

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## **QUARTERLY STATEMENT**

AS OF SEPTEMBER 30, 2018

OF THE CONDITION AND AFFAIRS OF THE

## MGIC INDEMNITY CORPORATION

		0105 0105	NAIC Company Code	18740	Employer's I	D Number 39-0916088	
Organized under the Law		urrent) (Prior) Wisconsin	, Sta	ate of Domicile	e or Port of Er	ntry WI	
Country of Domicile			United States of Ar	nerica			
Incorporated/Organized	11	1/15/1956		Commenced I	Business	02/15/1957	
Statutory Home Office	250 E	ast Kilbourn Avenue				Milwaukee , WI, US 53202	
	(Str	reet and Number)			(City or 7	Fown, State, Country and Zip Code)	
Main Administrative Offic	e		250 East Kilbourn A	Avenue			
			(Street and Num				
	Milwaukee , WI, US	53202	,			800-558-9900	
(C	ity or Town, State, Countr	y and Zip Code)			(Are	ea Code) (Telephone Number)	
Mail Address		Box 756	,			Milwaukee, WI, US 53201	
	(Street and Nu	umber or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Book	s and Records		250 East Kilbourn	Avenue			
			(Street and Num	iber)			
	Milwaukee , WI, US					800-558-9900	
(C	ity or Town, State, Countr	y and Zip Code)			(Are	ea Code) (Telephone Number)	
Internet Website Address	×		www.MGIC.co	m			
Statutory Statement Cont	act	Heidi Ann Heyr	man			800-558-9900-2646	
		(Name)		(Area Code) (Telephone Number)			
	govreg_alerts@mg			_, 414-347-6959			
	(E-mail Addres	ss)				(FAX Number)	
			OFFICERS	6			
President & Ch							
	cer	Patrick Sinks	Vice	President & C	Controller	Julie Kay Sperber	
Executive Vice Presiden							
Secret	ary Pau	Ila Christine Maggio	#		<del></del>		
			OTHER				
	hes, Executive Vice Presi		Stephen Crail Mackey, Executive Vice President		sident	Timothy James Mattke, Executive Vice President	
Salvatore Antonino I	Miosi, Executive Vice Pres	sident					
			DIRECTORS OR TH	RUSTEES			
Heic	li Ann Heyrman		Stephen Crail Mackey			Paula Christine Maggio #	
	hy James Mattke		Lisa Marie Pend	ergast		Patrick Sinks	
. luli	e Kay Sperher						

State of	Wisconsin	00.
County of	Milwaukee	SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the 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. to the losed statement.

Patrick Sinks

.ggio Paula Christine Ma

Executive Vice President & Secretary

C

President & Chief Executive Officer

Subscribed and sworn to before me this

9th day of ser Q Rosemary Glatczak Notary Public

My commission expires April 12, 2019

BUT SEMARY GLAJ NOTAPL Z STATE , BLIC WISCONST OF

November, 2018

- Is this an original filing?
- b. If no. 1. State the amendment number.
  - 2. Date filed
  - 3. Number of pages attached.

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Julie Kay Sperber Vice President & Controller

Yes[X]No[]

	AS	SETS			
			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	146,478,781		146,478,781	
	Stocks:				
۷.	2.1 Preferred stocks				
•					
3.	Mortgage loans on real estate:				
	3.1 First liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	4.2 Properties held for the production of income (less				
	\$ encumbrances)				
	4.3 Properties held for sale (less \$				
	encumbrances)				
5.	Cash (\$				
	(\$2,030,634 ) and short-term				
	investments (\$	2 485 900		2 485 900	5 113 543
6.	Contract loans (including \$ premium notes)				
7.	Derivatives				
8.	Other invested assets			1 015 020	
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
	Subtotals, cash and invested assets (Lines 1 to 11)			151,159,913	
13.	Title plants less \$ charged off (for Title insurers				
	only)				
14.	Investment income due and accrued	1,254,626		1,254,626	1,389,883
15.	Premiums and considerations:				
	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 (including \$				
	earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$				
16.	Reinsurance:				
10.	16.1 Amounts recoverable from reinsurers	87 269		87 269	39 469
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
47					
	Amounts receivable relating to uninsured plans				041 766
	Current federal and foreign income tax recoverable and interest thereon				
	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets				
	(\$				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	403,047		403,047	
24.	Health care (\$				
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)		2,359,035		
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	155,811,406	2,359,035	153,452,371	147,232,433
	DETAILS OF WRITE-INS				
1101.					
1102.					
1102.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1198. 1199.					
	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) Miscellaneous receivables	10 070		40.070	10 007
2501.					
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)	42,979		42,979	46,807

ASSETS

NOTE: We elected to use rounding in reporting amounts in this statement.

# LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$		2,077,862
	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses		60, 125
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$		
7.2	Net deferred tax liability		
8.	Borrowed money \$ and interest thereon \$		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$		
	including warranty reserves of \$ and accrued accident and health experience rating refunds		
	including \$ for medical loss ratio rebate per the Public Health Service Act)		1,967,028
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		401,505
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$ certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$ and interest thereon \$		
25.	Aggregate write-ins for liabilities		49,856,521
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		54,363,041
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	(5,929,967)	(8,944,400)
36.	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 30 \$		
	36.2 shares preferred (value included in Line 31 \$		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	. 95,883,825	92,869,392
38.	Totals (Page 2, Line 28, Col. 3)	153,452,371	147,232,433
	DETAILS OF WRITE-INS		
2501.	Contingency reserve per Wisconsin Administrative Code Section Insurance 3.09(14)		49,856,521
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)	52,842,916	49,856,521
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**

		1 Current	2 Prior Year	3 Prior Year Ended
		Year to Date	to Date	December 31
	UNDERWRITING INCOME Premiums earned:			
	.1 Direct (written \$	5 979 276	8 472 649	10 951 284
	.2 Assumed (written \$			
	.3 Ceded (written \$			
1	.4 Net (written \$4,677,319 )		7,397,326	
	DEDUCTIONS:			
2. L	.osses incurred (current accident year \$	(252,420)	(202,000)	400 944
	2.1 Direct			
	2.3 Ceded			
	2.4 Net		,	
3. I	oss adjustment expenses incurred			
4. 0	Dther underwriting expenses incurred		1,258,300	1,635,231
5. /	Aggregate write-ins for underwriting deductions	2,986,395	4,226,215	5,463,004
	Total underwriting deductions (Lines 2 through 5)		5,077,675	7,341,199
	Net income of protected cells Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	1 607 076	2 210 651	
8. 1	INVESTMENT INCOME		2,319,001	1,904,023
9. 1	Net investment income earned	2 459 487	2 267 999	
	Jet realized capital gains (losses) less capital gains tax of \$	(254,648)	(69,631)	
	Net investment gain (loss) (Lines 9 + 10)		2,198,368	2,973,684
	OTHER INCOME			
12. 1	Net gain or (loss) from agents' or premium balances charged off (amount recovered			
	\$(2,724) )			
	inance and service charges not included in premiums			
	Aggregate write-ins for miscellaneous income	0.704	0 167	0.464
	Fotal other income (Lines 12 through 14) Net income before dividends to policyholders, after capital gains tax and before all other federal	2,724	3,167	3,464
10. 1	and foreign income taxes (Lines 8 + 11 + 15)		4,521,186	4,961,173
17. I	Dividends to policyholders			
18. I	Net income, after dividends to policyholders, after capital gains tax and before all other federal and			
	foreign income taxes (Line 16 minus Line 17)		4,521,186	
	ederal and foreign income taxes incurred	807,082 3,087,757	1,547,622 2,973,564	<u>1,724,558</u> 3,236,615
20. 1	Net income (Line 18 minus Line 19)(to Line 22) CAPITAL AND SURPLUS ACCOUNT	3,087,757	2,973,304	3,230,013
21. 5	Surplus as regards policyholders, December 31 prior year	92,869,392	89,924,654	89,924,654
	Vet income (from Line 20)			
	Change in net unrealized capital gains (losses) less capital gains tax of \$			
	Change in net unrealized foreign exchange capital gain (loss)			
	Change in net deferred income tax			(1,488,243)
	Change in nonadmitted assets			
	Change in provision for reinsurance			
	Change in surplus notes Surplus (contributed to) withdrawn from protected cells			
	Cumulative effect of changes in accounting principles			
	Capital changes:			
	32.1 Paid in			
:	32.2 Transferred from surplus (Stock Dividend)			
3	32.3 Transferred to surplus			
	Surplus adjustments:			
	33.2 Transferred to capital (Stock Dividend)			
	33.3 Transferred from capital			
	Dividends to stockholders			
	Change in treasury stock			
	Aggregate write-ins for gains and losses in surplus			
38. (	Change in surplus as regards policyholders (Lines 22 through 37)	3,014,433	2,856,065	2,944,738
	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	95,883,825	92,780,719	92,869,392
	DETAILS OF WRITE-INS			
	Contingency reserve contribution per Wisconsin Administrative Code Section Insurance	2,989,033	1 235 062	5,475,142
	20 month release of statutory contingency reserve			
0503.	more		(•,• )	( .=,,
	Summary of remaining write-ins for Line 5 from overflow page			
	Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	2,986,395	4,226,215	5,463,004
1401				
	Summary of remaining write-ins for Line 14 from overflow page			
	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
	Summary of remaining write-ins for Line 37 from overflow page			
	Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

## **CASH FLOW**

		Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations		i o Dato	2000
1.	Premiums collected net of reinsurance	4,409,448	6,526,118	
2.	Net investment income			
3.	Miscellaneous income	2,724	3,167	3,4
4.	Total (Lines 1 to 3)	8,234,291	10,112,089	13,290,86
5.	Benefit and loss related payments		(118,394)	
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$(105,907) tax on capital			
	gains (losses)	411,000	1,475,000	1,865,90
10.	Total (Lines 5 through 9)	1,776,653	2,627,323	3,498,16
11.	Net cash from operations (Line 4 minus Line 10)	6,457,638	7,484,766	9,792,6
		0,437,000	7,404,700	3,732,00
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks			
	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			
	12.7 Miscellaneous proceeds	(1,915,232)		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):	, ,	, ,	
	13.1 Bonds	28 636 632		33 168 6
	13.2 Stocks			,
	13.3 Mortgage loans			
	13.4 Real estate	280.000	492.000	492.00
	13.5 Other invested assets	, ,	·····, ····, ····	······································
	13.6 Miscellaneous applications	(1,914,307)		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	27,002,325	21,482,859	33,660,64
14.	Net increase (or decrease) in contract loans and premium notes	21,002,020	21,402,000	
14.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(9,162,490)	(9,021,576)	(7,984,3
15.		(3,102,400)	(0,021,070)	(7,004,0
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	77,209	785,889	921,0
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5			
	plus Line 16.6)	77,209	785,889	921,0
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,627,643)	(750,921).	2,729,4
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	5,113,543	2,384,133	
	19.2 End of period (Line 18 plus Line 19.1)	2,485,900	1,633,212	5,113,5

### NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

Accounting Practices The financial statements of MGIC Indemnity Corporation ("MIC") are presented on the basis of accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin ("OCI"). The OCI recognizes only statutory accounting practices prescribed or permitted by the State of Wisconsin for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Wisconsin for determining and reporting the financial contantion and results of operations of an insurance company, for determining its solvency under the Wisconsin insurance law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed practices by the OCI. The OCI has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, Wisconsin domiciled companies record changes in the contingency loss reserves through the income statement as an underwriting deduction. In NAIC SAP, changes in the contingency loss reserves are recorded directly to unassigned surplus. In addition, Wisconsin domiciled companies' annual contribution to the contingency loss reserve is calculated as the greater of a) fifty percent of net earned premium or b) one-seventh of the result of the minimum policyholders' position calculation provided under Wisconsin Administrative Code Section Insurance 3.09(14). In NAIC SAP, the annual contribution to the contingency loss reserve is fifty percent of net earned premium. The OCI has the right to permit other specific practices that deviate from prescribed practices. A reconciliation of our net income and capital and surplus between NAIC SAP and practices prescribed by the OCI is shown below:

		F/S				
SSAP #	F/S Page	Line #		2018		2017
XXX	XXX	XXX	\$	3,087,757	\$	3,236,615
00	4	5, 37		(2,986,395)		(5,463,004)
				-		-
XXX	XXX	XXX	\$	6,074,152	\$	8,699,619
XXX	XXX	XXX	\$	95,883,825	\$	92,869,392
00	3	37		(1,649,040)		(1,651,366)
				-		-
XXX	XXX	XXX	¢	97,532,865	\$	94,520,758
	XXX 00 XXX XXX 00	XXX XXX 00 4 XXX XXX XXX XXX 00 3	SSAP #F/S PageLine #XXXXXXXXX0045, 37XXXXXXXXXXXXXXXXXXXXXXXXXXX00337	SSAP #         F/S Page         Line #           XXX         XXX         XXX         \$           00         4         5, 37           XXX         XXX         XXX         \$           00         4         5, 37           XXX         XXX         XXX         \$           XXX         XXX         XXX         \$           00         3         37	SSAP #         F/S Page         Line #         2018           XXX         XXX         XXX         \$         3,087,757           00         4         5,37         (2,986,395)           XXX         XXX         XXX         \$         6,074,152           XXX         XXX         XXX         \$         95,883,825           00         3         37         (1,649,040)	SSAP #         F/S Page         Line #         2018           XXX         XXX         XXX         \$ $3,087,757$ \$           00         4 $5,37$ (2,986,395)

- B. No significant changes
  - Accounting Policy
    - (1) (5) No significant changes(6) Not applicable
    - (7) (13) No significant changes
- D Going Concern
- Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about our ability to continue as a going concern.
- No significant changes 2
- 3. No significant changes
  - No significant changes

### 4. 5. Investments

- Mortgage Loans, including Mezzanine Real Estate Loans not applicable А.
- В Debt Restructuring - not applicable
- Reverse Mortgages not applicable Loan-Backed Securities not applicable D.
- Dollar Repurchase Agreements and/or Securities Lending Transactions not applicable E.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - not applicable
- Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing not applicable Repurchase Agreements Transactions Accounted for as a Sale not applicable G
- H.
- Reverse Repurchase Agreements Transactions Accounted for as a Sale not applicable I. J.
- Real Estate not applicable
- Low-Income Housing Tax Credits ("LIHTC") not applicable Restricted Assets no significant changes Κ L.
- Μ
- Working Capital Finance Investments not applicable
- Offsetting and Netting of Assets and Liabilities not applicable Ν
- О. Structured Notes - not applicable
- 5\* Securities not applicable P.
- Short Sales not applicable Q.
- R Prepayment Penalty and Acceleration Fees - no significant changes
- No significant changes
- No significant changes 7.

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- 8. Derivative Instruments - not applicable
- 9 No significant changes
- 10 No significant changes
- Debt Not applicable 11
- 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not applicable
- 13 No significant changes
- No significant changes 14.
- 15. No significant changes
- No significant changes 16.
- Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not applicable 17
- No significant changes 18. 19 No significant changes

#### 20 Fair Value Measurement

- Assets and Liabilities Measured and Reported at Fair Value Not applicable Α.
- Other Fair Value Disclosures Not applicable B. C
  - Aggregate Fair Value for All Financial Instruments The following tables set forth the aggregate fair values, admitted asset values and level of fair value amounts for financial instruments held as of September 30, 2018 and December 31, 2017: Not

September 30, 2018	Aggregate Fair Value	Admitted Asset Value	Level 1	Level 2	Level 3	Practicable (Carrying Value)
Bonds	\$ 144,725,174	\$ 146,478,781	\$ 7,324,474	\$ 137,400,700	\$	- \$ -
Cash equivalents	2,030,634	2,030,634	2,030,634	-		
	Aggregate Fair	Admitted Asset				Not Practicable (Carrying
December 31, 2017	Value	Value	Level 1	Level 2	Level 3	Value)
Bonds	\$ 139,016,949	\$ 139,146,930	\$ 1,501,622	\$ 137,515,327	\$	- \$ -
Short-term investments	2,002,180	2,005,466	-	2,002,180		
Cash equivalents	3,102,301	3,102,301	3,102,301	-		

To determine the fair value of financial instruments in Level 1 and Level 2 of the fair value hierarchy, independent pricing sources have been utilized. One price is provided per security based on observable market data. To ensure securities are appropriately classified in the fair value hierarchy, we review the pricing techniques and methodologies of the independent pricing sources and believe that their policies adequately consider market activity, either based on specific transactions for the issue valued or based on modeling of securities with similar credit quality, duration, yield and structure that were recently traded. A variety of inputs are utilized by the independent pricing sources including benchmark yields, reported trades, non-binding broker/dealer quotes, issuer spreads, two sided markets, benchmark securities, bids, offers and reference data including data published in market research publications. Inputs may be weighted differently for any security, and not all inputs are used for each security evaluation. Market indicators, industry and economic events are also considered. This information is evaluated using a multidimensional pricing model. This model combines all inputs to arrive at a value assigned to each security. Quality controls are performed by the independent pricing sources throughout this process, which include reviewing tolerance reports, trading information, data changes, and directional moves compared to market moves. In addition, on a quarterly basis, we perform quality controls over values received from the pricing sources which also include reviewing tolerance reports, trading information, data changes, and directional moves compared to market moves. We have not made any adjustments to the prices obtained from the independent pricing sources

- D Not Practicable to Estimate Fair Value - Not applicable
- 21. No significant changes
- 22. No significant changes
- 23 No significant changes
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not applicable
- 25 Change in Incurred Losses and Loss Adjustment Expenses
  - Reserves as of December 31, 2017 were \$2,138 thousand. As of September 30, 2018, \$353 thousand has been paid for incurred losses and loss adjustment Α. expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,064 thousand as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$721 thousand favorable prior year development from December 31, 2017 to September 30, 2018. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. We do not adjust premiums based on past claim activity.
  - В Not applicable
- No significant changes 26
- No significant changes 27.
- 28. 29. 30. No significant changes
- No significant changes No significant changes
- 31. No significant changes
- 32. No significant changes
- 33. No significant changes
- 34. No significant changes
- 35 No significant changes
- 36 Financial Guaranty Insurance - Not applicable

## **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

### GENERAL

1.1	.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?							
1.2	If yes, has the report been filed with the domiciliary state?		Yes [ ]	No [ ]				
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 or reporting entity?		Yes [ ]	No [ X ]				
2.2	If yes, date of change:	<u> </u>						
3.1	3.1 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 and 1A.							
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?		Yes [ ]	No [ X ]				
3.3	If the response to 3.2 is yes, provide a brief description of those changes.							
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?		Yes [ X ]	No [ ]				
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	······ <u> </u>	000087	6437				
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?		Yes [ ]	No [ X ]				
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity the ceased to exist as a result of the merger or consolidation.	ıt has						
	1 2 3 Name of Entity NAIC Company Code State of Domicile							
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attor in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.	ney- Yes [	] No[X	] N/A [ ]				
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	<u>-</u> -	12/31/	2016				
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting en date should be the date of the examined balance sheet and not the date the report was completed or released.		12/31/	2016				
6.3	State as of what date the latest financial examination report became available to other states or the public from either the state of do the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balar date).	nce sheet	05/10/	2018				
6.4	By what department or departments?							
6.5	Office of the Commissioner of Insurance of the State of Wisconsin Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	Yes [	] No [	] N/A [ X ]				
6.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [	] No [	] N/A [ X ]				
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) sus revoked by any governmental entity during the reporting period?		Yes [ ]	No [ X ]				
7.2	If yes, give full information:							
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		Yes [ ]	No [ X ]					

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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.

ſ	1	2	3	4	5	6
	Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
						1

# **GENERAL INTERROGATORIES**

9.1	<ul> <li>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?</li></ul>	Yes [X] No [ ]
9.11	If the response to 9.1 is No, please explain:	
9.2 9.21	Has the code of ethics for senior managers been amended? If the response to 9.2 is Yes, provide information related to amendment(s).	Yes [ ] No [X]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).	Yes [ ] No [X]
	FINANCIAL	
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	
11.1	INVESTMENT Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [ ] No [X]
11.2	If yes, give full and complete information relating thereto:	
12. 13.	Amount of real estate and mortgages held in other invested assets in Schedule BA:\$ Amount of real estate and mortgages held in short-term investments:\$	
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following:	Yes [ ] No [X]
	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
	Bonds	\$
	Preferred Stock\$	\$
	Common Stock\$	\$
	Short-Term Investments	\$
	Mortgage Loans on Real Estate	\$
	All Other\$	\$
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$\$
14.20		\$
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [ ] No [ X ]
15.0	If you have a comprehensive description of the hadring program been made available to the dominiliary state?	Vee [ ] Ne [ ]

15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [	]	No	) [ X	
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [	]	No	[	
	If no, attach a description with this statement.					

## **GENERAL INTERROGATORIES**

For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.

16.1	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$
16.2	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$

- 16.3 Total payable for securities lending reported on the liability page. ...
- 17. 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?..... 171 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes [ X ] No [ ]

] No [ X ]

Yes [

.\$

\$

1	2
Name of Custodian(s)	Custodian Address
The Northern Trust Company	50 South LaSalle Street, Chicago, IL 60603

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: 172

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

173 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? 17.4 If ves, give full information relating thereto:

1 2		3	4
Old Custodian New Custodian		Date of Change	Reason

Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as 17.5 such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
Lisa Pendergast	I
Paul Spiroff	I
-	1

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. Yes [ ] No [ ] designated with a "U") manage more than 10% of the reporting entity's assets?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [ ] No [ ]

176 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

2	3	4	5
			Investment
			Management
			Agreement
Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	(IMA) Filed

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ] If no, list exceptions: 18.2

By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security: 19.

a. Documentation necessary to permit a full credit analysis of the security does not exist. b. Issuer or obligor is current on all contracted interest and principal payments

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5\*GI securities? Yes [ ] No [ X ]

## **GENERAL INTERROGATORIES**

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? If yes, attach an explanation.	Yes (	. 1	No	[	]	N/A	(X)	
2.	Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? If yes, attach an explanation.		Yes	[]	]	No	[X]	]	
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?		Yes	[ ]	]	No [	[X]	]	
3.2	If yes, give full and complete information thereto.								
4.1	Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves" ) discounted at a rate of interest greater than zero?		Yes	[	]	No (	ίΧ.	]	

4.2 If yes, complete the following schedule:

				TOTAL D	ISCOUNT		DISCOUNT TAKEN DURING PERIOD				
1	2	3	4	5	6	7	8	9	10	11	
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	
		TOTAL									

### 5. Operating Percentages:

	5.1 A&H loss percent	 		%
	5.2 A&H cost containment percent	 		%
	5.3 A&H expense percent excluding cost containment expenses	 		%
6.1	Do you act as a custodian for health savings accounts?	 Yes [ ]	No [ X	]
6.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$ 		
6.3	Do you act as an administrator for health savings accounts?	 Yes [ ]	No [ X	]
6.4	If yes, please provide the balance of the funds administered as of the reporting date	\$ 		
7.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	 Yes [ X ]	No [	]
7.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	 Yes [ ]	No [	]

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7 Effective
				-	-	Effective
						Ellective
					Certified	Date of
NIALO						Duito of
NAIC Company Code					Reinsurer	Date of Certified Reinsurer Rating
Company	ID Number		Domiciliary Jurisdiction		Rating (1 through 6)	Reinsurer
oompany	ID.		Donnenary		rialing	ricinsuloi
Code	Number	Name of Reinsurer	Jurisdiction	Type of Reinsurer	(1 through 6)	Rating
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9

### **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN** Current Year to Date - Allocated by States and Territories

-					by States and Terr		Discottance	- Universited
		1 Active	Direct Premiu 2	ims Written 3	Direct Losses Paid (	5 5	Direct Losse	s Unpaid 7
	States ats	Status	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
	States, etc. AlabamaAL	(a) L	To Date	To Date	To Date	To Date	To Date	To Date
1. 2.	AlaskaAK	 I						
2. 3.	ArizonaAZ	E						
3. 4.	ArkansasAR							
 5.	CaliforniaCA		254.734			(18,524)	12.284	
6.	ColoradoCO	L	201,101			(10,021)		
7.	ConnecticutCT	L	66		22,244			
8.	Delaware DE	L			, 			
9.	District of ColumbiaDC	L						
10.	FloridaFL	L		1,263,899		(13,738)		
11.	GeorgiaGA	L						
12.	HawaiiHI	L						
13.	IdahoID	L						14,597
14.	IllinoisIL	L						
15.	IndianaIN	L						
16.	lowaIA	L						
17.	KansasKS	L						
18.	KentuckyKY	L		612				
19.	LouisianaLA	L						
20.	MaineME	L						
21.	MarylandMD	L						· · · · · ·
22.	MassachusettsMA	L						2,700
23.	MichiganMI							
24.	MinnesotaMN	L						
25.	MississippiMS	L						
26.	MissouriMO	L			646			75,479
27.	MontanaMT	L						
28.	NebraskaNE	L						
29.	NevadaNV	L						
30.	New HampshireNH		007.007		107.045		70.040	
31.	New JerseyNJ		667,637					
32.	New MexicoNM	<b>-</b>	701.000			40.050	174 004	007 040
33.	New YorkNY			1,104,372				
34.	North CarolinaNC			635,213				114,182
35.	North DakotaND		1,316,363	1,838,754		66.452	79,970	203 970
36.	OhioOH				IIU,427			203,970
37.	OklahomaOK	L	23.734					
38.	OregonOR PennsylvaniaPA	L			(3,403)		188	
39. 40.	Rhode IslandRI	L			(3,403)			
	South CarolinaSC	H						
41. 42.	South DakotaSD	F						
42. 43.	TennesseeTN	F				8,257		
43.	TexasTX		.478,592					
45.	UtahUT	 I						
46.	VermontVT	<u>-</u>						
40. 47.	VirginiaVA	<u>-</u>						
47.	WashingtonWA	L	847	847				
49.	West VirginiaWV	L						
	WisconsinWI	L			20,307			1,989
51.	WyomingWY							
52.	American SamoaAS	N						
53.	GuamGU	N.						
54.	Puerto RicoPR	L				.83,999	.943,020	
55.	U.S. Virgin IslandsVI	N						
56.	Northern Mariana							
	IslandsMP	N						
57.	CanadaCAN	N						
58.	Aggregate Other Alien OT	XXX						
59.	Totals	XXX	5,391,063	7,578,987	528,944	186,447	1,857,760	2,020,624
_	DETAILS OF WRITE-INS					T		
58001.		XXX						
58002.		XXX						
		XXX						
	Summary of remaining write-ins for Line 58 from							
58999.	overflow page Totals (Lines 58001 through	XXX						
	58003 plus 58998)(Line 58 above)	xxx						

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG...

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other

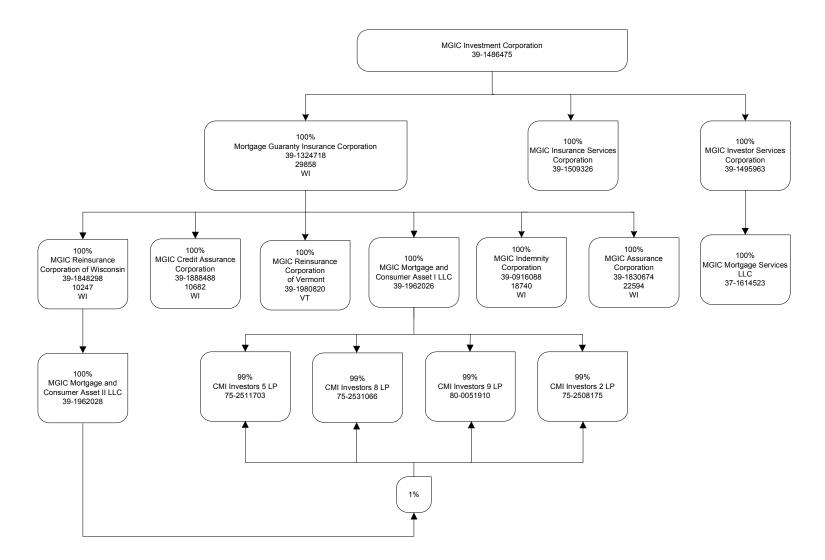
R - Registered - Non-domiciled RRGs...

Q - Qualified - Qualified or accredited reinsurer.

than their state of domicile - see DSLI). D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus

N - None of the above - Not allowed to write business in the state .5

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Туре	lf			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Éntity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
	Mortgage Guaranty Insurance														
	Corporation	00000	39–1486475		. 876437	New York Stock Exchange	MGIC Investment Corporation		UIP		Ownership			N	
	Mortgage Guaranty Insurance	00050	00 1004710				Northeast Original Language Original Street	WI	UDP	NOID Investment Oracianting	0	100,000		м	
	Corporation Mortgage Guaranty Insurance	29858	39–1324718				Mortgage Guaranty Insurance Corporation	···· W1		MGIC Investment Corporation	Ownership		MGIC Investment Corporation	N	
	Corporation		39-1509326				MGIC Insurance Services Corporation	WI	NIA	MGIC Investment Corporation	Ownership	100.000	MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance														
0105	Corporation	00000	39-1495963				MGIC Investor Services Corporation	WI	NI A	MGIC Investment Corporation	Ownership		MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance														
	Corporation	18740	39-0916088				MGIC Indemnity Corporation	WI	RE	Mortgage Guaranty Insurance Corporation	Ownership		MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance	10000													
	Corporation	10682	39-1888488				MGIC Credit Assurance Corporation		IA	Mortgage Guaranty Insurance Corporation	Ownership		MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance Corporation	10247	39-1848298				MGIC Reinsurance Corporation of Wisconsin	WI	IA	Mortgage Guaranty Insurance Corporation	Ownership	100.000	MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance	10247	. 33-1040230				word nemsurance corporation of wisconsing				owner simp			n	
	Corporation		39-1830674				MGIC Assurance Corporation	WI	IA	Mortgage Guaranty Insurance Corporation	Ownership.	100.000	MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance														
	Corporation	00000	39-1980820				MGIC Reinsurance Corporation of Vermont	VT	IA	Mortgage Guaranty Insurance Corporation	Ownership		MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance														
	Corporation	00000	39–1962026				MGIC Mortgage and Consumer Asset I LLC	DE	NIA	Mortgage Guaranty Insurance Corporation	Ownership		MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance	00000	07 4044500					WI				400,000			
	Corporation Mortgage Guaranty Insurance	00000	37-1614523				MGIC Mortgage Services LLC		NI A	MGIC Investor Services Corporation	Ownership	100.000	MGIC Investment Corporation	N	
	Corporation	00000	39-1962028				MGIC Mortgage and Consumer Asset II LLC	DE	NIA	MGIC Reinsurance Corporation of Wisconsin _	Ownership	100.000	MGIC Investment Corporation	N	
	Mortgage Guaranty Insurance						indro nor tgage and consumer Accet IT EEC			and heriodrance corporation of aroconom -	owner on p				
	Corporation		75-2511703				CMI Investors 5 LP	DE	NIA	MGIC Mortgage and Consumer Asset   LLC	Ownership		MGIC Investment Corporation	Υ	
	Mortgage Guaranty Insurance														
	Corporation	00000	75-2511703				CMI Investors 5 LP	DE	NIA	MGIC Mortgage and Consumer Asset II LLC	Ownership	1.000	MGIC Investment Corporation	Y	
	Mortgage Guaranty Insurance														
	Corporation	00000	75–2531066				CMI Investors 8 LP	DE	NIA	MGIC Mortgage and Consumer Asset I LLC	Ownership		MGIC Investment Corporation	Y	
	Mortgage Guaranty Insurance Corporation		75-2531066				CMI Investors 8 LP	DE	NIA	MGIC Mortgage and Consumer Asset II LLC	Ownership	1.000	MGIC Investment Corporation	v	
	Mortgage Guaranty Insurance		/ 3-233 1000							word wortgage and consumer Asset IT LLC	owner simp			'	
	Corporation		80-0051910				CMI Investors 9 LP	DE	NIA	MGIC Mortgage and Consumer Asset   LLC	Ownership		MGIC Investment Corporation	Y	
	Mortgage Guaranty Insurance														
	Corporation	00000	80-0051910				CMI Investors 9 LP	DE	NI A	MGIC Mortgage and Consumer Asset II LLC	Ownership		MGIC Investment Corporation	Y	
	Mortgage Guaranty Insurance														
	Corporation	0000Q	75–2508175		-		CMI Investors 2 LP	DE	NI A	MGIC Mortgage and Consumer Asset I LLC	Ownership		MGIC Investment Corporation	Y	
	Mortgage Guaranty Insurance	00000	75 0500175				CMI Investors 2 LP	DE		NOIO Nexterna and Organization Acast 11,110	0	1 000		v	
0105	Corporation	00000	75-2508175		.		UMI Investors 2 LP	VE	NI A	MGIC Mortgage and Consumer Asset II LLC	Ownership		MGIC Investment Corporation	Ĭ	

Asterisk

Explanation

### STATEMENT AS OF SEPTEMBER 30, 2018 OF THE MGIC INDEMNITY CORPORATION PART 1 - LOSS EXPERIENCE

			4		
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire				
2.	Allied Lines				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.	Commercial multiple peril				
6.	Mortgage guaranty		(353,428)	(5.9)	
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				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability - occurrence				
17.2	Other liability - claims-made				
17.3	Evenes werkers' componentien				
17.3	Excess workers' compensation				
18.2	Products liability - occurrence				
	Products liability - claims-made				
19.1,19.2	Private passenger auto liability				
	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.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability				
33.	Reinsurance - Nonproportional Assumed Financial Lines		XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business				
35.	Totals	5,979,276	(353,428)	(5.9)	(4.5
	DETAILS OF WRITE-INS				
3401.					
3402.					
3403.					
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

## PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Dusinger	1 Current Quarter	2 Current	3 Prior Year Vear to Date
1.	Line of Business Fire	Current Quarter	Year to Date	Year to Date
2.	Allied Lines			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence			
11.2	Medical professional liability - dccorrence			
12.	Earthquake			
13.	Group accident and health			
14.	Credit accident and health			
14.	Other accident and health			
16.	Workers' compensation			
17.1	Other liability - occurrence			
17.1	Other liability - claims-made			
17.3	Excess workers' compensation			
18.1	Products liability - occurrence			
18.2	Products liability - claims-made			
	Private passenger auto liability			
	Commercial auto liability			
21.	Auto physical damage			
21.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
20.	Boiler and machinery			
28.	•			
20.	Credit International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property			YYY
32.	Reinsurance - Nonproportional Assumed Liability	XXX		
33.	Reinsurance - Nonproportional Assumed Financial Lines			XXX
34.	Aggregate write-ins for other lines of business			
35.	Totals	1,614,551	5,391,063	7,578,987
	DETAILS OF WRITE-INS			
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

# **PART 3 (000 omitted)** LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

		1	2	3	4	5	6	7	8	9	10	11	12	13
			2	5	+	5	5	1	5	5	10	Prior Year-End	Prior Year-End	10
									Q.S. Date Known			Known Case Loss	IBNR Loss and	Prior Year-End
				T	00101	2018 Loss and		Q.S. Date Known	Case Loss and			and LAE Reserves	LAE Reserves	Total Loss and
			Prior Year-	Total Prior Year-End Loss	2018 Loss and LAE Payments on	LAE Payments on Claims	Total 2018 Loss	Case Loss and LAE Reserves on	LAE Reserves on Claims Reported		Total Q.S. Loss	Developed (Savings)/	Developed (Savings)/	LAE Reserve Developed
	Years in Which	Prior Year-End	End IBNR	and LAE	Claims Reported	Unreported	and LAE	Claims Reported	or Reopened	Q.S. Date IBNR	and LAE	Deficiency	Deficiency	(Savings)/
	Losses	Known Case Loss	Loss and LAE	Reserves	as of Prior	as of Prior	Payments	and Open as of	Subsequent to	Loss and LAE	Reserves	(Cols.4+7	(Cols. 5+8+9	Deficiency
	Occurred	and LAE Reserves	Reserves	(Cols. 1+2)	Year-End	Year-End	(Cols. 4+5)	Prior Year End	Prior Year End	Reserves	(Cols.7+8+9)	minus Col. 1)	minus Col. 2)	(Cols. 11+12)
1.	2015 + Prior			545	131	45						(146)	45	(101)
2.	2016				141		141					(38)		(38)
3.	Subtotals 2016 + Prior					45						(184)	45	(139)
4.	2017			1,246				453	175			(624)		
5.	Subtotals 2017 + Prior			2,138		45			175					(721)
6.	2018		XXX	xxx	XXX	25						XXX	XXX	
7.	Totals	2,005	133	2,138	308	70	378	889	428	91	1,408	(808)	87	(721)
8.	Prior Year-End Surplus As Regards Policyholders	92,869										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
												1. (40.3)	2. 65.4	3. (33.7)

Col. 13, Line 7 As a % of Col. 1

Line 8

4. (0.8)

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

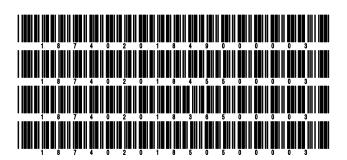
		Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanations:

- 1.
- 2.
- 3
- 4.

### Bar Codes:

- 1. Trusteed Surplus Statement [Document Identifier 490]
- 2. Supplement A to Schedule T [Document Identifier 455]
- 3. Medicare Part D Coverage Supplement [Document Identifier 365]
- 4. Director and Officer Supplement [Document Identifier 505]



### SCHEDULE A - VERIFICATION Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		111, 108
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
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)	280,000	

# **SCHEDULE B - VERIFICATION**

	Mortgage Loans	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in establishing and mmitmen establishing and an an an an an an an an		
9.	Total foreign exchange change in book value/rec end in the end of under the state teres and the state of the		
10.	Deduct current year's other than temporary impairent record zed		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

# SCHEDULE BA - VERIFICATION

	Other Long-Term Invested Assets		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

# **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(322,339)	(107,125)
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	1,275,865	1,933,453
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	146,478,781	139,146,930

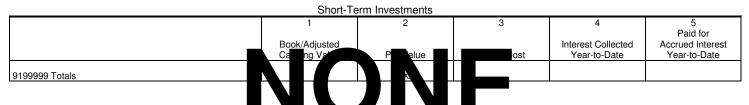
## **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
	Beginning	During	During	During	End of	End of	End of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)				(1,374,725)				
2. NAIC 2 (a)			2,000,000		14,805,937	20,145,371		
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	146,989,336	15,316,063	15,421,893	(404,725)	145,466,433	146,989,336	146,478,781	141,152,396
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	146,989,336	15,316,063	15,421,893	(404,725)	145,466,433	146,989,336	146,478,781	141,152,396

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

## **SCHEDULE DA - PART 1**



# **SCHEDULE DA - VERIFICATION**

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,005,466	2,325,179
2.	Cost of short-term investments acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	2,000,000	35,677,921
7.	Deduct amortization of premium	5,466	1,094
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		2,005,466
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		2,005,466

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards **NONE** 

Schedule DB - Part B - Verification - Futures Contracts

# ΝΟΝΕ

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE** 

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE** 

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

# NONE

### SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	3, 102, 301	
2.	Cost of cash equivalents acquired	21,520,902	3, 102, 301
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	22,592,569	
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,030,634	3, 102, 301
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	2,030,634	3,102,301

## **SCHEDULE A - PART 2**

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1			4	5	6	7	8	9		
	Location									
	2	3						Additional		
	_	-					Book/Adjusted	Investment		
			Date		Actual Cost at	Amount of	Carrying Value	Made After		
Description of Property	City	State	Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition		
	, ,				Time er / lequicition	Enddinbranddo				
	Woolwich	NJ	04/20/2018	Fannie Mae						
0199999. Acquired by Purchase								3,354		
					L					
0399999 - Totals								0.054		
0399999 - 101918								3,354		

	1		500	wing All Real Estate DIS	POSED D	uring the Qu								0					
1	Locatio	n	4	5	6	7		Change in I	Book/Adjusted	Carrying V	<u>alue Less En</u>	cumbrances	14	15	16	17	18	19	20
	2	3				Expended		9	10	11	12	13							
						for	Book/					Total	Book/					Gross	
						Additions,	Adjusted				Total	Foreign	Adjusted					Income	
						Permanent	Carrying		Current		Change in	Exchange	Carrying		Foreign			Earned	
						Improve-	Value Less		Year's	Current	Book/	Change in	Value Less		Exchange	Realized	Total	Less	Taxes,
						ments and	Encum-	Current	Other Than	Year's	Adjusted	Book/	Encum-	Amounts	Gain	Gain	Gain	Interest	Repairs
						Changes	brances	Year's	Temporary	Change in		Adjusted	brances	Received	(Loss)	(Loss)	(Loss)	Incurred on	
			Disposal		Actual	in Encum-	Prior	Depre-	Impairment	Encum-	Value	Carrying	on	During	on	on	on	Encum-	Expense
Description of Property	City	State	Date	Name of Purchaser	Cost	brances	Year	ciation	Recognized	brances	(11-9-10)	Value	Disposal	Year	Disposal	Disposal	Disposal	brances	Incurred
					·····		· · · · · · · · · · · · · · · · · · ·												
						N													
					· · · · · <b>· · · ·</b> · · · · · · ·	· · · · · · · · · · · · · · · · · · ·													

## **SCHEDULE A - PART 3**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE** 

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid **NONE** 

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made **NONE** 

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE** 

# **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	0	3	4		C C	7	0	0	10
I	2	3	4	5	0	/	8	9	
									NAIC Desig-
									nation or
					Number of			Paid for Accrued	Market
CUSIP			Date		Shares of			Interest and	Indicator
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	(a)
	U.S. Treasury Bond 2.875% 05/31/25			First Tennessee					
912828-L2-4	U.S. Treasury Bond 1.875% 08/31/22			Stifel, Nicolaus & Co., Inc		2,002,042			
912828-L6-5	U.S. Treasury Bond 1.375% 09/30/20			Robert W. Baird		1,064,588	1,095,000		
	U.S. Treasury Bond 2.125% 12/31/22			First Tennessee				4,210	
	otal - Bonds - U.S. Governments					5,872,966	6,015,000	31,422	
	Fannie Mae 1.875% 04/05/22			Robert W. Baird		1,979,412			
	Federal Home Loan Bank 2.875% 09/11/20			Robert W. Baird		1,070,492	1,070,000		
3137EA-EL-9	Freddie Mac 2.375% 02/16/21			Robert W. Baird					
	Freddie Mac 2.375% 02/16/21		09/27/2018	Robert W. Baird		4,484,616	4,535,000		
3199999. Subto	otal - Bonds - U.S. Special Revenues					9,443,097	9,575,000	35,899	
8399997. Total	- Bonds - Part 3					15,316,063	15,590,000	67,321	XXX
8399998. Total	- Bonds - Part 5					XXX	XXX	XXX	XXX
8399999. Total	- Bonds					15,316,063	15,590,000	67,321	XXX
8999997. Total	- Preferred Stocks - Part 3						XXX		XXX
	- Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
8999999. Total	- Preferred Stocks						XXX		XXX
9799997. Total	- Common Stocks - Part 3						XXX		XXX
	- Common Stocks - Part 5					XXX	XXX	XXX	XXX
	- Common Stocks						XXX		XXX
	- Preferred and Common Stocks						XXX		XXX
9999999 - Tota	ls					15,316,063	XXX	67,321	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

## SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

-			1		Onon 7 an Ed	, v	nus anu siou										i				
1	2	3	4	5	6	7	8	9	10	Cł	nange In Bo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							
													Total	Total							NAIC
												Current	Change in	Foreign							Desig-
												Year's	Book/	Exchange	Book/				Bond		nation
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Interest/	Stated	or
									Book/	Unrealized		Temporary		Book	Carrying	Exchange	Realized		Stock	Con-	Market
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment		/Adjusted	Value at	Gain		Total Gain	Dividends	tractual	In-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	
ification	Description	eign		of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)			13)	Value	Date		Disposal		DuringYear	Date	(a)
Incation	Wisconsin State Ref-Ser 1 Ser B 4.000%	eign	Dale	OI FUICITASEI	SIUCK	eration	Fai value	COSI	value	(Decrease)	Accretion	nized	13)	value	Dale	Disposal	Disposal	Disposal	During real	Dale	(a)
97705M-DP-7			09/27/2018	First Tennessee							(13,862)		(13,862)				(36,620)	(36,620)	26.342	.05/01/2023 .	1FE
	Subtotal - Bonds - U.S. States, Territo	ries a				777.418	725,000	854.326	827,899		(13,862)		(13,862)		814.037		(36,620)	(36,620)	26.342	XXX	XXX
1700000.0	Chesterfield Cntv VA Ref B 5.000% 01/01/22					111,410	723,000	004,020	021,035		(10,002)		(10,002)		014,007		(00,020)	(00,020)	20,042	7000	7000
166393-4U-9			09/26/2018	Robert W. Baird		4,451,833	4,085,000	4,929,533	4,651,684		(102,751)		(102,751)		4.548.933		(97, 100)	(97,100)	253,610	.01/01/2022	1FE
172217-YM-7	Cincinnati Ohio Ser C 5.000% 12/01/20			Robert W. Baird		1,059,710	1,000,000	1, 153, 360	1, 110, 349		(27,675)		(27,675)		1,082,674		(22,964)	(22,964)			
2499999. 9	Subtotal - Bonds - U.S. Political Subdi	vision	s of States.	Territories and Poss	essions	5,511,543	5,085,000	6,082,893	5,762,033		(130,426)		(130,426)		5,631,607		(120,064)	(120,064)	294,860	XXX	XXX
	Chandler AZ Excise Tax Revenue 5.000%		1																		-
158855-CM-6			09/27/2018 _	Robert W. Baird		1,893,232	1,760,000	2,095,720	1,975,672		(45,359)		(45,359)		1,930,313		(37,081)			.07/01/2021 .	1FE
	Cuyahoga Cnty Ohio Sales Tax Ref 5.000%																				
232287-AZ-5			09/27/2018 .	Robert W. Baird		1,059,500		1 , 157 , 990	1,113,091		(28,390)		(28,390)		1,084,701		(25,201)	(25,201)			. 1FE
000700 1/11 4	Energy Northwest Wash Elec Rev Txbl-Columbia Generating 2.197% 07/01/19		07/04/0040	Redemption 100.0000		505.000	.505.000	515, 166			(2.347)		(2.347)						44 005	07/01/2019	455
	Muni Elec Auth Of Georgia Taxable-Sub-Proj		07/01/2018 _	Redemption 100.0000							(2,347)		(2,347)							_0//01/2019 _	. IFE
	One 5.070% 01/01/19		.07/01/2018						140.294		(294)		(294)						7 008	.01/01/2019 .	1EE
	Puerto Rico Highway & Transprt Prerefunded-										(234)		(234)								- 11 6
	Ref-Ser Z 6.000% 07/01/18		07/01/2018 .	Maturity							(740)		(740)							.07/01/2018 .	1FE
	Tennessee St Sch Bond Auth Higher Educ Facs																				
	Ser B-Ref 5.000% 11/01/28		09/27/2018 .	. First Tennessee		2,013,375	1,750,000	2,210,268	2, 128, 786		(33, 273)		(33,273)		2,095,513			(82, 138)			1FE
	Subtotal - Bonds - U.S. Special Rever	nues	<u>.</u>			5,661,107	5,205,000	6,180,414	5,915,930		(110,403)		(110,403)		5,805,527		(144,420)	(144,420)	251,922	XXX	XXX
	Goldman Sachs Group Inc 7.500% 02/15/19		09/27/2018 .			1, 172, 713	1,150,000	1, 447, 195			(39, 432)		(39,432)		1, 170, 722		(20,722)	(20,722)			
	Subtotal - Bonds - Industrial and Misce	ellane	ous (Unaffil	iated)		1, 172, 713	1,150,000	1,447,195	1,210,154		(39, 432)		(39,432)		1,170,722		(20,722)	(20,722)	119,025	XXX	XXX
8399997.	Total - Bonds - Part 4					13, 122, 781	12,165,000	14,564,828	13,716,016		(294, 123)		(294, 123)		13,421,893		(321,826)	(321,826)	692,149	XXX	XXX
8399998.	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999.	Total - Bonds					13, 122, 781	12,165,000	14,564,828	13.716.016		(294, 123)		(294, 123)		13.421.893		(321,826)	(321,826)	692,149	XXX	XXX
8999997.	otal - Preferred Stocks - Part 4						XXX													XXX	XXX
	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total - Preferred Stocks					,	XXX		,,,,,	,	,	,	,	,	,,,,,	,		,	,	XXX	XXX
	Total - Common Stocks - Part 4						XXX													XXX	XXX
	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
							XXX	~~~	^^^	^^^^		^^^^	^^^	^^^^	^^^^	^^^^		^^^	~~~		
	Total - Common Stocks																l			XXX	XXX
	Total - Preferred and Common Stocks	;					XXX					ļ					ļ			XXX	XXX
9999999 -						13, 122, 781	XXX	14,564,828	13,716,016		(294, 123)		(294, 123)		13,421,893		(321,826)	(321,826)	692,149	XXX	XXX
(a) Ear all (	common stock bearing the NAIC mark		l' t	والمراجعة والمعارية والمراجع وال	famile la sura																

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE** 

> Schedule DB - Part B - Section 1 - Futures Contracts Open **NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE** 

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE** 

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE** 

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE** 

> Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE**

> Schedule DL - Part 2 - Reinvested Collateral Assets Owned

# ΝΟΝΕ

	SCH	ED	-	E E - PA	_	ASH
			Month	End Depository	Balances	
1		2	3	4	5	Book Balance at End of E During Current Qua

		WOTUT	End Depository	Dalances				
1	2	3	4	5	Book Ba	lance at End of Eac	h Month	9
					Di	uring Current Quarte	er	
			Amount of	Amount of	6	7	8	
			Interest Received					
		Rate of		at Current				
Depository	Code	Interest		Statement Date	First Month	Second Month	Third Month	*
US Bank Milwaukee, WI			25	24		5,924		XXX
0199998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	25	24	8,865	5,924	455,266	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX	25	24	8,865	5,924	455,266	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
		<u> </u>						+
0599999. Total - Cash	XXX	XXX		24	8.865	5.924	455,266	XXX
0333333. I Ulai - Oasii	~~~	~~~	25	27	0,000	5,524	400,200	~~~

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

r		Show investments O	viled Lind of Guilen		1	_		
1	2	3	4	5	6	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0599999. Total - U.S. Government Bonds	S .	· · · · ·						<u>u</u>
1099999. Total - All Other Government B								
1799999. Total - U.S. States, Territories a	and Possessions Bonds							
2499999. Total - U.S. Political Subdivisio	ons Bonds							
3199999. Total - U.S. Special Revenues	Bonds							
3899999. Total - Industrial and Miscelland	eous (Unaffiliated) Bonds							
4899999. Total - Hybrid Securities								
5599999. Total - Parent, Subsidiaries and								
6099999. Subtotal - SVO Identified Funds	s							
7799999. Total - Issuer Obligations								
7899999. Total - Residential Mortgage-Ba	acked Securities							
7999999. Total - Commercial Mortgage-E	Backed Securities							
8099999. Total - Other Loan-Backed and	d Structured Securities							
8199999. Total - SVO Identified Funds								
8399999. Total Bonds								
38141W-27-3 Goldman Sachs FS Govt Inst Fund				2.060			1,411	
665278-40-4 NorthernTrust Inst US Governmen	t Portfolio				XXX			
8599999. Subtotal - Exempt Money Mark	tet Mutual Funds - as Identified by the SVO			1		2,030,634	2,970	6,907
8899999 - Total Cash Equivalents					+	2,030,634	2.970	6,907
0000000 - Total Oash Equivalents						2,030,034	2,970	6,907