

ALABAMA DEPARTMENT OF INSURANCE

201 MONROE STREET, SUITE 1700
MONTGOMERY, AL 36104
TELEPHONE: (334) 269-3550
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CAPTIVE INSURANCE COMPANY FINANCIAL STATEMENT- PURE AND INDUSTRIAL INSURED

- Annual Statement
- Quarterly Statement

Company ID

For the period ended

Company Name

Date Incorporated

Date Commenced Business

CONTACT INFORMATION

Name

Address

City State Zip Code

Phone Number Fax Number email

OFFICERS**

President Vice President

Secretary Vice President

Treasurer Vice President

DIRECTORS**

ATTESTATION

State of

County of

The below described officers, being first duly sworn, each for himself/herself deposes and says that they are the above described officers of said captive insurer, and that on the last day of the period presented, all of the herein described assets were the absolute property of the said captive, free and clear from any liens or claims thereon, except as stated, and that this statement, together with related exhibits, schedules, and explanations therein contained, annexed or referred to are a full and true statement of all assets and liabilities and of the condition and affairs of said captive as of the date presented in accordance with Statutory Accounting Principles (SAP) or Generally Accepted Accounting Principles (GAAP), the prior approval for which has been granted by the Alabama Commissioner of Insurance, and of its income and deductions therefrom for the period ended on that date, according to the best of their information, knowledge and belief, respectively.

President

Secretary

Treasurer*

* Or corresponding person having charge of the accounts of the captive.

** Show full name and indicate by # sign those who did not occupy the indicated position in the previous statement.

BALANCE SHEET

ASSETS

Current Period

Prior Period

1.	Bonds		
2.	Stocks		
3.	Cash		
4.	Saving and Certificates of Deposit		
5.	Other Invested Assets:		
	a) <input style="width: 300px;" type="text"/>		
	b) <input style="width: 300px;" type="text"/>		
6.	Investment Income Due and Accrued		
7.	Accounts and Premiums Receivable		
8.	Investments In and Advances to Affiliates		
9.	Reinsurance Recoverable on Unpaid Losses and LAE		
10.	Reinsurance Recoverable on Paid Losses and LAE		
11.	Funds Held by Ceding Reinsurers		
12.	Prepaid Reinsurance Premiums		
13.	Deposits with Reinsurers		
14.	Letters of Credit		
15.	Other Assets:		
	a) <input style="width: 300px;" type="text"/>		
	b) <input style="width: 300px;" type="text"/>		
	c) <input style="width: 300px;" type="text"/>		
16.	Total Assets		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period	Prior Period
17. Losses	<input type="text"/>	<input type="text"/>
18. Loss Adjustment Expenses	<input type="text"/>	<input type="text"/>
19. Reinsurance Payable on Paid Losses and LAE	<input type="text"/>	<input type="text"/>
20. Deposits Held Pursuant to Insurance Contracts	<input type="text"/>	<input type="text"/>
21. Commissions, Expenses and Fees	<input type="text"/>	<input type="text"/>
22. Taxes Payable	<input type="text"/>	<input type="text"/>
23. Unearned Premium	<input type="text"/>	<input type="text"/>
24. Reinsurance Balance Payable	<input type="text"/>	<input type="text"/>
25. Loans and Notes Payable	<input type="text"/>	<input type="text"/>
26. Amounts Due to Affiliates	<input type="text"/>	<input type="text"/>
27. Funds Held Under Reinsurance Contracts	<input type="text"/>	<input type="text"/>
28. Dividends Payable	<input type="text"/>	<input type="text"/>
29. Other Liabilities:		
a) <input type="text"/>	<input type="text"/>	<input type="text"/>
b) <input type="text"/>	<input type="text"/>	<input type="text"/>
c) <input type="text"/>	<input type="text"/>	<input type="text"/>
30. Total Liabilities	<input type="text"/>	<input type="text"/>
31. Capital:		
Paid in Capital (Par Value)	<input type="text"/>	<input type="text"/>
32. Surplus:		
Contributed Surplus	<input type="text"/>	<input type="text"/>
Unrealized Gains (Losses) on Investments	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
33. Total Capital and Surplus	<input type="text"/>	<input type="text"/>
34. Total	<input type="text"/>	<input type="text"/>

STATEMENT OF INCOME

Current Period

Prior Period

Underwriting Income

1.	Net Premiums Written (Premium Schedule, C.6,Total)		
2.	Net (Increase) Decrease in Unearned Premiums		
3.	Net Premiums Earned (Lines 1+ 2)		
4.	Other Insurance Income		
5.	Total Income (Lines 3 + 4)		

Underwriting Expenses

6.	Net Losses Incurred		
7.	Net Loss Adjustment Expenses Incurred		
8.	Commissions and Brokerage Fees		
9.	Underwriting Expenses		
10.	Other Expenses		

11.	Total Underwriting Expenses (L 6 through 10)		
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12.	Underwriting Profit (Loss) (L 5 - 11)		
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13.	Investment Income (Net of Expenses)		
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14.	Other Income		
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15.	Other Expenses		
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16.	Income Before Dividends and Taxes (L 12+13+14-15)		
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17.	Dividends to Policyholders		
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18.	Taxes		
-----	-------	--	--

19.	Net Income (L 16-17-18)		
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CAPITAL AND SURPLUS ACCOUNT

	Current Period	Prior Period
20. Capital and Surplus End of Previous Year	<input type="text"/>	<input type="text"/>
21. Net Income	<input type="text"/>	<input type="text"/>
22. Net Unrealized Capital Gains (Losses) (Including Equity Income (Loss) on Subsidiaries)	<input type="text"/>	<input type="text"/>
23. Capital Changes:		
a) Paid In	<input type="text"/>	<input type="text"/>
b) Transferred from Surplus (Stock Dividends)	<input type="text"/>	<input type="text"/>
c) Transferred to Surplus	<input type="text"/>	<input type="text"/>
24. Surplus Changes:		
a) Paid In	<input type="text"/>	<input type="text"/>
b) Transferred from Surplus (Stock Dividends)	<input type="text"/>	<input type="text"/>
c) Transferred to Surplus	<input type="text"/>	<input type="text"/>
25. Dividends to Stockholders	<input type="text"/>	<input type="text"/>
26. Extraordinary Taxes for Prior Years	<input type="text"/>	<input type="text"/>
27. Other:		
a) <input type="text"/>	<input type="text"/>	<input type="text"/>
b) <input type="text"/>	<input type="text"/>	<input type="text"/>
c) <input type="text"/>	<input type="text"/>	<input type="text"/>
d) <input type="text"/>	<input type="text"/>	<input type="text"/>
28. Capital and Surplus, End of Current Year (P3, L33)	<input type="text"/>	<input type="text"/>

QUESTIONNAIRE

1. Name of the company, corporation or association who directly or indirectly owned or controlled the captive insurance company.

CAPITAL STOCK OF CAPTIVE

Class	# Shares Authorized	# Shares Outstanding	Par Value
Preferred	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Common	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

2. Approved manager's information

Name

Firm Name

Address

City State Zip Code

Phone Number

3. Approved actuary's information

Name

Firm Name

Address

City State Zip Code

Phone Number

4. Approved independant CPA's information

Name

Firm Name

Address

City State Zip Code

Phone Number

5. Alabama registered agent for service of process.

Name

Firm Name

Address

City State Zip Code

Phone Number

- | | <u>YES</u> | <u>NO</u> |
|---|--|---------------------------------------|
| 6. Have all transactions of the captive of which notice was received at the home office on or before the close of business on the date of this statement been truthfully and accurately entered on its books? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Largest "net" amount insured in any one risk:

Per Occurance <input style="width: 100px;" type="text"/> Aggregate <input style="width: 100px;" type="text"/> | | |
| 8. Has the "net" aggregate increased over the last year?

If yes, by what amount? <input style="width: 150px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If the captive is an industrial insured, do all members meet the industrial insured requirements as stated in Section 27-10-20 of Act No. 2006-509? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has any change been made during the year of this statement in the Articles of Incorporation, By-Laws or Articles of Association? If yes, provide copies if not already filed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The assets of the company have been valued in accordance with <u>SAP</u> <input type="checkbox"/> <u>GAAP</u> <input type="checkbox"/> . If GAAP, attach a copy of the written approval issued by the Commissioner authorizing its use. | | |
| 12. Has the company adopted a yearly conflict of interest procedure for officers, directors, and key employees? | <u>YES</u>
<input type="checkbox"/> | <u>NO</u>
<input type="checkbox"/> |
| 13. Has the company changed its plan of operation during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have losses been discounted?
If yes, what interest rate was used? <input style="width: 100px;" type="text"/>
What was the total amount of the discount? <input style="width: 150px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were any of the assets of the company pledged as collateral at any time during the year? If yes, attach exhibit setting forth a description of those assets. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is the company writing or assuming unrelated business?
If yes, what is percentage of total business? <input style="width: 50px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the independant CPA provide other services for the captive or its parent? If yes, attach an exhibit describing services provided. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Does the actuary who certifies as to the adequacy of loss reserves at year end also compute monthly or quarterly reserves of the captive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has the captive changed auditors or actuaries from the previous year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the company issue assessible policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has the captive entered into any financial insurance or financial reinsurance contracts? If yes, attach an exhibit describing arrangement including amounts received, paid, imputed interest and companies involved. | <input type="checkbox"/> | <input type="checkbox"/> |

21. Were any of the stocks, bonds or other assets of the reporting entity owned as of the statement date not exclusively under the control of the reporting entity?	<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>
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21.2 If yes, state the amount thereof as of the reporting date:

Loaned to others	
Subject to repurchase agreements	
Subject to reverse repurchase agreements	
Subject to dollar repurchase agreements	
Pledged as collateral	
Placed under option agreements	
Letter stock or other securities restricted as to sale	
On deposit with state or other regulatory body	
Other	

21.3 Attach an exhibit providing a description for all amounts reflected in 21.2.

List all the captives service providers and their function(s) (Supply additional pages if needed.)

Provider	
Function(s)	
Provider	
Function(s)	
Provider	
Function(s)	
Provider	
Function(s)	

Premium Schedule

Line of Business	(1) Direct Business		(2) Reinsurance Assumed		(3) Premiums Acct'd for by Deposit Method	(4) Reinsurance Ceded	(5) Reinsurance Acct'd for by Deposit Method	(6) 1+2+3+4+5 Net Premiums Written
	Related	Unrelated	Related	Unrelated				
1. Automobile Liability								
2. General & Product Liability								
3. Professional Liability								
4. Other Liability								
5. Excess Workers' Compensation								
6. Disability								
7. All Other Lines (Describe below other lines included in 7.)								
Totals								

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Lines included in 7 above.

REINSURANCE

CEDED AS OF:

Reinsurance
Recoverable on Paid &

Affiliates:

Name of Reinsurer	State	NAIC #	Unpaid Losses & LAE	Premium Ceded	Prepaid Reinsurance	Form of Security	Amount of Security

Non-Affiliates:

Total							
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(pg. 2, L.9+10)

(pg. 9, C. 4-5)

(pg. 2, L.12)

REINSURANCE

ASSUMED AS OF:

Reinsurance Payable
on Paid &

Affiliates:

Name of Reinsurer	State	NAIC #	Unpaid Losses & LAE	Premium Assumed	Unearned Premiums

Non-Affiliates:

Total					
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UNPAID LOSSES & LAE

UNPAID LOSSES

Line of Business	(1) Case Basis Direct and Assumed	(2) Case Basis Reinsurance Recoverable	(3) IBNR Direct and Assumed	(4) IBNR Reinsurance Recoverable	(5) Net Losses Unpaid (1-2+3-4)
Automobile Liability					
General & Product Liability					
Professional Liability					
OtherLiability					
Excess Workers' Compensation					
Disability					
All Other Lines					
Total					

UNPAID LAE

Line of Business	(6) Case Basis Direct and Assumed	(7) Case Basis Reinsurance Recoverable	(8) IBNR Direct and Assumed	(9) IBNR Reinsurance Recoverable	(10) Net LAE Unpaid (6-7+8-9)	% of Columnn 10 to 5
Automobile Liability						
General & Product Liability						
Professional Liability						
OtherLiability						
Excess Workers' Compensation						
Disability						
All Other Lines						
Total						

LOSSES \$ LAE PAID AND INCURRED

LOSSES	Losses Paid Less Salvage				(5) Net Losses Unpaid Current Year	(6) Net Losses Unpaid Prior Year	(7) Net Losses Incurred (4+5-6)	(8) Ratio of Losses Incurred to Premiums Earned	LAE Paid Less Salvage		
	(1) Direct Business	(2) Reinsurance Assumed	(3) Reinsurance Recovered	(4) Net Payments 1+2-3					(9) Direct Business	(10) Reinsurance Assumed	(11) Reinsurance Recovered
Line of Business											
Automobile Liability											
General & Product Liability											
Professional Liability											
OtherLiability											
Excess Workers' Compensation											
Disability											
All Other Lines											
Total											

LAE	LAE - Cont'd	Losses Paid Less Salvage		(15) Net LAE Incurred (12+13-14)	(16) Ratio of L Incurred to Premiums Earned
Line of Business	(12) Net Payments 9+10-11	(13) Net LAE Unpaid Current Year	(14) Net LAE Unpaid Prior Year		
Automobile Liability					
General & Product Liability					
Professional Liability					
OtherLiability					
Excess Workers' Compensation					
Disability					
All Other Lines					
Total					

SUMMARY
ALL LINES OF BUSINESS

Year In Which Losses Were Incurred	NET INCURRED LOSSES AND EXPENSES REPORTED AT END OF YEAR										Difference Between First & Current Year	Net Premiums Earned	% Current Year Losses Incurred to Prem. Earned
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY			
CY-9 & Prior													
CY-8													
CY-7													
CY-6													
CY-5													
CY-4													
CY-3													
CY-2													
CY-1													
CY													

AUTOMOBILE LIABILITY NET LOSSES AND LAE

Year In Which Losses Were Incurred	PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

AUTOMOBILE LIABILITY NET LOSSES AND LAE- Contined

Year In Which Losses Were Incurred	OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

AUTOMOBILE LIABILITY NET LOSSES AND LAE- Continued

Year In Which Losses Were Incurred	IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

AUTOMOBILE LIABILITY NET LOSS DEVELOPMENT

Year In Which Losses Were Incurred	NET INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR										Net Premiums Earned	% Current Year Losses Incurred to Prem. Earned
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY		
CY-9 & Prior												
CY-8												
CY-7												
CY-6												
CY-5												
CY-4												
CY-3												
CY-2												
CY-1												
CY												

GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE

Year In Which Losses Were Incurred	PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE- Contined

Year In Which Losses Were Incurred	OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

GENERAL & PRODUCT LIABILITY NET LOSSES AND LAE- Continued

Year In Which Losses Were Incurred	IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

GENERAL & PRODUCT LIABILITY NET LOSS DEVELOPMENT

Year In Which Losses Were Incurred	NET INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR										Net Premiums Earned	% Current Year Losses Incurred to Prem. Earned
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY		
CY-9 & Prior												
CY-8												
CY-7												
CY-6												
CY-5												
CY-4												
CY-3												
CY-2												
CY-1												
CY												

PROFESSIONAL LIABILITY NET LOSSES AND LAE

Year In Which Losses Were Incurred	PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

PROFESSIONAL LIABILITY NET LOSSES AND LAE- Contined

Year In Which Losses Were Incurred	OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

PROFESSIONAL LIABILITY NET LOSSES AND LAE- Continued

Year In Which Losses Were Incurred	IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

PROFESSIONAL LIABILITY NET LOSS DEVELOPMENT

Year In Which Losses Were Incurred	NET INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR										Net Premiums Earned	% Current Year Losses Incurred to Prem. Earned
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY		
CY-9 & Prior												
CY-8												
CY-7												
CY-6												
CY-5												
CY-4												
CY-3												
CY-2												
CY-1												
CY												

OTHER LIABILITY NET LOSSES AND LAE

Year In Which Losses Were Incurred	PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

OTHER LIABILITY NET LOSSES AND LAE- Contined

Year In Which Losses Were Incurred	OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

OTHER LIABILITY NET LOSSES AND LAE- Continued

Year In Which Losses Were Incurred	IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE

Year In Which Losses Were Incurred	PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE- Contined

Year In Which Losses Were Incurred	OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

EXCESS WORKERS' COMPENSATION NET LOSSES AND LAE- Continued

Year In Which Losses Were Incurred	IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

DISABILITY NET LOSSES AND LAE

Year In Which Losses Were Incurred	PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

DISABILITY NET LOSSES AND LAE- Contined

Year In Which Losses Were Incurred	OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

DISABILITY NET LOSSES AND LAE- Continued

Year In Which Losses Were Incurred	IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

ALL OTHER LINES NET LOSSES AND LAE

Year In Which Losses Were Incurred	PAID LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

ALL OTHER LINES NET LOSSES AND LAE- Contined

Year In Which Losses Were Incurred	OUTSTANDING LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

ALL OTHER LINES NET LOSSES AND LAE- Continued

Year In Which Losses Were Incurred	IBNR LOSSES AND LOSS ADJUSTMENT EXPENSES AT END OF YEAR									
	CY-9 & Prior	CY-8	CY-7	CY-6	CY-5	CY-4	CY-3	CY-2	CY-1	CY
CY-9 & Prior										
CY-8										
CY-7										
CY-6										
CY-5										
CY-4										
CY-3										
CY-2										
CY-1										
CY										

