| 2.3 NAIC 3 |  |  |  |  |  |  |  | $\cdots$ |  |  |  |
| 2.4 NAIC 4 |  |  |  |  |  |  |  |  |  |  |  |
| 2.5 NAIC 5 |  |  |  |  |  |  |  |  |  |  |  |
| 2.6 NAIC 6 |  |  |  |  |  |  |  |  |  |  |  |
| 2.7 Totals |  |  |  |  |  |  |  |  |  |  |  |
| 3. U.S. States, Territories and Possess | s, etc., Guaranteed |  |  |  |  |  |  |  |  |  |  |
| 3.1 NAIC 1. |  |  |  |  |  |  |  | 8,044,031 | 4.1 |  |  |
| 3.2 NAIC 2 |  |  |  |  |  |  |  | ..1,985,109 | - $-\quad 1.0$ |  |  |
| 3.3 NAIC 3 |  |  |  |  |  |  |  |  |  |  |  |
| 3.4 NAIC 4 |  |  |  |  |  |  |  |  |  |  |  |
| 3.5 NAIC 5 |  |  |  |  |  |  |  |  |  |  |  |
| 3.6 NAIC 6. |  |  |  |  |  |  |  |  |  |  |  |
| 3.7 Totals |  |  |  |  |  |  |  | 10,029,140 | 5.2 |  |  |
| 4. U.S. Political Subdivisions of States, | ritories and Possess | ions, Guaranteed |  |  |  |  |  |  |  |  |  |
| 4.1 NAIC 1. | ...709,464 | $\cdots 3,388,764$ |  |  |  | 3,998,228 | 2.5 |  |  | 3,998,228 |  |
| 4.2 NAIC 2 |  |  |  |  |  |  |  |  |  |  |  |
| 4.3 NAIC 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4.4 NAIC 4 | ... |  |  |  |  |  |  |  |  |  |  |
| 4.5 NAIC 5 |  |  |  |  |  |  |  |  |  |  |  |
| 4.6 NAIC 6 |  |  |  |  |  |  |  |  |  |  |  |
| 4.7 Totals | 709,464 | 3,288,764 |  |  |  | 3,998,228 | 2.5 |  |  | 3,998,228 |  |
| 5. U.S. Special Revenue \& Special Ass | ment Obligations, et | c., Non-Guaranteed |  |  |  |  |  |  |  |  |  |
| 5.1 NAIC 1 <br> 5.2 NAIC 2 |  | \|- $\quad$ - ${ }^{\text {2,044,900 }}$ | 3,480,750 | $\ldots \ldots . \quad 2,361,069$ |  | $\ldots$-.......15,329,635 | 9.7 | $\ldots$ | 8.0 | .15,329,634 |  |
| 5.3 NAIC 3 |  |  |  |  |  |  |  |  |  |  |  |
| 5.4 NAIC 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5.5 NAIC 5 | $\ldots$ |  |  |  |  |  |  |  |  |  |  |
| 5.6 NAIC 6 |  |  |  |  |  |  |  |  |  |  |  |
| 5.7 Totals |  | 2,044,900 | 3,480,750 | 2,361,069 | 7,442,916 | 15,329,635 | 9.7 | 15,594,704 | 8.0 | 15,329,634 |  |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

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

| NAIC Designation | 1 Year or Less | 2 <br> Over 1Year Through 5 <br> Years | 3 <br> Over 5 Years Through <br> 10 Years | Over 10 Years <br> Through 20 Years | 5 <br> Over 20 Years | 6 <br> Total Current Year | $\begin{gathered} 7 \\ \text { Col. } 6 \text { as a } \\ \% \text { of Line } 9.7 \end{gathered}$ | $\begin{gathered} 8 \\ \begin{array}{c} \text { Total from Col. } 6 \\ \text { Prior Year } \end{array} \\ \hline \end{gathered}$ | $\begin{gathered} 9 \\ \text { \% From Col. } 7 \\ \text { Prior Year } \end{gathered}$ | $\begin{gathered} 10 \\ \text { Total Publicly } \\ \text { Traded } \end{gathered}$ | 11 <br> Total Privately Placed <br> (a) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 6. Industrial and Miscellaneous (unaffilia |  |  |  |  |  |  |  |  |  |  |  |
| 6.1 NAIC 1. | 23,929,828 | 20,849,968 | 22,661,549 | 2,505,612 | . 9, 108,050 | 79,055,007 | 50.0 | 112,467,971 | 57.9 | 78,760,505 | 294,502 |
| 6.2 NAIC 2 | ..-6,108,028 | . 14,500,048 | $\cdots$ | 3,645,428 | . 1,069,682 | 37,110,436 | 23.5 | 23,064,679 | . 11.9 | .37,110,436 |  |
| 6.3 NAIC 3 |  |  |  |  |  |  |  | ..157,815 | 0.1 |  |  |
| 6.4 NAIC 4 |  | .61,469 |  | 60 | 18 | - . $\quad . \quad 61,547$ | 0.0 | 185,867 | 0.1 | 61,546 |  |
| 6.5 NAIC 5 |  |  |  |  |  |  |  | 121,792 | 0.1 |  |  |
| 6.6 NAIC 6 |  |  |  |  | 1,278 | 1,278 | 0.0 | $(17,384)$ | 0.0 | 1,278 |  |
| 6.7 Totals | 30,037,856 | 35,411,485 | 34,448,799 | 6,151,100 | 10, 179, 028 | 116,228,268 | 73.5 | 135,980,740 | 70.1 | 115,933,765 | 294,502 |
| 7. Hybrid Securities |  |  |  |  |  |  |  |  |  |  |  |
| 7.1 NAIC 1. |  |  |  |  |  |  |  |  |  |  |  |
| 7.2 NAIC 2 |  |  |  |  |  |  |  |  |  |  |  |
| 7.3 NAIC 3 |  |  |  |  |  |  |  |  |  |  |  |
| 7.4 NAIC 4 |  |  |  |  |  |  |  |  |  |  |  |
| 7.5 NAIC 5 |  |  |  |  |  |  |  |  |  |  |  |
| 7.6 NAIC 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7.7 Totals |  |  |  |  |  |  |  |  |  |  |  |
| 8. Parent, Subsidiaries and Affiliates |  |  |  |  |  |  |  |  |  |  |  |
| 8.1 NAIC 1 |  |  |  |  |  |  |  |  |  |  |  |
| 8.2 NAIC 2 |  |  |  |  |  |  |  |  |  |  |  |
| 8.3 NAIC 3 |  |  |  |  |  |  |  |  |  |  |  |
| 8.4 NAIC 4 |  |  |  |  |  |  |  |  |  |  |  |
| 8.5 NAIC 5. |  |  |  |  |  |  |  |  |  |  |  |
| 8.6 NAIC 6. |  |  |  |  |  |  |  |  |  |  |  |
| 8.7 Totals |  |  |  |  |  |  |  |  |  |  |  |

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

| NAIC Designation | 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 <br> Over 5 Years Through <br> 10 Years | $\begin{gathered} 4 \\ \text { Over } 10 \text { Years } \\ \text { Through } 20 \text { Years } \\ \hline \end{gathered}$ | \|c|c $\begin{gathered}5 \\ \text { Over } 20 \text { Years }\end{gathered}$ | Total Current Year | $\begin{gathered} 7 \\ \text { Col. } 6 \text { as a } \\ \% \text { of Line } 9.7 \end{gathered}$ | $\begin{gathered} 8 \\ \hline \text { Total from Col. } 6 \\ \text { Prior Year } \\ \hline \end{gathered}$ | $\begin{gathered} 9 \\ \begin{array}{c} \text { \% From Col. } 7 \\ \text { Prior Year } \end{array} \end{gathered}$ | $\begin{gathered} 10 \\ \text { Total Publicly } \\ \text { Traded } \end{gathered}$ | 11 Total Privately Placed <br> (a) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 9. Total Bonds Current Year |  |  |  |  |  |  |  |  |  |  |  |
| 9.1 NAIC 1 | (d) | .29,855,662 | [ $\begin{array}{r}43,809,310 \\ -\quad 11,787,250\end{array}$ | 4,866,681 | 16,550,966 | 120,917,970 | $76.5$ | xxx | xxx | -120,623,466 | 294,502 |
| 9.2 2 NAIC 2 9.3 | (d) ${ }_{\text {(d) }} \quad \ldots \quad 6 \quad 6,108,028$ | .14,500,048 | - - - - 11,787,250 | -- - - 3 , 645,428 | 1,069,682 | 37,110,436 | $23.5$ | $\begin{aligned} & x x x \\ & x x x \end{aligned}$ |  | .37,110,436 |  |
| 9.4 NAIC 4 | (d) | 61,469 |  |  |  | $\cdots \quad . \quad 61,547$ | 0.0 | xxx | xxx | 61,546 |  |
| 9.5 NAIC 5 | (d) |  |  |  |  |  |  | XxX | XxX |  |  |
| 9.6 NAIC 6 | (d) |  |  |  | 1,278 | 1,278 | 0.0 | xxx | XXX | 1,278 |  |
| 9.7 Totals | 31 | 44,417, 179 | 55,596,560 | 8,512, 169 | 17,621,944 | 158,091,231 | 100.0 | XXX. | XXX | 157,796,726 | 294,502 |
| 9.8 Line 9.7 as a \% of Col. 6 | 20.2 | 28.1 |  |  | 11.1 | 100.0 | XXX | XxX | XXX | 99.8 | 0.2 |
| 10. Total Bonds Prior Year |  |  |  |  |  |  |  |  |  |  |  |
| 10.1 NAIC 1 | 58,393,292 | 58,505,360 | 31,561,218 | 12,618,840 | 7,519,046 | xxx | xxx | 168,597,756 | 86.9 | 167,924,543 | 673,212 |
| 10.2 NAIC 2 | 1,990,349 | 7,690,703 | 12,576,064 | .1,669,004 | 1,123,668 | xxx | XXX | 25,049,788 |  | 25,049,788 |  |
| 10.3 NAIC 3 | 4,814 $-\quad 4.471$ |  | $\begin{array}{r}6,998 \\ -\quad 37 \\ \hline-137\end{array}$ | 60,156 $-\quad 97148$ |  | ${ }_{x \times x}^{x}$ | ${ }_{x \times x}^{\text {xxX }}$ | - $-157,815$ | $\square \quad 0.1$ | $\begin{array}{r}\text { W. } \\ \hline-157,816 \\ \hline 1856 \\ \hline\end{array}$ |  |
| 10.4 NAIC 4 10.5 NAIC 5 | 4,471 $-\quad-\quad 2,777$ | 20,499 $-\quad-\quad 11,110$ | $\begin{array}{r} 37,867 \\ -\quad-\quad-\quad 13,887 \end{array}$ | $\begin{array}{r} 97,148 \\ -\quad-\quad 27,774 \end{array}$ | $\begin{array}{r} 25,882 \\ \ldots . . .66,244 \end{array}$ | xxx xxx | XXX XXX | 185,867 $.121,792$ | 0.1 0.1 | $\begin{array}{r} . .185,867 \\ . .121,792 \end{array}$ |  |
| 10.6 NAIC 6 |  |  |  |  | (17, 384) | xxx | xxx | $(17,384)$ | 0.0 | $(17,384)$ |  |
| 10.7 Totals | 60,395,703 | 66,313,519 | 44,196,034 | 14,472,922 | 8,717,456 | XXX | XXX | 194,095,634 | 100.0 | 193,422,422 | 673,212 |
| 10.8 Line 10.7 as a \% of Col. 8 | 31.1 | 34.2 | 22.8 | 7.5 | 4.5 | XxX | XxX | 100.0 | XxX | 99.7 | 0.3 |
| 11. Total Publicly Traded Bonds |  |  |  |  |  |  |  |  |  |  |  |
| 11.1 NAIC 1. 11.2 NAIC 2. | $\begin{array}{r} 25,835,351 \\ 6,108,028 \end{array}$ | $\begin{array}{r} 29,728,881 \\ .14,500,048 \end{array}$ | $\begin{array}{r} 43,809,310 \\ -\quad \begin{array}{r} 11,787,250 \end{array} \\ \hline \end{array}$ | $\begin{array}{r} 4,698,960 \\ -\quad 3,645,428 \end{array}$ | $\begin{array}{r} 16,550,965 \\ . . .1,069,682 \end{array}$ | $\begin{array}{r} 120,623,467 \\ -\quad-\quad 37,110,436 \end{array}$ | $\begin{array}{r} 76.3 \\ \hdashline-\quad 23.5 \end{array}$ | $\begin{aligned} & 167,924,542 \\ & . . ., 049,787 \end{aligned}$ | $\begin{array}{r} 86.5 \\ \hdashline \quad 12.9 \end{array}$ | $\begin{array}{r} .120,623,467 \\ . .110,436 \end{array}$ | $\begin{array}{r} x x x \\ \hdashline \quad x \quad x x \end{array}$ |
| 11.3 NAIC 3 |  |  |  |  |  |  |  | - 157,815 | $\cdots-1 .-1.0 .0 .1$ |  | xxX |
| 11.4 NAIC 4 |  | - - - . $61,61,469$ |  | . 60 | - -1.18 | - - | . 0.0 | 185,867 | 0.1 | - .-....61,547 | XXX. |
| 11.5 NAIC 5 |  |  |  |  |  |  |  | 121,792 | 0.1 |  | XXX |
| 11.6 NAIC 6 |  |  |  |  | 1,278 | 1,278 | 0.0 | $(17,384)$ | 0.0 | 1,278 | XXX |
| 11.7 Totals 11.8 Line 11. | 31,943,379 | $\begin{aligned} & . .44,290,398 \\ & \hline 28.1 \end{aligned}$ | $\begin{array}{r} \hline-55,596,560 \\ 35.2 \end{array}$ | $\begin{array}{r} . .8,344,448 \\ 5.3 \end{array}$ | $\begin{array}{\|c\|} \hline .17,621,943 \\ 112 \\ \hline \end{array}$ | $157,796,728$ 100.0 | $\text { xxx } \quad 99.8$ | $193,422,419$ $\mathbf{x x x}$ | xxx | 157,796,728 | $\begin{aligned} & x x x \\ & x x y \end{aligned}$ |
| 11.9 Line 11.7 as a \% of Line 9.7, Col. 6, Section 9 | . 2 | 28.0 | 35.2 | 5.3 | 11.1 | 99.8 | XXX | xxx | XxX | 99.8 | xxx |
| 12. Total Privately Placed Bonds |  |  |  |  |  |  |  |  |  |  |  |
| 12.1 NAIC 1 |  | . 126,781 |  | .167,721 |  | 294,502 | .0.2 | . 673,212 | 0.3 | xxx | 294,502 |
| 12.2 NAIC 2 |  |  |  |  |  |  |  |  |  | Xxx |  |
| 12.3 NAIC 3 |  |  |  |  |  |  |  |  |  | XxX |  |
| 12.4 NAIC 4 |  |  |  |  |  |  |  |  |  | xxx |  |
| 12.5 NAIC 5 |  |  |  |  |  |  |  |  |  | XXX |  |
| 12.6 NAIC 6 |  |  |  |  |  |  |  |  |  | XxX |  |
| 12.7 Totals |  | 126,781 |  | 167,721 |  |  | 0.2 | 673,212 | 0.3 | xxX | 294,502 |
| 12.8 Line 12.7 as a \% of Col. 6 . |  | 43.0 |  | 57.0 |  | 100.0 | XXX. | XXX. | XXX. | XXX. | 100.0 |
| 12.9 Line 12.7 as a \% of Line 9.7 , Col. |  | 0.1 |  | 0.1 |  | 0.2 | XXX | XXX | XXX | XxX | 0.2 |
| ) Includes $\qquad$ current year, \$ curentyear s Securities Valuation Office (SVO) at the date of the statement. " $Z$ " means the prior year of bonds with $Z$ designations and \$ .................... SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory prior year of bonds with $Z^{*}$ designations. The letter " $Z$ " means the NAIC designation was not assigned by the ry review. Includes \$ <br>  current year, \$ prior year of bonds with $6^{*}$ designations. " $5 * "$ means the NAIC designation was assigned by the SVO in <br>  <br> (d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ $\qquad$ ; NAIC 2 \$ $\qquad$ ; NAIC 3 \$ $\qquad$ ; NAIC 4 \$ $\qquad$ ; NAIC 5 \$ $\qquad$ NAIC 6 \$ $\qquad$ |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION
SCHEDULE D - PART 1A - SECTION 2

| Distribution by Type | 1 <br> 1 Year or Less | 2 Over ${ }^{1}$ Year Through 5 Years | $\begin{gathered} 3 \\ \text { Over } 5 \text { Years } \\ \text { Through } 10 \text { Years } \end{gathered}$ | 4 Over 10 Years Through 20 Years | 5 <br> Over 20 Years | $\begin{aligned} & 6 \\ & \text { Total Current } \\ & \text { Year } \end{aligned}$ | $\begin{array}{c\|} 7 \\ \text { Col. } 6 \text { as a \% } \\ \text { of Line } 9.5 \end{array}$ | $\begin{gathered} 8 \\ \hline \begin{array}{c} \text { Total from Col } 6 \\ \text { Prior Year } \end{array} \end{gathered}$ | $\begin{gathered} 9 \\ \begin{array}{c} 9 \\ \% \\ 7 \text { Prom Col. } \end{array} \end{gathered}$ | $\begin{gathered} 10 \\ \text { Total Publicly } \\ \text { Traded } \end{gathered}$ | 11 Total Privately Placed |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. U.S. Governments <br> 1.1 Issuer Obligations <br> 1.2 Residential Mortgage-Backed Securities <br> 1.3 Commercial Mortgage-Backed Securities <br> 1.4 Other Loan-Backed and Structured Securities | -.-- 1, 196,059 | ….......3,672,030 | -- 17, $\quad 17,667,011$ | $\cdots$ |  | ---.-. $22,535,100$ | $\ldots \quad 14.3$ | $\begin{array}{r} \quad 21,027,456 \\ \hdashline-\quad 11,463,594 \end{array}$ | $\quad 10.8$ <br> $-\quad-\quad . \quad$ <br> $-\quad-\quad .9$ | 22,535,099 |  |
| 1.5 Totals | 1,196,059 | 3,672,030 | 17,667,011 |  |  | 22,535,100 | 14.3 | 32,491,050 | 16.7 | 22,535,099 |  |
| 2. All Other Governments <br> 2.1 Issuer Obligations <br> 2.2 Residential Mortgage-Backed Securities <br> 2.3 Commercial Mortgage-Backed Securities <br> 2.4 Other Loan-Backed and Structured Securities <br> 2.5 Totals |  |  |  |  |  |  |  |  |  |  |  |
|  | $\qquad$ |  |  | $+\quad+$ |  |  | $\square$ |  |  |  |  |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed <br> 4.1 Issuer Obligations <br> 4.2 Residential Mortgage-Backed Securities <br> 4.3 Commercial Mortgage-Backed Securities <br> 4.4 Other Loan-Backed and Structured Securities <br> 4.5 Totals |  |  | $\cdots-\square_{-}$ | $\qquad$ |  | 3,998,228 3,998,228 | $2.5$ $2.5$ |  |  | .-3,998,228 <br> 3.998.228 |  |
|  |  | $\begin{array}{r} 26,633,417 \\ \hdashline \quad \begin{array}{r} 94,067 \\ \hline 8,684,001 \\ \hline 35,411,485 \\ \hline \end{array} \mathbf{r} \\ \hline \end{array}$ |  |  | $7,893,582$ <br> $\quad 2, \quad 22,40$ <br> $\quad 4,263,006$ <br> $\quad 10,179,028$ | $93,366,667$ <br> $\quad 305,49$ <br> $\quad$$13,704,460$ <br> $\quad 8,8518,722$ <br> $116,228,268$ |  | $125,291,937$ <br> $\quad 10$, <br> $\quad 10,688,805$ <br> $135,980,742$ |  |  | $\begin{array}{r} 294,502 \\ \hline 294,502 \\ \hline \end{array}$ |
|  |  |  |  |  | $\qquad$ |  |  | $\qquad$ |  |  |  |
| 8. Parent, Subsidiaries and Affiliates <br> 8.1 Issuer Obligations <br> 8.2 Residential Mortgage-Backed Securities <br> 8.3 Commercial Mortgage-Backed Securities <br> 8.4 Other Loan-Backed and Structured Securities <br> 8.5 Totals |  |  |  |  |  |  |  |  |  |  |  |

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

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


## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

SCHEDULE DA - VERIFICATION BETWEEN YEARS

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - Verification
NONE
Schedule DB - Part B - Verification
NONE
Schedule DB - Part C - Section 1
NONE
Schedule DB - Part C - Section 2
NONE
Schedule DB - Verification
NONE
Schedule E - Verification Between Yrs
NONE
Schedule A - Part 1
NONE
Schedule A - Part 2
NONE
Schedule A - Part 3
NONE
Schedule B - Part 1
NONE
Schedule B - Part 2
NONE

Schedule B - Part 3
NONE
Schedule BA - Part 1
NONE
Schedule BA - Part 2
NONE
Schedule BA - Part 3
NONE

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE D - PART 1



## SCHEDULE D - PART 1



SCHEDULE D - PART 1


## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

SCHEDULE D - PART 1


## SCHEDULE D - PART 1



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE D - PART 2 - SECTION 1



## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE D - PART 2 - SECTION 2



SCHEDULE D - PART 3


ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION
SCHEDULE D - PART 4


ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION
SCHEDULE D - PART 4


ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE D - PART 4



## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE D - PART 5



SCHEDULE D - PART 6 - SECTION 1


SCHEDULE D - PART 6 - SECTION 2


SCHEDULE DA - PART 1


Schedule DB - Part A - Section 1
NONE
Schedule DB - Part A - Section 2
NONE
Schedule DB - Part B - Section 1
NONE
Schedule DB - Part B - Section 2
NONE
Schedule DB - Part D - Section 1
NONE
Schedule DB - Part D - Section 2
NONE
Schedule DL - Part 1
NONE
Schedule DL - Part 2
NONE

SCHEDULE E - PART 1 - CASH


|  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2. February | 8,8,946,988 | 5. May | . $5,831,573$ | 8. August | .10,916,570 | 11. November | 7,019,144 |
| 3. March | 8,821,874 | 6. June | 8,868,368 | 9. September | 8,824,384 | 12. December | 9,006,708 |

## SCHEDULE E-PART 2 - CASH EQUIVALENTS



SCHEDULE E - PART 3 - SPECIAL DEPOSITS



[^0]:    (a) Includes management fees of \$

[^1]:    18.1 Do you act as a custodian for health savings accounts?
    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?
    18.4 If yes, please provide the balance of the funds administered as of the reporting date

[^2]:    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:

[^3]:    | Asterisk | Iri iad Guaranty Insurance Corporation, $16.9 \%$ investment, remaining shares are publ ic. |
    | :---: | :---: |
    | 1 |  |

