NEW YORK
STATE DEPARTMENT OF
FINANCIAL SERVICES

SUPPLEMENT TO
PROPERTY AND CASUALTY
ANNUAL STATEMENT

To be filed with the
Annual Statement – December 31, 2013
of the

_____
Name of Insurer

Property & Casualty

2013

INSTRUCTIONS

For Completing the New York Supplement to the NAIC PROPERTY and Casualty Annual Statement

GENERAL

1 . ONE COPY of this Supplement, completed according to these instructions, should be filed by all Property and Casualty Insurers licensed in New York, together with ONE COPY of the N.A.I.C. Property and Casualty Annual Statement, completed pursuant to the laws of the state of domicile.

The Supplement must be filed with pages that are 8 1/2" wide x 14" long, and must be filed in the same sequence as presented by the Department in the electronic prototypes available to each insurer through the Department's web site. All pages of the Supplement MUST be bound or stapled together along the left margin and MUST have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.

2. All forms are to be filed by MARCH 1, **except** for the Insurance Expense Exhibit–Supplement which is due on APRIL 1. Address all forms to:

PROPERTY BUREAU
NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
ONE STATE STREET, 4th Floor
New York City, New York 10004

3. The New York Supplement is intended to identify those adjustments necessary to modify an Insurer's Annual Statement filed on a Home State basis to reflect New York Law, Rules, Regulations and reporting requirements. Pages 2 and 3 of this Supplement are intended to identify those changes necessary to adjust the company's assets, liabilities, capital, surplus and income to a New York basis.

4. The format of the Supplement has been designed to facilitate data capture. Therefore, do not change the captions for pre-printed items, lines or columns. An entry for which there is no specific pre-printed line or item must be reported with an identifying caption in the "Details" section on the appropriate page. These write-in lines should be reported in descending order. If there is not sufficient room in a "Details" section to accommodate all write-ins, report the additional "Details" sections on the Overflow Page.

The page numbers designated in the blank should not be changed. If additional pages are needed, use decimals after the page number, for example, 7.1, 7.2, etc. All such additional pages should be adequately captioned to enable ready identification.

5. **Supplemental Exhibits and Schedules Interrogatories**, Page 12

Insurance Expense Exhibit–Supplement, Accident and Health Policy Experience Exhibit, Exhibit of Participants in Accident and Health Contracts, and Report of Premiums are printed on tear out pages. If there is nothing to report on any of these Exhibits and Schedules, companies should complete the Supplemental Exhibits and Schedules Interrogatories on page 12 of this Supplement and tear out the Exhibits and/or Schedules on which there is nothing to report.

Certain Exhibits and Schedules require the use of bar codes. For any Supplemental Interrogatory to which an insurer responds that it is not required to submit the form in question and the form requires the use of a bar code, the insurer is required to affix the appropriate bar code in the space indicated. Note that it is only the Supplemental Interrogatories to which the insurer has responded "NO" that it does not have to file a particular exhibit or form, and for which the physical page or form would be marked "NONE" that the appropriate bar code be affixed. In all other instances no bar code should be affixed.

Some Interrogatories require that a bar code be affixed in addition to indicating "NO". The appropriate bar code **must be affixed** at any Supplemental Interrogatory where the bar code is required and the insurer responds that it is not required to submit the form. A bar code should **not** be affixed to any interrogatory: 1) that does not indicate that the bar code be affixed and 2) where the response is "YES".

6. The following worksheet shows the pages, exhibits and schedules in this Supplement that must be filed by each type of insurer. Each domestic and foreign company is required to file the pages, exhibits or schedules, as applicable, where an X appears under the appropriate description.

WORKSHEET OF SUPPLEMENT PAGES TO BE FILED

SUPPLEMENT PAGE	TITLE	DOMESTIC*	FOREIGN
1	Jurat	X	X
2	New York Adjustments to Home State Balance Sheet		X
3	New York Adjustments to Underwriting and Investment Exhibit		X
4	New York Interrogatories	X	X
6	Special Risk Insurance	X	X
11	Certificate of Compliance	X	X
12	Supplemental Exhibits and Schedules Interrogatories	X	X
13	Exhibit of Premiums and Losses (New York)	X	X
14	Credit A&H Insurance and Credit Unemployment Insurance	X	X
16	Insurance Expense Exhibit-Supplemental	X	X
20	A&H Policy Experience Exhibit	X	X
29	Exhibit of Participants in Accident and Health Contracts	X	X
31	Report of Premiums (New York)	X	X
39	Computation of Premium Base	X	
40	New York Public Motor Vehicle Liability Security Fund Exhibit	X	X

*Includes U.S. Branches of alien insurers entered through New York

JURAT PAGE - PAGE 1

The jurats in both copies of the NAIC Annual Statement and the New York Supplement must be signed by the same officers and notarized. Photo-copies will NOT be accepted.

NEW YORK ADJUSTMENTS TO THE NAIC BLANK FILED ON A HOME STATE BASIS - PAGES 2 AND 3

Both of these pages contain "Details" sections. The totals of these sections are carried forward to a summary line; for example, on Page 2 the total of "Details of N.Y Asset Adjustments" from Line 0299 is carried forward to Line 2.

Each item reported in the Annual Statement completed on a Home State basis that requires an adjustment in order to be reported in accordance with New York requirements should be listed separately in the appropriate "Details" section, unless a printed line has been provided in the Supplement.

Any adjustment on these pages which is not self-explanatory should be described in an attachment to this Supplement.

When reporting an adjustment to an aggregate write-in line, the item number reported in the Supplement should be the NAIC blank aggregate write-in item number and the caption should be as reported in the "Details" section for that aggregate write-in item; for example, adjustments to Page 2, Item 25 of the NAIC blank would be listed in the "Details of Admitted Asset Adjustments" on Page 2 in this Supplement as follows:

Pg. 2, Item No., Home State	A.S.	Caption	
0201	25	Descriptive caption from "Details of Write-Ins Aggregated at Item 25 For Other Than Invested Assets"	$XXX
0202	25	Descriptive caption from "Details of Write-Ins Aggregated at Item 25 For Other Than Invested Assets"	$XXX

ASSETS - PAGE 2

Line 2 -Total New York Adjustments To Admitted Assets.

An insurance company owning stock of another insurance company MUST NOT use a value greater than the value permitted by Section 1414(c) of the New York Insurance Law.

Investments in the stock of other insurance companies are subject to the limitations set forth in Section 1408 of the New York Insurance Law.

The total of all adjustments to the assets reported in the Annual Statement filed on a Home State basis should be reported on Page 2, Line 2 of this Supplement. Each adjustment should be listed in the "Details Of Admitted Asset Adjustments," identified by item number, caption and amount.

When the asset adjustments include changes in assets that are individually listed in one of the invested asset schedules, attach a statement to this Supplement providing a full description and the amount of change for each individual item.

LIABILITIES, SURPLUS AND OTHER FUNDS – PAGE 2

Lines 5.1 and 6.1 Companies that have discounted loss and loss expense reserves in the Home State Annual Statement must report the change in these items which results when reported gross without discount except to the extent permitted under Section 4117 (d) or (e) of the New York Insurance Law.

Line 13 Report the change which results when discounted reserves are reported gross.

The amount reported should be the net result of all other adjustments reported to assets and liabilities.

Continued on Rear Inside Jacket

INSTRUCTIONS

(Continued from Front Inside Jacket)

UNDERWRITING AND INVESTMENT EXHIBIT - PAGE 3

Lines 3.1 and 4.1 — Companies who have discounted losses and loss expenses in the Home State Annual Statement must report the chan to these items which results when reported gross without discount except to the extent permitted under Section 4117(or (e) of the New York Insurance Law.

Line 6.1 — Companies entering into **"buy-out-contracts"** with qualifying insurers under the Limited Assignment Distribution Program should report the buy-out fee paid as a "LAD Program-Expense." The servicing Carrier should report the buy-out fee received as "LAD Program-Income."

Line 9 — Companies who have reported discounted losses and loss expenses as part of investment income in the Home State Annual Statement should reverse that entry on this line. Such entry should be the contra of the sum of Items 3.2 and 4.2 and must be itemized in the "Details of Investment Income Adjustments."

CAPITAL AND SURPLUS ACCOUNT – PAGE 3

Line 14 — Adjustments to Home State A.S., Page 4, Item 24
Include any changes in (unrealized) capital gains resulting from adjustments in invested asset value that are reported on Page 3, Line 2 of this Supplement.

Line 15 — Adjustment to Home State A.S., Page 4, Item 27
Include any New York changes in admitted asset values resulting from adjustments in not admitted assets that are reported on Page 3, Line 2 of this Supplement.

Line 16 — All Other New York Adjustments to Capital and Surplus Account.
Exclude any adjustments which do not result in an overall change in total capital and surplus.

NEW YORK INTERROGATORIES – PAGE 4

Special Interrogatories For New York Business #5. With respect to auto, an exposure is a "car year". Example: if a company writes a multi-car policy insuring three vehicles, it would be one policy but three exposures.

SCHEDULE SR - SPECIAL RISK INSURANCE

All companies authorized to do business pursuant to Article 63 of the New York Insurance Law must complete the Forms on pages 7 - 10. The special risk premiums shown on pages 7 - 10 are for New York risks only. For the number of policies issued, where the policy has coverage for multiple lines, only report it once in the line with the highest premium.

CERTIFICATE OF COMPLIANCE - PAGE 11

All companies must evidence compliance with the advertising requirements of Regulation 34 (11 NYCRR 215).

NY EXHIBIT OF PREMIUMS AND LOSSES - PAGE 13

Companies reporting data on NAIC Annual Statement Blank page 19 (New York) and Schedule T, Line 33 must complete this Exhibit. Page 19 (New York) will NOT be accepted in lieu of this Exhibit. For Column 13, policies in force is as of December 31, 2013. For lines 19.1 to 21.4, you do not have to complete column 13 policies in force. On line 21.5 column 13, provide the total private passenger automobile policies in force regardless of which coverages are included in the policy. On line 21.6 column 13, provide the total commercial automobile policies in force regardless of which coverages are included in the policy. For multiple lines of business, if there is a premium charge for that coverage, then it would be counted as a policy in force for that line of business. On line of business 17.1 and 17.2, for policies that have both BI and PD coverage and the policies in force counts can't be split into BI and PD, the company should report the same number for BI and PD.

CREDIT ACCIDENT & HEALTH INSURANCE
CREDIT UNEMPLOYMENT INSURANCE

All companies writing credit business must complete the Forms on pages 14 and 15.

NY INSURANCE EXPENSE EXHIBIT – SUPPLEMENT

FORM 271AS, Pages 16 to 19, is to be filed on an Individual Insurer basis by APRIL 1. Data for page 17 IEE Allocation to Lines of Direct Business Written is for all states. Data for page 19 is cumulative.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

All insurers with A&H business in force are required to file this form by March 1. Refer to instructions on page 20.

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS

This form is required to be filed March 1 by **all companies** with accident and health business in force in New York State. Refer to the instructions on the exhibit. (Page 29).

REPORT OF PREMIUMS

Complete the Report and Supplementary Schedules according to instructions on (page 31.)

COMPUTATION OF FINAL PREMIUM BASE

This form is required to be filed by all New York domiciled companies, except accredited reinsurers. The form is due by March 1.

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NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
ANNUAL STATEMENT SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
of the Condition of the

_____

NAIC Group Code _____ _____
(Current period) (Prior period)

NAIC Company Code _____

Employer's ID Number _____

Organized Under the Laws of the State of _____

Company Web Site Address _____

Annual Statement Contact Person and Phone Number_____

Annual Statement Contact E-Mail Address _____

Electronic Filing Contact Person and Phone Number_____

Electronic Filing Contact E-Mail Address _____

Vendor Name and Version Number _____

JURAT

)
State of .....)
)
County of .....)

Certification of the New York Annual Statement Supplement - The UNDERSIGNED, being duly sworn, do hereby certify that they are the below described officers of the said insurer, and that on the thirty-first day of December last, this Supplement together with the accompanying Annual Statement and related exhibits, schedules and explanations therein and herein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said insurer as of the thirty-first day of December last, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief respectively.

Certification of the New York Annual Statement Supplement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the New York Supplement electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specification, that the filing has been tested against the validations included in these specifications, and that information contained in this filing is identical to the information contained in the 2013 New York Annual Statement supplement blank filed with the New York State Department of Financial Services.

Certification of the NAIC Annual Statement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the NAIC Annual Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that annual statement information contained in this filing is identical to the information contained in the 2013 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, all filings submitted have been scanned through a virus detection software package and no viruses are present on the submissions.

	Print Name	Signature
PRESIDENT	_____	_____
SECRETARY	_____	_____
TREASURER	_____	_____

Subscribed and sworn to before me this

_____ day of _____, 2014

_____

NEW YORK ADJUSTMENTS TO HOME STATE BALANCE SHEET
ASSETS

		1 Current Year	2 Previous Year
1.	Total Admitted Assets, Home State A.S., Pg. 2, Line 28, Col. 3		
2.	New York Adjustments to Admitted Assets (Line 0299)		
3.	Total Admitted Assets, N.Y. Basis (Line 1 - 2)		
	DETAILS OF ADMITTED ASSET ADJUSTMENTS		
	Pg. 2, Item No.11 & 25. Home State A.S. Caption		
0201.			
0202.			
0203.			
0298.	Summary of remaining write-ins for Line 2 from overflow page		
0299.	Total N.Y. Admitted Asset Adjustments (Line 2)		
	LIABILITIES, SURPLUS AND OTHER FUNDS		
4.	Total Liabilities, Home State A.S., Pg. 3, Item 28		
	New York Liability Adjustments		
5.	Adjustments to Losses, Home State A.S., Pg. 3, Item 1 5.1 For Discounting of Loss Reserves		
6.	Adjustments to Loss Adjustment Expenses, Home State A.S., Pg. 3, Item 3 6.1 For Discounting of Loss Reserves		
7.	All Other Liability Adjustments (Line 0799)		
8.	Total N.Y. Liability Adjustments (Line 5.1 + 6.1 +7)		
9.	Total Liabilities, N.Y. Basis (Line 4 + 8)		
10.	Surplus as Regards Policyholders, Home State A.S., Pg. 3, Item 37		
	New York Surplus Adjustments		
11.	Adjustment to Home State A.S., Pg. 3, Item 29, for Aggregate Special Surplus Funds (Line 1199)		
12.	Adjustment to Home State A.S., Pg. 3, Item 32, for Surplus Other Than Special Surplus Funds (Line 1299)		
13.	Adjustment to Home State A.S., Pg. 3, Item 35, for Unassigned Funds (Line 1399)		
14.	Total N.Y. Surplus Adjustments (Line 11 + 12 + 13) (Line 2 - 8)		
15.	Surplus as Regards Policyholders, N.Y. Basis (Line 10 + 14) (Line 3 – 9)		
	DETAILS OF ALL OTHER LIABILITY ADJUSTMENTS		
	Pg. 3, Item No. 25, Home State A.S. Caption		
0701.			
0702.			
0703.			
0798.	Summary of remaining write-ins for Line 7 from overflow page		
0799.	Total, All Other Liability Adjustments (Line 7)		
	DETAILS OF SPECIAL SURPLUS FUNDS ADJUSTMENTS		
	Pg. 3, Item No. 29, Home State A.S. Caption		
1101.			
1102.			
1103.			
1198.	Summary of remaining write-ins for Line 11 from overflow page		
1199.	Total, Special Surplus Funds Adjustments (Line 11)		
	DETAILS OF OTHER THAN SPECIAL SURPLUS FUNDS ADJUSTMENTS		
	Pg. 3, Item No. 32, Home State A.S. Caption		
1201.			
1202.			
1203.			
1298.	Summary of remaining write-ins for Line 12 from overflow page		
1299.	Total, Other Than Special Surplus Funds Adjustments (Line 12)		
	SOURCES OF UNASSIGNED FUNDS ADJUSTMENTS		
	Pg. 3, Item No. 35, Home State A.S. Caption		
1301.			
1302.			
1303.			
1398.	Summary of remaining write-ins for Line 13 from overflow page		
1399.	Total, Unassigned Funds Adjustments (Line 13)		

NEW YORK ADJUSTMENTS TO UNDERWRITING AND INVESTMENT EXHIBIT

STATEMENT OF INCOME	1 Current Year	2 Previous Year
1. Net Income, Home State A.S., Pg. 4, Item 20		
New York Net Income Adjustments		
2. Net Underwriting Income, Home State A.S., Pg. 4, Item 8		
New York Underwriting Income Adjustments:		
3. Adjustment to Home State A.S., Pg. 4, Item 2		
3.1 For Discounting of Losses		
3.2 All Other Adjustments		
4. Adjustment to Home State A.S., Pg. 4, Item 3		
4.1 For Discounting of Loss Adjustment Expenses		
4.2 All Other Adjustments		
5. Adjustments to Home State A.S., Pg. 4, Item 4		
6. Adjustments to Home State A.S., Pg. 4, Item 5		
6.1 For "LAD" Program Income/Expense		
6.2 All Other Adjustments		
7. Total N.Y. Adjustments to Underwriting Gain or Loss, Home State A.S., Pg. 4, Item 8 (Line 3 + 4 + 5 + 6)		
8. Net Underwriting Income N.Y. Basis, (Line 2 + 7)		
9. **New York Investment Income Adjustments:**		
Total N.Y. Adjustments to Investment Income (Line 0999)		
10. **New York Other Income Adjustments**:		
Total N.Y. Adjustments to Other Income (Line 1099)……		
11. Total N.Y. Adjustments to Net Income (Line 7 + 9 + 10)		
12. Net Income, N.Y. Basis (Line 1 + 11)		
CAPITAL AND SURPLUS ACCOUNT		
13. Surplus as Regards Policyholders, Home State A.S., Pg. 4, Item 39		
New York Capital and Surplus Adjustments		
14. Adjustment to Home State A.S., Pg. 4, Item 24		
15. Adjustment to Home State A.S., Pg. 4, Item 27		
16. All Other N.Y. Adjustments to Capital and Surplus Account (Line 1699)		
17. Total N.Y. Adjustments to Capital and Surplus Account (Line 11 + 14 + 15 + 16)		
18. Surplus as Regards Policyholders, N.Y. Basis (Line 13 + 17) (Pg. 2, Line 15)		

DETAILS OF INVESTMENT INCOME ADJUSTMENTS

	Pg. 4, Item No. 9 & 10 Home State A.S.	Caption		
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	Total, Investment Income Adjustments (Line 9)			

DETAILS OF OTHER INCOME ADJUSTMENTS

	Pg. 4, Item No. 12 thru 19 Home State A.S.	Caption		
1001.				
1002.				
1003.				
1098.	Summary of remaining write-ins for Line 10 from overflow page			
1099.	Total, Other Income Adjustments (Line 10)			

DETAILS OF CAPITAL AND SURPLUS ACCOUNT ADJUSTMENTS

	Pg. 4, Item No. 23 thru 37 Home State A.S.	Caption		
1601.				
1602.				
1603.				
1698.	Summary of remaining write-ins for Line 16 from overflow page			
1699.	Total, Other Capital and Surplus Account Adjustments (Line 16)			

NEW YORK INTERROGATORIES

1. Are any of the assets reported in this statement held pursuant to Section 1404(b) of the New York Insurance Law? Yes [ ] No [ ]
   If "Yes" attach a statement providing full information.
2. State the largest amount invested in or loaned upon, the securities of any one institution at any time during the year. (Include partnership and other equity interest; exclude U.S. Government and insurance subsidiary investments).
   $.....
   .....

3.1 Has the Company borrowed funds pursuant to Section 1307 of the New York Insurance Law, or a similar provision of the Home State statute, that permits the repayment of such borrowing only with the prior approval of the regulatory authority? Yes [ ] No [ ]
3.2. If "Yes" what was the amount of Principal at year-end? $.....
3.3 If "Yes" what was the amount of Accrued Interest at year-end?
$.....

SPECIAL INTERROGATORIES FOR NEW YORK BUSINESS

4 Number of policies in force at year-end for private passenger auto and commercial auto. (Include all policies written directly in New York State regardless of vehicle location) .....
5. Total number of direct written exposures for year, for each of the coverages listed below:
   5.1 Bodily Injury (including Medical Payments and Uninsured Motorist Coverage's) .....
   5.2 Property Damage .....
   5.3 Comprehensive (including Fire and Theft) .....
   5.4 Collision .....
   5.5 PIP (No-Fault) .....
6. 6.1 Snowmobile direct written premiums included with automobile liability. $.....
   6.2 Mobile home direct written premiums included with automobile physical damage. $.....
   6.3 Snowmobile direct written premiums included with automobile physical damage. $.....

7. **SECTION 9110 MOTOR VEHICLE LAW ENFORCEMENT FEE**
   7.1 Total number of motor vehicles registered pursuant to the provisions of Section 401(1)(b) of the New York State Vehicle and Traffic Law, subject to the Section 9110 Motor Vehicle Law Enforcement Fee. .....
   7.2 Total fees collected for Section 9110 Motor Vehicle Law Enforcement Fee. .....
   7.3 Indicate Company's New York Department of Motor Vehicle insurance company (DMV) 3-digit code .....

8. If collateral is reported in Part 6B, Col. 2, of the Financial Guaranty Insurance Exhibit, provide a description of the types of collateral held, i.e., government, corporate, etc. .....
   .....

MORTGAGE GUARANTY COMPANIES ONLY

9. Pursuant to Section 6502.a (2) of the New York Insurance Law, kindly attach the following information:
   9.1 The computation of the contingency reserve over the last ten years.
   9.2 If withdrawals were made from the contingency reserve due to incurred losses in excess of thirty-five percent of earned premium, give the amount and $.....
   9.3 Attach a copy of the approval or other notice given by the regulatory authority in your home state.
   9.4 Indicate where the contingency reserve is reflected in the Annual Statement. If not segregated, explain.
   9.5 Identify securities allocated to the contingency reserve.
   9.6 Furnish the total liability (exposure) outstanding under your aggregate insurance policies. $.....
   9.7 Give a breakdown, by percentage, of the type of mortgages guaranteed under such policies.

10. Pursuant to Department Regulation 91 (11 NYCRR 69) attach the following information:
    10.1 Furnish the total liability (exposure) outstanding due to mortgage pool insurance. $.....
    10.2 Give a breakdown, by percentage, of the type of mortgage pools guaranteed under such policies.

FINANCIAL OPTIONS AND FUTURES

11.1 Did the Company submit a hedging plan, as required by Regulation 163 (11 NYCRR 178.3)? Yes [ ] No [ ]
11.2 If "Yes" date submitted. .....

ACCIDENT & HEALTH INSURANCE

12.1 Did the insurer write any managed care insurance (as defined in Section 4801 (C) of the NYS Insurance Law) in the State of New York last year? Yes [ ] No [ ]
12.2 Did the insurer write any Accident & Health Insurance other than managed care insurance (defined above) which included Utilization Review provisions as defined in Article 49 of the NYS Insurance Law? Yes [ ] No [ ]

SERVICE CONTRACT REIMBURSEMENT INSURANCE

13.1 Has the Company written any Service Contract Reimbursement Insurance policies (as defined in Section 1113(a)(28) of the NYS Insurance Law) in New York State, during the year? Yes [ ] No [ ]
13.2 If the answer is "Yes", indicate the total premium written in New York State for the year. $.....
13.3 Indicate on which line of business in the annual statement the premiums were reported. .....

NEW YORK INTERROGATORIES SCHEDULES

INTERROGATORY SCHEDULE 1

GAP INSURANCE

1 Has the insurer issued any GAP insurance policies for the year? Yes [ ] No [ ]

If the answer is "Yes", for those policies issued in New York, indicate the following information for each of the sub-kinds of GAP insurance as defined in Section 1113(a)(26)(A through D) of the New York Insurance Law; for non New York GAP business, complete line 2.6, for all sub-kinds:

Sub-Kind	(1) Premiums Written	(2) Premiums Ceded	(3) Net Premiums Written	(4) Losses Paid	(5) Losses Incurred
(2.1) Motor Vehicle Lessor/Creditor, 26(A)					
(2.2) Motor Vehicle Lessee/Debtor, 26(B)					
(2.3) NMV[(a)] Lessor/Creditor, 26(C)					
(2.4) NMV[(a)] Lessee/Debtor, 26(D)					
(2.5) N.Y. GAP sub-total					
(2.6) Non N.Y. GAP sub-total					
(2.7) Total GAP Insurance					

(a) Non-Motor Vehicle

INTERROGATORY SCHEDULE 2

INTERROGATORY REQUIRED BY CIRCULAR LETTER NO. 18 (2001)

Investments in companies where a domestic insurer owns ten percent or more of the voting shares of such company

(1) Is the company a domestic insurer? Yes [ ] No [ ]

(2) Is the company subject to the provisions of Article 16 Yes [ ] No [ ]

If the answer is "Yes" to both questions, the company is required to complete the following report.

CONTROLLED PERSON SUBMISSION WORKSHEET

1 Name of Controlled Person	2 Type of Investment	3 Statement Value	4 Percentage of Ownership in Controlled Person	5 Total Invested Assets of Insurer	6 Total Admitted Assets of Insurer	7 Surplus to Policyholders of Insurer

SPECIAL RISK INSURANCE

SCHEDULE SR-1 (PROPERTY) INSTRUCTIONS

Note 1 - Total New York Direct Premiums Written (including business written pursuant to Article 63) - Amount should be the total of all direct written premiums written during the year.

Note 2 – Total Personal Lines included in Line 1 – Personal lines shall mean policies of insurance issued to natural persons for non-business purposes including policies issued to natural persons for loss or damage to real property used predominately for residential purposes and which consists of not more than four dwelling units, other than hotels and motels.

Note 3 - Total Direct Premiums Written Pursuant to Article 63 - Amount shown should be the special risk premium written during the year for New York risks only. This the amount shown on Schedule SR-1 Line 1 Column 10.

Note 4 - Total Personal Lines included in Line 3 - Personal lines shall mean policies of insurance issued to natural persons for non-business purposes including policies issued to natural persons for loss or damage to real property used predominately for residential purposes and which consists of not more than four dwelling units, other than hotels and motels.

Note 5 - Surplus as Regards Policyholders (New York basis) - Amount should reconcile to the New York Supplement (Annual) Page 2 Line 15 Column 1.

Note 6 - Ratio of Special Risk Direct Premiums Written to Surplus as Regards Policyholders – Ratio is the amount shown on Line 1 Column 10 divided by Note 5.

Note 7 - Ratio of Special Risk Net Premiums Written to Surplus as Regards Policyholders – Ratio is the amount shown on Line 4 Column 10 divided by Note 5.

Note 8 - Total Net Premiums Written in the United States During Preceding Twelve Month Period - Amount is the total of all Net Premiums (including special risk) for the same full twelve month period as reported above in the Special Risk Schedule. For the December 31, 2013 NY Supplement, the net premiums written should be from January 1, 2013 – December 31, 2013.

Note 9 - Ratio of Total Net Premiums Written in the United States to Surplus as Regards Policyholders – Ratio is the amount shown on Note 8 divided by Note 5.

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SPECIAL RISK INSURANCE

SCHEDULE SR-1 (PROPERTY)

Special Risk Premiums Written Pursuant to Article 63:

	Current Quarter			Cumulative Total Preceding Three Quarters			Total			
	(1) Class One	(2) Class Two	(3) Class Three	(4) Class One	(5) Class Two	(6) Class Three	(7) Class One	(8) Class Two	(9) Class Three	(10) Combined
1. Direct Premiums Written	$.....	$.....	$.....	$.....	$.....	$.....	$.....	$.....	$.....	$.....
2. Reinsurance Assumed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Reinsurance Ceded										
4. Net Premiums Written	$	$	$	$	$	$	$	$	$	$
Underwriting Net Income										
5. Net Premiums Earned	$.....	$.....	$.....	$.....	$.....	$.....	$.....	$.....	$.....	$.....
6. Net Losses Incurred	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. Net Loss Exp. Incurred	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Underwriting Exp. Incurred:										
8. Commissions	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. All Other										
10. **Net Gain or Loss**	$	$	$	$	$	$	$	$	$	$

Notes:

1. Total New York Direct Premiums Written (including business written pursuant to Article 63) $_____
2. Total Personal Lines included in Line 1. $_____
3. Total Direct Premiums Written Pursuant to Article 63. $_____
4. Total Personal Lines Premiums included in Line 3. $_____
5. Surplus as Regards Policyholders (New York basis): $_____
6. Ratio of Special Risk Direct Premiums Written to Surplus as Regards Policyholders: $_____
7. Ratio of Special Risk Net Premiums Written to Surplus as Regards Policyholders: _____
8. Total Net Premiums Written in the United States During Preceding Twelve Month Period: $_____
9. Ratio of Total Net Premiums Written in the United States to Surplus as Regards Policyholders: _____

SPECIAL RISK INSURANCE

SCHEDULE SR-2 (PROPERTY)

EXHIBIT OF PREMIUMS AND LOSSES PURSUANT TO ARTICLE 63 - CLASS ONE RISKS

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		3	4	5
	1 Direct Premiums Written	2 Direct Premiums Earned	Number of Policies Issued	Direct Losses Paid (deducting salvage)	Direct Losses Incurred
Class One Premiums:					
1. Fire					
2. Allied lines					
5. Commercial multiple peril					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11. Medical professional liability					
12. Earthquake					
17.1 Other liability (B.I.)					
17.2 Other liability (P.D.)					
17.3 Excess workers' compensation					
18. Products liability					
19.5 Commercial automobile no-fault (personal injury protection)					
19.6 Other commercial automobile liability bodily injury					
19.8 Commercial automobile property damage					
21.3 Commercial automobile fire, theft & comprehensive					
21.4 Commercial automobile collision					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary & theft					
27. Boiler & machinery					
28. Credit					
30. Warranty					
34. Aggregate write-ins for other lines of business					
35 Total Class One					

(1). Finance and service charges not included in Lines 1 to 35 $_____

DETAILS OF WRITE-INS

3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page					
3499. TOTAL (Item 34)					

NEW YORK SUPPLEMENT FOR THE YEAR 2013 OF THE NAIC Co. Code

SPECIAL RISK INSURANCE

SCHEDULE SR-3 (PROPERTY)

EXHIBIT OF PREMIUMS AND LOSSES PURSUANT TO ARTICLE 63 - CLASS TWO RISKS

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		3	4	5
	1 Direct Premiums Written	2 Direct Premiums Earned	Number of Policies Issued	Direct Losses Paid (deducting salvage)	Direct Losses Incurred
Class Two Premiums:					
1. Fire					
2. Allied lines					
5. Commercial multiple peril					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11. Medical professional liability					
12. Earthquake					
17.1 Other liability (B.I.)……					
17.2 Other liability (P.D.)…….					
17.3 Excess workers' compensation					
18. Products liability					
19.5 Commercial automobile no-fault (personal injury protection)					
19.6 Other commercial automobile liability bodily injury					
19.8 Commercial automobile property damage					
21.3 Commercial automobile fire, theft & comprehensive					
21.4 Commercial automobile collision					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary & theft					
27. Boiler & machinery					
28. Credit					
30. Warranty					
34. Aggregate write-ins for other lines of business					
35 Total Class Two					

(1). Finance and service charges not included in Lines 1 to 35 $_____

DETAILS OF WRITE-INS

3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page					
3499. TOTAL (Item 34)					

SPECIAL RISK INSURANCE

SCHEDULE SR-4 (PROPERTY)

EXHIBIT OF PREMIUMS AND LOSSES PURSUANT TO ARTICLE 63 - CLASS THREE RISKS

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		3	4	5
	1 Direct Premiums Written	2 Direct Premiums Earned	Number of Policies Issued	Direct Losses Paid (deducting salvage)	Direct Losses Incurred
Class Three Premiums:					
1. Fire					
2. Allied lines					
5. Commercial multiple peril					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11. Medical professional liability					
12. Earthquake					
17.1 Other liability (B.I.)……					
17.2 Other liability (P.D.)……..					
17.3 Excess workers' compensation					
18. Products liability					
19.5 Commercial automobile no-fault (personal injury protection)					
19.6 Other commercial automobile liability bodily injury					
19.8 Commercial automobile property damage					
21.3 Commercial automobile fire, theft & comprehensive					
21.4 Commercial automobile collision					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary & theft					
27. Boiler & machinery					
28. Credit					
30. Warranty					
34. Aggregate write-ins for other lines of business					
35.1 Total Class Three					
35.2 Total Class One (From SR-2)……					
35.3 Total Class Two (From SR-3)					
36. GRAND TOTALS					

(1). Finance and service charges not included in Lines 1 to 36 $_____

DETAILS OF WRITE-INS

3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page					
3499. TOTAL (Item 34)					

CERTIFICATE OF COMPLIANCE

Filed pursuant to requirements of Regulations No. 34 (11 NYCRR 215) regarding
Advertisements of Accident and Health Insurance

State of)
) SS:
County of)

_____ being duly sworn deposes and says that (he, she) is the _____ of the _____ _____ Company and hereby certifies that, to the best of (his, her) knowledge, information and belief, advertisements disseminated by said insurer during the past calendar year complied, or were made to comply, with the provisions of the Insurance Law of the State of New York and the requirements of Regulations No. 34 promulgated pursuant to said Law.

_____

Subscribed and sworn to before me this

_____ day of _____ 20_____ .

_____

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following Exhibits or Schedules are required to be filed. In the event that the company does not transact or have in force the type of business pertaining to any Exhibit or Schedule, indicate "No" for the appropriate interrogatory; affix a bar code, if indicated; explain the reasons the form is not being filed; and tear out the form from this Supplement.

Refer to the instructions on the inside front cover of this Supplement.

Note: ALL below listed exhibits and schedules are due on March 1 unless otherwise indicated.

1.1 Special Risk Insurance – Schedule (SR-1 Property): Yes [ ] No [ ]
1.2 Reason for not filing: .....
.....
All companies authorized to do business pursuant to Article 63 of the New York Insurance Law must complete the Forms on pages 7 and 10.

.....
Affix Bar Code Above

2.1 Certificate of Compliance (Pursuant to Regulation 34) Yes [ ] No [ ]
2.2 Reason for not filing: .....
.....

3.1 Exhibit of Premiums and Losses (New York Business) Yes [ ] No [ ]
3.2 Reason for not filing: .....
.....

.....
Affix Bar Code Above

4.1 Will the Insurance Expense Exhibit-Supplement be filed with the Department by April 1? Yes [ ] No [ ]
4.2 Reason for not filing: .....
.....

.....
Affix Bar Code Above

5.1 Does your company write accident and health insurance? Yes [ ] No [ ]
5.2 Will the Accident and Health Policy Experience Exhibit be filed with the Department by March 1? Yes [ ] No [ ]
5.3 If first response is yes and second response is no, please explain: .....
.....

.....
Affix Bar Code Above

6.1 Does your company write accident and health insurance in the State of New York? Yes [ ] No [ ]
6.2 Will the Exhibit of Participants in Accident & Health Contracts be filed with the Department by March 1? Yes [ ] No [ ]
6.3 If first response is yes and second response is no, please explain: .....
.....

.....
Affix Bar Code Above

7.1 Report of Premiums Yes [ ] No [ ]
7.2 Reason for not filing: .....
.....

.....
Affix Bar Code Above

NAIC Co. Code .....

Affix Bar Code Here

EXHIBIT OF PREMIUMS AND LOSSES [a]

BUSINESS IN STATE OF NEW YORK DURING YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12	13
	1 Direct Premiums Written	2 Direct Premiums Earned [b]	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	Policies In Force
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril.(non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health													
14. Credit A & H (Group and individual) [c]													
15.1 Collectively renewable A & H													
15.2 Non-cancelable A & H													
15.3 Guaranteed renewable A & H													
15.4 Non-renewable for stated reasons only													
15.5 Other accidents only													
15.6 All other A & H													
15.7 Federal Employees Health Benefit Program Premium													
16. Workers' compensation													
17.1 Other liability (B.I.)[d]													
17.2 Other liability (P.D.)													
17.3 Excess Workers' Compensation													
18 Products Liability													
19.1 Private passenger auto no-fault (personal injury protection)[1]													XXX
19.2 Other private passenger automobile liability bodily injury[e]													XXX
19.3 Total private passenger automobile bodily injury													XXX
19.4 Private passenger automobile property damage													XXX
19.5 Commercial automobile no-fault (personal injury protection)													XXX
19.6 Other commercial automobile liability bodily injury[e]													XXX
19.7 Total commercial automobile bodily injury													XXX
19.8 Commercial automobile property damage													XXX
21.1 Private passenger automobile fire, theft & comprehensive													XXX
21.2 Private passenger automobile collision													XXX
21.3 Commercial automobile fire, theft & comprehensive													XXX
21.4 Commercial automobile collision													XXX
21.5 Total private passenger automobile	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
21.6 Total commercial automobile	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary & theft													
27. Boiler & machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS [a]													
Details of Write-Ins													
3401.													
3402.													
3403													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. TOTALS (ITEM 34)													

(1) Finance and service charges not included in Lines 1 to 35.

Data must agree with Pg. 19 (New York) and Schedule T of the Annual Statement.

(a) Should include figures on New York State risks only if figures for risks in other states are allocated to New York for tax purposes in Schedule T, a reconciliation and explanation of the differences should be attached to this page.

(b) Direct premiums earned may be estimated by formula on the basis of country-wide ratios for the respective lines of business except where adjustments are required to recognize special situations.

(c) Business not exceeding 120 months duration.

(d) Combined single limit rate premiums should be allocated between B.I. and P.D. If necessary, a judgment factor should be used. Combined single limit rate premiums for this line of business should not be included in Line 34.

(e) Should not include monies collected for Motor Vehicle Law Enforcement Fee. (Section 386 of Chapter 55, Law of 1992, amendment to the Insurance Law by adding new Section 9110).

CREDIT ACCIDENT AND HEALTH INSURANCE AND CREDIT UNEMPLOYMENT INSURANCE

COUNTRYWIDE BUSINESS

	1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded)	2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited)	3 Dividends And Retrospective Rate Credits Paid Or Credit On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
1.1. Group A & H policies – loans of 60 months or less duration					
1.2 Group A & H policies – loans of greater than 60 months' duration but not greater than 120 months					
1.3 Group A & H policies – loans of greater than 120 months duration					
2. Other A & H policies					
3. Total A & H policies (Lines 1.1 + 1.2 + 1.3 + 2)					
4.1 Group unemployment policies – loans of 60 months or less duration					
4.2 Group unemployment policies – loans of greater than 60 months' duration but not greater than 120 months					
4.3 Group unemployment policies – loans of greater than 120 months duration					
5. Other unemployment policies					
6. Total unemployment policies (Lines 4.1 + 4.2 + 4.3 + 5)					
7. TOTAL (Lines 3 + 6)					

NOTE: All figures should be shown to the nearest dollar.

CREDIT ACCIDENT AND HEALTH INSURANCE AND CREDIT UNEMPLOYMENT INSURANCE

NEW YORK DIRECT BUSINESS

	1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded)	2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited)	3 Dividends And Retrospective Rate Credits Paid Or Credit On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
1.1. Group A & H policies – loans of 60 months or less duration					
1.2 Group A & H policies – loans of greater than 60 months' duration but not greater than 120 months					
1.3 Group A & H policies – loans of greater than 120 months duration					
2. Other A & H policies					
3. Total A & H policies (Lines 1.1 + 1.2 + 1.3 + 2)					
4.1 Group unemployment policies – loans of 60 months or less duration					
4.2 Group unemployment policies – loans of greater than 60 months' duration but not greater than 120 months					
4.3 Group unemployment policies – loans of greater than 120 months duration					
5. Other unemployment policies					
6. Total unemployment policies (Lines 4.1 + 4.2 + 4.3 + 5)					
7. TOTAL (Lines 3 + 6)					

NOTE: All figures should be shown to the nearest dollar.

2013 INSURANCE EXPENSE EXHIBIT – SUPPLEMENT

ADDRESS (City, State and Zip Code) _____

NAIC GROUP CODE _____ NAIC COMPANY CODE _____

CONTACT PERSON _____ TITLE _____ TELEPHONE _____

Affix Bar Code Here

(TWO COPIES OF FORM 271AS TO BE FILED AT THE NEW YORK CITY OFFICE OF THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES NOT LATER THAN APRIL 1, 2014)

ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE

(000 OMITTED)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE	Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expense: Defense and Cost Containment Expenses Incurred		Loss Adjustment Expense: Adjusting and Other Expenses Incurred		Unpaid Losses		Loss Adjustment Expense: Defense and Cost Containment Expenses Unpaid		Loss Adjustment Expense: Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
19.1 Private passenger auto no-fault (personal injury protection)		XXX		100.0																		
19.2 Other private passenger automobile liability bodily injury		XXX		100.0																		
19.3 Total private passenger automobile bodily injury		XXX		100.0																		
19.4 Private passenger automobile property damage		XXX		100.0																		
19.5 Commercial automobile no-fault (personal injury protection)		XXX		100.0																		
19.6 Other commercial automobile liability bodily injury		XXX		100.0																		
19.7 Total commercial automobile bodily injury		XXX		100.0																		
19.8 Commercial automobile property damage		XXX		100.0																		
21.1 Private passenger automobile fire, theft & comprehensive		XXX		100.0																		
21.2 Private passenger automobile collision		XXX		100.0																		
21.3 Commercial automobile fire, theft & comprehensive		XXX		100.0																		
21.4 Commercial automobile collision		XXX		100.0																		

	Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment Gain (Column 3-[5 thru 11] -[23 thru 29] + 31)		Investment Gain on Funds Attributable to Insurance Transactions		Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus (Column 33 + 35)		Investment Gain Attributable to Capital and Surplus		Total Profit or Loss (Column 37 + 39)	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %
19.1 Private passenger auto no-fault (personal injury protection)																				
19.2 Other private passenger automobile liability bodily injury																				
19.3 Total private passenger automobile bodily injury																				
19.4 Private passenger automobile property damage																				
19.5 Commercial automobile no-fault (personal injury protection)																				
19.6 Other commercial automobile liability bodily injury																				
19.7 Total commercial automobile bodily injury																				
19.8 Commercial automobile property damage																				
21.1 Private passenger automobile fire, theft & comprehensive																				
21.2 Private passenger automobile collision																				
21.3 Commercial automobile fire, theft & comprehensive																				
21.4 Commercial automobile collision																				

FORM 271AS

INSTRUCTIONS FOR COMPLETING EXHIBIT COLUMNS

Data on Lines 19.1 + 19.2 + 19.4 must agree with NAIC IEE Part II, Line 19.1, 19.2

Data on Lines 19.5 + 19.6 + 19.8 must agree with NAIC IEE Part II, Line 19.3, 19.4

Data on Lines 21.1 + 21.2 must agree with NAIC IEE Part II, Line 21.1

Data on Lines 21.3 + 21.4 must agree with NAIC IEE Part II, Line 21.2

2013 INSURANCE EXPENSE EXHIBIT – SUPPLEMENT
ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN
(000 OMITTED)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN	Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expenses: Defense and Cost Containment Expenses Incurred		Loss Adjustment Expenses: Adjusting and Other Expenses Incurred		Unpaid Losses		Loss Adjustment Expenses: Defense and Cost Containment Expenses Unpaid		Loss Adjustment Expenses: Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
19.1 Private passenger auto no-fault (personal injury protection)		XXX		100.0																		
19.2 Other private passenger automobile liability bodily injury		XXX		100.0																		
19.3 Total private passenger automobile bodily injury		XXX		100.0																		
19.4 Private passenger automobile property damage		XXX		100.0																		
19.5 Commercial automobile no-fault (personal injury protection)		XXX		100.0																		
19.6 Other commercial automobile liability bodily injury		XXX		100.0																		
19.7 Total commercial automobile bodily injury		XXX		100.0																		
19.8 Commercial automobile property damage		XXX		100.0																		
21.1 Private passenger automobile fire, theft & comprehensive		XXX		100.0																		
21.2 Private passenger automobile collision		XXX		100.0																		
21.3 Commercial automobile fire, theft & comprehensive		XXX		100.0																		
21.4 Commercial automobile collision		XXX		100.0																		

	Commission and Brokerages Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment Gain (Column 3 - [5 thru 11] - [23 thru 29] +31)	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger automobile liability bodily injury												
19.3 Total private passenger automobile bodily injury												
19.4 Private passenger automobile property damage												
19.5 Commercial automobile no-fault (personal injury protection)												
19.6 Other commercial automobile liability bodily injury												
19.7 Total commercial automobile bodily injury												
19.8 Commercial automobile property damage												
21.1 Private passenger automobile fire, theft & comprehensive												
21.2 Private passenger automobile collision												
21.3 Commercial automobile fire, theft & comprehensive												
21.4 Commercial automobile collision												

INSTRUCTIONS FOR COMPLETING EXHIBIT COLUMNS

Data on Lines 19.1 + 19.2 + 19.4 must agree with NAIC IEE Part III, Line 19.1, 19.2
Data on Lines 19.5 + 19.6 + 19.8 must agree with NAIC IEE Part III, Line 19.3, 19.4
Data on Lines 21.1 + 21.2 must agree with NAIC IEE Part III, Line 21.1
Data on Lines 21.3 + 21.4 must agree with NAIC IEE Part III, Line 21.2

2013 INSURANCE EXPENSE EXHIBIT – SUPPLEMENT

NEW YORK STATE DEVELOPMENT OF WORKERS' COMPENSATION, AND PRIVATE PASSENGER AUTO LIABILITY (BODILY INJURY, OTHER THAN PERSONAL INJURY PROTECTION) AND AUTO PERSONAL INJURY PROTECTION LOSS EXPERIENCE

Showing direct premiums earned and direct losses and defense and cost containment expenses paid under policies issued in the STATE OF NEW YORK to end of current year.

WORKERS' COMPENSATION

Yrs. In Which Policies Were Written	1 Direct Premium Earned (Policy Year)	CUMULATIVE DIRECT PAID LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSE REPORTED AT YEAR END (000 OMITTED) 2 2013	3 2012	4 2011	5 2010	6 2009	7 2008	8 2007	9 2006	10 2005	11 2004	12 Cumulative Number of Claims Closed With Loss Payment	13 Cumulative Number of Claim Closed Without Loss Payment
1. 2004													
2. 2005											XXX		
3. 2006										XXX	XXX		
4. 2007									XXX	XXX	XXX		
5. 2008								XXX	XXX	XXX	XXX		
6. 2009							XXX	XXX	XXX	XXX	XXX		
7. 2010						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2011					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2012				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2013			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
											11. Total		

AUTOMOBILE PRIVATE PASSENGER BODILY INJURY

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)												
1. 2004													
2. 2005											XXX		
3. 2006										XXX	XXX		
4. 2007									XXX	XXX	XXX		
5. 2008								XXX	XXX	XXX	XXX		
6. 2009							XXX	XXX	XXX	XXX	XXX		
7. 2010						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2011					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2012				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2013			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
											11. Total		

AUTOMOBILE PRIVATE PASSENGER PERSONAL INJURY PROTECTION

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)												
1. 2004													
2. 2005											XXX		
3. 2006										XXX	XXX		
4. 2007									XXX	XXX	XXX		
5. 2008								XXX	XXX	XXX	XXX		
6. 2009							XXX	XXX	XXX	XXX	XXX		
7. 2010						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2011					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2012				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2013			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
											11. Total		

NOTE: Net of salvage and subrogation received.

2013 INSURANCE EXPENSE EXHIBIT – SUPPLEMENT

NEW YORK STATE DEVELOPMENT OF WORKERS' COMPENSATION, AND PRIVATE PASSENGER AUTO LIABILITY (BODILY INJURY, OTHER THAN PERSONAL INJURY PROTECTION) AND PRIVATE PASSENGER AUTO PERSONAL INJURY PROTECTION LOSS EXPERIENCE

Showing direct premiums earned and direct losses and defense and cost containment expenses incurred under policies issued in the STATE OF NEW YORK to end of current year.

WORKERS' COMPENSATION

Yrs. In Which Policies Were Written	1 Direct Premium Earned (Policy Year)	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES (INCLUDING CASE, BULK & IBNR RESERVES) AT YEAR END (000 OMITTED)										DEVELOPMENT [a]	
		2	3	4	5	6	7	8	9	10	11	12	13
		2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	One Year (Col. 2 - Col. 3)	Two Year (Col. 2 - Col. 4)
1. 2004													
2. 2005											XXX		
3. 2006										XXX	XXX		
4. 2007									XXX	XXX	XXX		
5. 2008								XXX	XXX	XXX	XXX		
6. 2009							XXX	XXX	XXX	XXX	XXX		
7. 2010						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2011					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2012				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
10. 2013			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
											11. Total		

AUTOMOBILE PRIVATE PASSENGER BODILY INJURY

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)												
1. 2004													
2. 2005											XXX		
3. 2006										XXX	XXX		
4. 2007									XXX	XXX	XXX		
5. 2008								XXX	XXX	XXX	XXX		
6. 2009							XXX	XXX	XXX	XXX	XXX		
7. 2010						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2011					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2012				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
10. 2013			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
											11. Total		

AUTOMOBILE PRIVATE PASSENGER PERSONAL INJURY PROTECTION

Yrs. In Which Losses Were Incurred	Direct Premium Earned (Calendar Accident Year)												
1. 2004													
2. 2005											XXX		
3. 2006										XXX	XXX		
4. 2007									XXX	XXX	XXX		
5. 2008								XXX	XXX	XXX	XXX		
6. 2009							XXX	XXX	XXX	XXX	XXX		
7. 2010						XXX	XXX	XXX	XXX	XXX	XXX		
8. 2011					XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2012				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
10. 2013			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
											11. Total		

(a)Current year less first or second prior year, showing (redundant) or adverse.

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS

This exhibit is required to be filed no later than March 1

This form has been restructured to be more consistent with the insurance categories and columns in the national version of the Accident and Health Policy Experience Exhibit. Please refer to the Instructions for that exhibit also when completing this exhibit.

1. The name of the company must be clearly shown at the top of each page or pages.
2. Dollar amounts should be reported in whole dollars.
3. The Exhibit will show information concerning direct business written on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit. If a group or individual form was ever issued in New York, its experience must be reported separately by policy form number, unless prior approval has been obtained from the Superintendent to combine experience. Insert as many lines under each classification as are needed. The form numbers should appear in alphanumeric form number order within each category. The experience for combinations of policy forms of the same category type with a premium volume less than 5% of the total for that category that were never issued in New York may be merged and reported on a single line. Such combinations should be identified as "Non-New York." Other policy forms never issued in New York whose experience is reported by policy form should be identified as a Non-New York form, by placing the designation (Z) to the left of the policy form number.
4. The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within each individual category are required for all columns, except Years Issued, Expected Lifetime Loss Ratio, and Rate of Commission And Expense. All Section Totals should agree with Section Totals in the national version of the Accident and Health Experience Exhibit.
5. A Summary Page shows a reconciliation with Schedule H for Individual, Group and Credit policies separately and in total for companies filing the Life, Accident and Health, Fraternal and Property/Casualty Annual Statement, and a reconciliation of these policies in total only with the specified exhibits of the Health Annual Statement for companies filing that statement.
6. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums, and other disability benefits embodied in life contracts.
7. Premiums Earned (Column 5) should not include the change in contract reserves, but both Premiums Written (Column 3) and Premiums Earned should include membership charges, modal loadings, and policy fees, if any.
8. "Years issued" should be presented as the first year the form was issued followed by a hyphen followed by the last year issued; e.g., 1998-2000.
9. The entries in Columns (11), (12), (17) and (19) should be expressed as **ratios**, not percents, and should be rounded to three places to the right of the decimal point.

DEFINITIONS

Accident Only or AD&D

Policies that provide coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

Administrative Services Only (ASO) and Administrative Services Contract (ASC)

An uninsured accident and health plan is where an administrator performs administrative services for a third party that is at risk, but has not issued an insurance policy. The health plan bears all of the insurance risk, and there is no possibility of loss or liability to the administrator caused by claims incurred related to the plan. Under an ASO plan, claims are paid from a bank account owned and funded directly by the uninsured plan sponsor; or, claims are paid from a bank account owned by the administrator, but only after receiving funds from the plan sponsor that are adequate to fully cover the claim payments. Under an ASC plan, the administrator pays claims from its own bank accounts, and only subsequently receives reimbursement from the plan sponsor.

Comprehensive/Major Medical

Policies that provide fully insured indemnity, HMO, PPO, or Fee for Service coverage for hospital, medical, and surgical expenses. This category excludes Short Term Medical Insurance, the Federal Employees Health Benefit Program and non-comprehensive coverage such as basic hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as any other coverage described in the other categories of this exhibit.

Group business is further segmented under this category as follows (please note there is a separate category for Administrative Services Only/Administrative Services Contract business):

Single Employer:

Group policies issued to one employer for the benefit of its employees. This would include affiliated companies that have common ownership.

Small Employer: Group policies issued to single employers that are subject to the definition of Small Employer business, when so defined, in the group's state of situs.

Other Employer: Group policies issued to single employers that are not defined as Small Employer business.

Multiple Employer Associations and Trusts: Group policies that are issued to an association or to a trust. This category also includes policies issued to one or more trustees of a fund established or adopted by two or more employers, or by one or more labor unions or similar employee organizations. The organizations include those that are exempt and also those that are non-exempt from statewide community rating. This category does not exclude policies providing coverage to employees of small employers, as defined in the employer's state of situs.

Other Associations and Discretionary Trusts: Group policies issued to associations and trusts that are not included in the Small Employer, Other Employer or Multiple Employer Associations and Trusts group categories. This category does not exclude insurance providing coverage to employees of small employers, as defined in the employer's state of situs. This category does include blanket and franchise accident and sickness insurance, and insurance for any group that includes members other than employees, such as an association that has both employees of participating employers and also individuals as members.

Other Comprehensive/Major Medical: Group policies providing comprehensive or major medical benefits that are not included in any of the categories listed above.

Contract Reserves

Reserves set up when, due to the gross premium structure, the future benefits exceed the future net premium. Contract reserves are in addition to claim and premium reserves.

Credit

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

Dental

Policies providing only dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category.

Disability Income– Long Term

Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. Does not include credit disability.

Disability Income– Short Term

Policies that provide a weekly or monthly income benefit for up to five years for individual coverage and up to one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Statutory DBL Benefits and Overhead Expense Benefits. Does not include credit disability.

Federal Employees Health Benefits Program (FEHBP)

Coverage provided to Federal employees, retirees and their survivors and administered by the Office of Personnel Management.

Group Business

Health insurance where the policy issued to employers, associations, trusts, or other groups covering employees or members and/or their dependents, to whom a certificate of coverage may be provided.

Individual Business

Health insurance where the policy is issued to an individual covering the individual and/or their dependents. This includes conversions from group policies.

Limited Benefit

Policies that provide coverage for vision, prescription drug, and/or any other single service plan or program. Also include short-term care policies that provide coverage for less than one year for medical and other services provided in a setting other than an acute care unit of the hospital.

Long-Term Care

Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital, including policies that provide benefits for cognitive impairment or loss of functional capacity. This includes policies providing only nursing home care, home health care, community based care, or any combination. Do not include coverage provided under comprehensive/major medical policies, Medicare Advantage, or for accelerated death benefit-type products.

Medicaid

Policies issued in association with the Federal/State entitlement program created by Title XIX of the Social Security Act of 1965 that pays for medical assistance for certain individuals and families with low incomes and resources.

Medicare

Policies issued as Medicare Advantage Plans providing Medicare benefits to Medicare eligible beneficiaries created by Title XVIII of the Social Security Act of 1965. This includes Medicare Managed Care Plans (i.e. HMO and PPO) and Medicare Private Fee-for-Service Plans.

Medicare Part D – Stand Alone

Stand-alone Part D coverage written through individual contracts, stand-alone Part D coverage written through group contracts and certificates, and Part D coverage written on employer groups where the reporting entity is responsible for reporting claims to the Centers for medicare & Medicaid Services (CMS).

Medicare Supplement

Policies that qualify as Medicare Supplement policy forms as defined in the NAIC Medicare Supplement Insurance Minimum Standards Model Act. This includes standardized plans, pre-standardized plans and Medicare select.

Other Business

Any business that is not included in the Individual Business or Group Business listed above, including credit insurance, stop loss/excess loss, administrative services only and administrative services contract.

Other Group Business

Group policies providing health insurance benefits that are not included in any other group business category of this exhibit should be reported as other group business.

Other Individual Business

Individual policies providing health insurance benefits that are not included in any other individual business category of this exhibit should be reported as other individual business.

Other Medical (Non-Comprehensive)

Policies such as hospital only, hospital confinement, surgical, outpatient indemnity, intensive care, mental health/substance abuse, and organ and tissue transplant (including scheduled type policies), etc. Expense reimbursement and indemnity plans should be included. This category does not include TRICARE/CHAMPUS Supplement, Medicare Supplement, or Federal Employee Health Benefit Program coverage.

Short Term Medical

Policies that provide major medical coverage for a short period of time, typically 30 to 180 days. These policies may be renewable for multiple periods.

Specified/Named Disease

Policies that provide benefits only for the diagnosis and/or treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem or as a principal sum.

State Children's Health Insurance Program

Policies issued in association with the Federal/State partnership created by title XXI of the Social Security Act.

Stop Loss/Excess Loss

Individual or group policies providing coverage to a health plan, a self-insured employer plan, or a medical provider providing coverage to insure against the risk that any one claim or an entire plan's losses will exceed a specified dollar amount.

Student

Policies that cover students for both accident and health benefits while they are enrolled and attending school or college. These can be either individual policies or group policies sponsored by the school or college.

TRICARE

Policies issued in association with the Department of Defense's health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2013

ADDRESS(City, State and Zip Code) _____
NAIC GROUP CODE _____ NAIC COMPANY CODE _____
CONTACT PERSON _____ TITLE _____ TELEPHONE _____

(THIS EXHIBIT IS TO BE FILED NO LATER THAN MARCH 1, 2014

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) / (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
A. INDIVIDUAL BUSINESS																		
1. Comprehensive Major Medical																		
With Contract Reserves:																		
0119999	XXX															XXX		XXX
Without Contract Reserves:																		
0129999	XXX															XXX		XXX
0199999 Subtotal	XXX															XXX		XXX
2. Short Term Medical																		
With Contract Reserves:																		
0219999	XXX															XXX		XXX
Without Contract Reserves:																		
0229999	XXX															XXX		XXX
0299999 Subtotal	XXX															XXX		XXX
3. Other Medical **(Non-Comprehensive)**																		
With Contract Reserves:																		
0319999	XXX															XXX		XXX
Without Contract Reserves:																		
0329999	XXX															XXX		XXX
0399999 Subtotal	XXX															XXX		XXX
4. Specified / Named Disease																		
With Contract Reserves:																		
0419999	XXX															XXX		XXX
Without Contract Reserves:																		
0429999	XXX															XXX		XXX
0499999 Subtotal	XXX															XXX		XXX
5. Limited Benefit																		
With Contract Reserves:																		
0519999	XXX															XXX		XXX
Without Contract Reserves:																		
0529999	XXX															XXX		XXX
0599999 Subtotal	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8 + (10)) / (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
6. Student																		
With Contract Reserves:																		
0619999	XXX															XXX		XXX
Without Contract Reserves:																		
0629999	XXX															XXX		XXX
0699999 Subtotal	XXX															XXX		XXX
7. Accident Only or AD&D																		
With Contract Reserves:																		
0719999	XXX															XXX		XXX
Without Contract Reserves:																		
0729999	XXX															XXX		XXX
0799999 Subtotal	XXX															XXX		XXX
8. Disability Income – Short Term																		
With Contract Reserves:																		
0819999	XXX															XXX		XXX
Without Contract Reserves:																		
0829999	XXX															XXX		XXX
0899999 Subtotal	XXX															XXX		XXX
9. Disability Income – Long Term																		
With Contract Reserves:																		
0919999	XXX															XXX		XXX
Without Contract Reserves:																		
0929999	XXX															XXX		XXX
0999999 Subtotal	XXX															XXX		XXX
10. Long Term Care																		
With Contract Reserves:																		
1019999	XXX															XXX		XXX
Without Contract Reserves:																		
1029999	XXX															XXX		XXX
1099999 Subtotal	XXX															XXX		XXX
11. Medicare Supplement (Medigap)																		
With Contract Reserves:																		
1119999	XXX															XXX		XXX
Without Contract Reserves:																		
1129999	XXX															XXX		XXX
1199999 Subtotal	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) / (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
12. Dental																		
With Contract Reserves:																		
1219999	XXX															XXX		XXX
Without Contract Reserves:																		
1229999	XXX															XXX		XXX
1299999 Subtotal	XXX															XXX		XXX
13. State Children's Health Insurance Program																		
With Contract Reserves:																		
1319999	XXX															XXX		XXX
Without Contract Reserves:																		
1329999	XXX															XXX		XXX
1399999 Subtotal	XXX															XXX		XXX
14. Medicare																		
With Contract Reserves:																		
1419999	XXX															XXX		XXX
Without Contract Reserves:																		
1429999	XXX															XXX		XXX
1499999 Subtotal	XXX															XXX		XXX
15. Medicaid																		
With Contract Reserves:																		
1519999	XXX															XXX		XXX
Without Contract Reserves:																		
1529999	XXX															XXX		XXX
1599999 Subtotal	XXX															XXX		XXX
16. Medicare Part D – Stand Alone																		
With Contract Reserves:																		
1619999	XXX															XXX		XXX
Without Contract Reserves:																		
1629999	XXX															XXX		XXX
1699999 Subtotal	XXX															XXX		XXX
17. Other Individual Business																		
With Contract Reserves:																		
1719999	XXX															XXX		XXX
Without Contract Reserves:																		
1729999	XXX															XXX		XXX
1799999 Subtotal	XXX															XXX		XXX
18. **TOTAL INDIVIDUAL BUSINESS**																		
1819999 With Contract Reserves:	XXX															XXX		XXX
1829999 Without Contract Reserves:	XXX															XXX		XXX
1899999 GRAND TOTAL INDIVIDUAL: (sum of 0199999 thru 1799999)	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
B. GROUP BUSINESS																		
Comprehensive Major Medical																		
30. Single Employer																		
Small Employer:																		
3019999	XXX															XXX		XXX
Other Employer:																		
3029999	XXX															XXX		XXX
3099999 Subtotal	XXX															XXX		XXX
31 Multiple Employer Assns & Trusts																		
3199999 Subtotal	XXX															XXX		XXX
32. Other Associations and Discretionary Trusts																		
3299999 Subtotal	XXX															XXX		XXX
33. Other Comprehensive Major Medical																		
3399999 Subtotal	XXX															XXX		XXX
3499999 Comprehensive Major Medical: (sum of 3099999 thru 3399999)	XXX															XXX		XXX
Other Medical (Non-Comprehensive)																		
40. Specified / Named Disease																		
4099999 Subtotal	XXX															XXX		XXX
41. Limited Benefit																		
4199999 Subtotal	XXX															XXX		XXX
42. Student																		
4299999 Subtotal	XXX															XXX		XXX
43. Accident Only or AD&D																		
4399999 Subtotal	XXX															XXX		XXX
44. Disability Income – Short Term																		
4499999 Subtotal	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) / (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
45. Disability Income – Long Term																		
4599999 Subtotal	XXX															XXX		XXX
46. Long Term Care																		
4699999 Subtotal	XXX															XXX		XXX
47. Medicare Supplement (Medigap)																		
4799999 Subtotal	XXX															XXX		XXX
48. Federal Employees Health Benefit Plans 4899999	XXX															XXX		XXX
49. Tricare 4999999	XXX															XXX		XXX
50. Dental																		
5099999 Subtotal	XXX															XXX		XXX
51. Medicare																		
5199999 Subtotal	XXX															XXX		XXX
52. Medicare Part D – Stand Alone																		
5299999 Subtotal	XXX															XXX		XXX
53. Other Group Care																		
5399999 Subtotal	XXX															XXX		XXX
5499999 Other Medical Subtotal: (sum of 4099999 thru 5399999)	XXX															XXX		XXX
5599999 GRAND TOTAL Group Business (sum of lines 3499999 and 5499999)	XXX															XXX		XXX
C. OTHER BUSINESS																		
7099999 Credit (Individual & Group)	XXX															XXX		XXX
7199999 Stop Loss / Excess Loss	XXX															XXX		XXX
7299999 Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
7399999 Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
7499999 GRAND TOTAL Other Business	XXX															XXX		XXX
D. TOTAL BUSINESS																		
7599999 Total Non-US Policy Forms	XXX															XXX		XXX
7699999 GRAND TOTAL: Sum of lines 1899999, 5599999, 7499999 and 7599999	XXX															XXX		XXX

NEW YORK SUPPLEMENT FOR THE YEAR 2013 OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR 2013

PART 1 INDIVIDUAL POLICIES
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2) + (3) / (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 2 GROUP POLICIES
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2) + (3) / (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 3 CREDIT POLICIES (Individual and Group)
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2) + (3) / (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 4 All INDIVIDUAL, GROUP, AND CREDIT POLICIES
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2) + (3) / (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

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EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS INSURED OR ADMINISTERED BY THE COMPANY (DIRECT BUSINESS IN THE STATE OF NEW YORK)

INSTRUCTIONS

This exhibit is required to be filed no later than March 1.

1. If there is no data to report in a cell, insert a zero (-0-). To avoid double counting of persons covered in part by another insurer, another policy issued by you, or who are self-insured in part, only report counts for policies which represent an insured's principal coverage (i.e., comprehensive policies). Do not include counts for persons who would be counted in another insurer's statement as principal insurer, or who are counted in your self-insured counts (i.e., do not include supplemental, wrap around type policies). However, premiums and counts for "Minimum Premium Plan" arrangements should be included in the Insured Business section, and Medicare Supplement policies should be included as insured counts, as well.

2. This exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.

3. Small Group Health Insurance and Individual Health Insurance are defined in New York Regulation 145.

4. Include in the section captioned, "Large Group", all policies other than those defined as Individual or Small Group or which are reported in another line of this exhibit (e.g., "Group Credit" policies are already reported in line 5 of this Exhibit and, therefore, should not be included in the lines captioned "Large Group").

5. Credit A & H shall not include business exceeding 120 months duration.

6. Columns 1 and 2, lines 3, 4, 5 and 7 should agree, respectively, with columns 1 and 2, lines 24, 24.1, 24.2 and 26 of the Accident and Health Insurance Section of the Annual Statement page entitled "Direct Business in the State of New York", and line 6.4 of columns 1 and 2 should equal the sum of lines 24.3, 24.4 and 25.6 of said Annual Statement exhibit.

7. The schedule of **Self-Insured Business** should only include contracts that are substantially self-insured. For example, in arrangements where an employer or association funds substantially all of its claims, with the insurer participating in the arrangement retaining only a nominal premium or retention for administrative services (e.g., Administrative Services Only (ASO) arrangements), the administering insurer should include the appropriate contracts/lives counts in its schedule of self-insured business reported in this exhibit. However, where an employer, association, or other entity is insured by a licensed carrier for a substantial portion of its coverage, such as where it purchases a hospital policy from a licensed insurer while self-insuring its surgical/medical coverage, the company administering the self-insured portion should not include these policies in its counts of self-insured business. These policies should be included in the insured counts of the insurer providing the hospital coverage, whether it is the same insurer that is administering the self-insured portion or another insurer.

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS INSURED OR ADMINISTERED BY THE COMPANY (DIRECT BUSINESS IN THE STATE OF NEW YORK)

A. INSURED BUSINESS

		1 Direct Premiums Written	2 Direct Premiums Earned	3 Number of Individual Policies or Certificates as of Dec. 31, Prior Year	4 Number of Covered Lives as of Dec. 31, Prior Year	5 Number of Individual Policies or Certificates as of Dec. 31, Current Year	6 Number of Covered Lives as of Dec. 31, Current Year
	Group Policies: Small Group:						
1.1	Health Insurance (Non-Medicare Supplement)						
1.2	Medicare Supplement						
1.3	Other than Health Insurance						
1.4	Total Small Group (Sum of Lines 1.1 thru 1.3)						
	Large Group:						
2.1	Health Insurance (Non-Medicare Supplement)						
2.2	Medicare Supplement						
2.3	Other than Health Insurance						
2.4	Total Large Group (Sum of Lines 2.1 thru 2.3)						
3.	Total Group (Line 1.4 + 2.4)						
4.	Federal Employee Health Benefit Program						
5.	Credit A & H (Individual & Group)						
	Individual Policies:						
6.1	Health Insurance (Non-Medicare Supplement)						
6.2	Medicare Supplement						
6.3	Other than Health Insurance						
6.4	Total Individual Policies (Sum of Lines 6.1 thru 6.3)						
7.	Total (Lines 3 + 4 + 5 + 6.4)						

B. SELF-INSURED COVERAGE ADMINISTERED BY THE COMPANY

		1 Number of Employees as of Dec. 31, Prior Year	2 Number of Covered Lives as of Dec. 31, Prior Year	3 Number of Employees as of Dec. 31, Current Year	4 Number of Covered Lives as of Dec. 31, Current Year
1.	Health Coverage (Non-Medicare Supplement)				
2.	Medicare Supplement				
3.	Other than Health Insurance				
4.	Total Self-Insured Business (Sum of Lines 1 thru 3)				

NEW YORK SUPPLEMENT THE YEAR 2013 OF THE

NAIC Co. Code

REPORT OF PREMIUMS

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Property/Casualty Companies

NEW YORK STATE
CALENDAR YEAR 2013
(Art. 91 Insurance Law and Art. 33 Tax Law)

Employer Identification Number
NAIC Number

(EXACT CORPORATE TITLE)

(MAIL ADDRESS)

Domiciliary State _____ Organized _____ (Date) Licensed In New York _____ (Date)

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

(SIGNATURE OF OFFICER) (TITLE) (TELEPHONE NO.) (DATE)

GENERAL INSTRUCTIONS

1. This report is required to be filed electronically along with this Supplement to the Property and Casualty Annual Statement by March l.

2. An additional copy of this report is required to be filed by March 1 with the Department of Taxation and Finance, Corporation Tax Bureau, State Campus, Washington Avenue, Albany, New York 12227.

3. Exclude employer and employee contributions from premiums, subject to the following conditions:

   a. The insurance contract is issued by your company.

   b. The benefit plan is calculated on a non-profit basis.

   c. The exclusion is limited to employees and agents (and dependents) of your company, and should not include employees and agents of affiliated companies.

   d. If the state of domicile taxes employees and/or employer contributions, report this portion of the premium exclusion on a rider.

4. If the New York direct premiums (Column 1) and dividends (Column 8) on Line F34, less Lines B34b and C30, are not in agreement with Schedule T and the New York Business Page of the Annual Statement, explain fully on a rider attached.

5. If the net taxable premiums (Column 9) on Line C34 and/or Lines A34, plus B34, plus D34 are not in agreement with Schedule C, Lines 34 and 35 respectively, of the New York State Non-Life Insurance Corporation Franchise Tax Return (CT-33-NL), explain fully on a rider.

6. Credits claimed by domestic companies in Schedule A, Line 6 of the CT-33-NL form should be fully documented with copies of retaliatory statements and canceled checks in payment.

7. Foreign companies subject to retaliation under Section 1112 of the New York Insurance Law should submit all documentation to support any payments to be claimed for this purpose.

8. Credit Adjustments included in Schedule A, Line 6 (CT-33-NL) are to be documented, or otherwise fully explained.

9. Foreign and alien companies must complete Supplementary Schedule I covering the Fair Plan distribution. Include only premiums reported and taxes paid to the New York State Department of Financial Services, and the Cities of New York and Buffalo in accordance with instructions from the Department of Financial Services.

10. Foreign and alien companies must complete Supplementary Schedule II covering the distribution of fire department taxes. Documentation in the form of copies of premium statements and canceled checks for New York City and Buffalo, Section 9104 coded fire department listings, and unabsorbed and absorbed credit listings should be submitted.

11. File a copy of CT-33-NL New York State Non-Life Insurance Corporation Franchise Tax Return with the New York State Department of Financial Services, Revenue and Expenses, One Commerce Plaza, Albany, New York 12257.

NEW YORK SUPPLEMENT FOR THE YEAR 2013 OF THE

BUSINESS IN THE STATE OF NEW YORK DURING

Line #	Line of Business SECTION A: FIRE & FIRE COMPONENT	GROSS PREMIUMS, LESS RETURN PREMIUMS ON POLICIES (1) Direct Premiums Written	(2) Uncollected Earned Premiums On Canceled Policies (Charged To Direct Writings	(3) Finance & Service Charges
A01	Fire			
A01a	FAIR PLAN current year			
A01b	FAIR PLAN prior year			
A04	Homeowners' Multiple Peril			
A05.1	Commercial Multiple Peril (Non-Liability Portion)			
A21	Auto Fire			
A22	Aircraft Fire			
A33	Aggregate Write-Ins (Fire)			
A34	**TOTAL Fire & Fire Components**			
DETAILS OF WRITE-INS AT LINE A33 FOR FIRE LINES				
A3301				
A3302				
A3303				
A3398	Summary of Remaining Write-Ins			
A3399	**Totals (Items A3301 thru A3303 plus A3398)**			
SECTION B: ALLIED LINES AND ALLIED LINE COMPONENT				
B02.1	Allied Lines			
B02a	FAIR PLAN current year			
B02b	FAIR PLAN prior year			
B02.2	Multiple Peril Crop			
B02.3	Federal Flood			
B04	Homeowners' Multiple Peril			
B05.1	Commercial Multiple Peril			
B09	Inland Marine			
B12	Earthquake			
B33	Aggregate Write-Ins (Allied Lines)			
B34	**TOTAL Allied Lines & Allied Line Components**			
DETAILS OF WRITE-INS AT LINE B33 FOR ALLIED LINES				
B3301				
B3302				
B3303				
B3398	Summary of Remaining Write-Ins			
B3399	**Totals (Items B3301 thru B3303 plus B3398)**			
B34a	**TOTAL FIRE & ALLIED LINES (Lines A34 + B34)**			
B34b	Unauthorized States & Countries(Non-A&H) Excludes Sec. 1510D			
B34c	**TOTAL (Lines B34a + B34b)**			
SECTION C: ACCIDENT & HEALTH				
C13	Group Accident & Health			
C14	Credit A&H (Group & Individual)			
C15.1	Collectively Renewable A&H			
C15.2	Non-Cancelable A&H			
C15.3	Guaranteed Renewable A&H			
C15.4	Non-Renewable for Stated Reasons Only			
C15.5	Other Accident Only			
C15.6	All Other A&H			
C15.7	Federal Employee Health Benefit Program Premium			
C30	Unauthorized States & Countries			
C33	Aggregate Write-Ins for A&H			
C34	**TOTAL Accident & Health**			
DETAILS OF WRITE-INS AT LINE C33 FOR A&H				
C3301				
C3302				
C3303				
C3398	Summary of Remaining Write-Ins			
C3399	**Totals (Items C3301 thru C3303 plus C3398)**			

YEAR ENDING DECEMBER 31, 2013

CANCELED AND ON POLICIES NOT TAKEN					
REINSURANCE ASSUMED FROM					
(4)	(5)	(6)	(7)	(8)	(9)
Unauthorized Companies	Authorized Companies	Reinsurance Ceded	Gross Taxable Premiums (Cols.1+2+3+4)	Dividends Paid Or Credited To Policyholders	Net Taxable Premiums (Col.7 - Col. 8)

BUSINESS IN THE STATE OF NEW YORK DURING

Line #	Line of Business SECTION D: CASUALTY & SURETY AND C&S COMPONENT	GROSS PREMIUMS, LESS RETURN PREMIUMS ON POLICIES		
		(1) Direct Premiums Written	(2) Uncollected Earned Premiums On Canceled Policies (Charged To Direct Writings	(3) Finance & Service Charges
D03	Farmowners' Multiple Peril			
D04	Homeowners' Multiple Peril			
D05.2	Commercial Multiple Peril (Liability Portion)			
D06	Mortgage Guaranty			
D10	Financial Guaranty			
D11	Medical Professional Liability			
D16	Workers' Compensation			
D17	Other Liability			
D18	Products Liability			
D19.1	Private Passenger Auto No-Fault (PIP)			
D19.2	Other Private Passenger Auto Liability			
D19.4	Private Passenger Auto Property Damage			
D19.5	Commercial Auto No-Fault (PIP)			
D19.6	Other Commercial Auto Liability			
D19.8	Commercial Auto Property Damage			
D21.1	Private Passenger Auto Physical Damage			
D21.2	Private Passenger Auto Collision			
D21.3	Commercial Auto Physical Damage			
D21.4	Commercial Auto Collision			
D22	Aircraft			
D23	Fidelity			
D24	Surety			
D26	Burglary & Theft			
D27	Boiler & Machinery			
D28	Credit			
D30	Warranty			
D33	Aggregate Write-Ins for Casualty & Surety			
D34	**TOTAL Casualty & Surety**			
DETAILS OF WRITE-INS AT LINE D33 FOR CASUALTY & SURETY				
D3301				
D3302				
D3303				
D3398	Summary of Remaining Write-Ins			
D3399	**Totals (Items D3301 thru D3303 plus D3398)**			
	SECTION E: EXEMPTED LINES OF BUSINESS			
E08	Ocean Marine			
E33	Aggregate Write-Ins for Exempted Lines of Business			
E34	**TOTAL Exempted Lines of Business**			
DETAILS OF WRITE-INS AT LINE E33 FOR EXEMPTED LINES				
E3301				
E3302				
E3303				
E3398	Summary of Remaining Write-Ins			
E3399	**Totals (Items E3301 thru E3303 plus E3398)**			
	SECTION F: GRAND TOTAL			
F34	(Lines B34c + C34 + D34 + E34)			

YEAR ENDING DECEMBER 31, 2013

CANCELED AND ON POLICIES NOT TAKEN					
REINSURANCE ASSUMED FROM					
(4)	(5)	(6)	(7)	(8)	(9)
Unauthorized Companies	Authorized Companies	Reinsurance Ceded	Gross Taxable Premiums (Cols.1+2+3+4)	Dividends Paid Or Credited To Policyholders	Net Taxable Premiums (Col.7 - Col. 8)

SUPPLEMENTARY SCHEDULE I

FAIR PLAN DISTRIBUTION

	(1) Premiums	(2) Tax
1. Section 9104 Prior Year		
2. Section 9104 Current Year		
3. New York City Fire Dept. Prior Year		
4. New York City Fire Dept. Current Year		
5. Buffalo Fire Dept. Prior Year		
6. Buffalo Fire Dept. Current Year		
7. Section 9105 Prior Year		
8. Section 9105 Current Year		
9. TOTAL (To Supplementary Schedule II).		

NOTE: To be completed by foreign and alien companies only.

SUPPLEMENTARY SCHEDULE II

DISTRIBUTION OF FIRE DEPARTMENT TAXES

	(1) Premiums	(2) Tax
1. Section 9104		
2. LESS: Unabsorbed credits, current year		
3. Plus: Absorbed credits, prior year		
4. Net		
5. New York City Fire Dept.		
6. Buffalo Fire Dept.		
7. Section 9105		
8. Fair Plan Distribution (Supplementary Schedule 1, Line 9, Cols 1 & 2		
9. TOTAL		

NOTE: To be completed by foreign and alien companies only.

SUPPLEMENTARY SCHEDULE III

SCHEDULE OF REINSURANCE ASSUMED —STATE OF NEW YORK

(1) NAIC COMPANY CODE	(2) FEDERAL ID NUMBER	(3) NAME OF REINSURER	(4) STATE OF DOMICILE	(5) PREMIUM ASSUMED
AUTHORIZED COMPANIES:				
0199999	XXX	Total Authorized Companies	XXX	
UNAUTHORIZED COMPANIES				
0299999	XXX	Total Unauthorized Companies	XXX	

NOTE: a) New York Reinsurance Only.
b) Do Not Include Assumed Reinsurance on Ocean Marine.
c) Do Not Report Ceded Reinsurance.

SUPPLEMENTARY SCHEDULE IV

TO BE FILED BY DOMESTIC INSURERS CLAIMING RETALIATORY TAX CREDIT PAYMENTS TO OTHER JURISDICTIONS

STATE[a]	CREDIT CLAIMED FOR THE YEAR		
	(1) 2013	(2) 2012	(3) 2011
1. Alabama			
2. Alaska			
3. Arizona			
4. Arkansas			
5. California			
6. Colorado			
7. Connecticut			
8. Delaware			
9. District of Columbia			
10. Florida			
11. Georgia			
12. Hawaii			
13. Idaho			
14. Illinois			
15. Indiana			
16. Iowa			
17. Kansas			
18. Kentucky			
19. Louisiana			
20. Maine			
21. Maryland			
22. Massachusetts			
23. Michigan			
24. Minnesota			
25. Mississippi			
26. Missouri			
27. Montana			
28. Nebraska			
29. Nevada			
30. New Hampshire			
31. New Jersey			
32. New Mexico			
33 New York			
34. North Carolina			
35. North Dakota			
36. Ohio			
37. Oklahoma			
38. Oregon			
39. Pennsylvania			
40. Rhode Island			
41. South Carolina			
42. South Dakota			
43. Tennessee			
44. Texas			
45. Utah			
46. Vermont			
47. Virginia			
48. Washington			
49. West Virginia			
50. Wisconsin			
51. Wyoming			
58. TOTALS[b]			

(a) The amount for each state by year must be fully documented and include invoices (quarterly payments to states and retaliatory amounts paid with direct premium taxes should be reconciled to agree with amount claimed for each state by year) and photo copies of checks in payment to allow credit. Failure to include this data will result in the deletion of credit.
(b) To agree with CT-33NL filed with Department of Taxation and Finance.

COMPUTATION OF SECTION 206 PREMIUM BASE
New York Domiciled Companies Only
Section 206 – NYS Financial Services Law

This schedule is to be completed by New York domiciled companies only and is for the purpose of determining the premium base that will be used to compute the 2013 final Section 206 Assessment under NYS Financial Services Law.

Instructions:

1. Line 1: Beginning Premium Base of this schedule, is taken from the NAIC Annual Statement, Schedule T, Line 33, columns 2 (Direct Premiums Written) and 8 (Finance & Services Charges Not Included In Premiums).
2. Lines 2.1 -2.5: Additions should be those premiums that are not already included in the Beginning Premium Base on Line 1.
3. Lines 3.1 -3.4: Deductions should be those premiums that are already included in the Premium Base on Line 1, but are not subject to assessment.

NOTE: Adjustments to the premium base are subject to review. Supporting documentation should be available, if requested by the Department.

1. Beginning Premium Base (see Instruction #1)		_____
ADJUSTMENTS		
2. Additions (See Instruction #2)		
2.1 FAIR Plan Allocated Premiums for current year	_____	
2.2 Unauthorized reinsurance premiums assumed (less returned premiums)	_____	
2.3 Unauthorized states (states in which company is not licensed)	_____	
2.4 Other (a)	_____	
2.5 Total Additions (Lines 2.1 through 2.4)		_____
3. Deductions (See Instruction #3)		
3.1 FAIR Plan Allocated returned premiums for prior years	_____	
3.2 Other (b)	_____	
3.3 Other (c)		
3.4 Total Deductions (Lines 3.1 through 3.3)		_____
4. Adjusted Premium Base (Line 1 plus 2.5 minus 3.4)		_____
5. Prior Year Adjusted Premium Base		_____
6. Difference from Prior Year (Line 4 minus Line 5) (d)		_____

(a) Specify Line 2.4 addition(s):

(b) Specify Line 3.2 deduction(s):

(c) Specify Line 3.3 deduction(s):

(d) If difference is +/- 25% from prior year, please provide an explanation for the change:

_____
(Prepared by)

_____
(Title)

_____
(Phone Number)

_____
(E-Mail Address)

NEW YORK PUBLIC MOTOR VEHICLE LIABILITY SECURITY FUND EXHIBIT

Net premiums on surety bonds and insurance policies written during the year to insure payment of any legal or liability claims or judgments resulting from operation, maintenance, use or defective construction of a motor vehicle causing: (a) damages for the incident to death or injuries to person, (b) damages for and incident to injury or destruction of property as provided for by Section 370 of the Vehicle and Traffic Law of the State of New York, and properly allocated in the books of account of such insurance carrier making this return:

1.	Premiums less return premiums as above defined.....		$.....
2.	Surety bond premiums less returned premiums as above defined..		.....
3.1	Medical payment premiums.....	$.....	
3.2	Uninsured motorist premiums.....	.....	
3.3	Total.....		$_____
4.	Net Premiums (Line 1 + 2 - 3.3).....		$.....
5.	Dividends on premiums less return premiums.....		.....
6.1	Medical payment dividends.....	$.....	
6.2	Uninsured motorist dividends.....	.....	
6.3	Total.....		$_____
7.	Balance (Line 4 - 5 - 6.3).....		$_____
8.	3% of Line 7 Due (or Credit Due Company).....		$_____
9.	NEW YORK CLAIM RESERVES AS OF DECEMBER 31, CURRENT YEAR[a]		$_____

(a) Amount used in determining whether or not the Public Motor Vehicle Liability Security Fund will be contributory in accordance with Section 7606 of the New York Insurance Law.

NOTE: "Gross Premiums" shall be the gross amount charged during the period of this return, on direct business written, on all policies, certificates, renewals, bonds, policies and bonds subsequently canceled, issued or delivered during such period and all prior quarterly periods and calendar years subsequent to December 31, 1938. Premiums on reinsurance assumed or on reinsurance ceded shall not be included. Return premiums and dividends to policyholders paid or credited on direct business during the period of this return may be deducted where the original gross premiums or adjustments thereof shall have been concurrently or previously reported under this section.

OVERFLOW PAGE FOR WRITE-INS

SPECIAL INSTRUCTIONS

PS2013JURAT1 **COMPANY INFORMATION**
Column 1 = Current Period Group Code
Column 2 = Prior Period Group Code
Column 3 = NAIC Company Code
Column 4 = FEIN
Column 5 = State of Domicile

PS2013JURAT2 **COMPANY NAME INFORMATION**

PS2013JURAT3 **COMPANY ADDRESS INFORMATION**
Column 1 = Street Address
Column 2 = City
Column 3 = State
Column 4 = Zip Code
Column 5 = e-Mail Address

Line 01 = Statutory Home Office
Line 02 = Main Administrative Office
Line 03 = Mail Address
Line 04 = Primary Location of Books and Records
Line 05 = Electronic Contact Address

PS2013JURAT4 **COMPANY CONTACT INFORMATION**
Column 1 = Contact Last Name
Column 2 = Contact First Name
Column 3 = Contact Middle Name
Column 4 = Phone Number
Column 5 = E-Mail Address

Line 1 = Annual Statement Contact
Line 2 = Electronic Filing Contact

PS2013JURAT5 **COMPANY OFFICERS/DIRECTORS/TRUSTEES**
Column 1 = Last Name
Column 2 = First Name
Column 3 = Middle Name
Column 4 = Suffix
Column 5 = New Officer Indicator

Line 1 = President
Line 2 = Secretary
Line 3 = Treasurer

PS2013JURAT6 **VENDOR INFORMATION**
Column 1 = Vendor Name
Column 2 = Vendor Version Number
Column 3 = Vendor Code

PS2013INTER **NEW YORK INTERROGATORIES**
Column 1 = Yes/No Response
Column 2 = Numerical Response
Column 3 = Date Response
Column 4 = Description
Values for Column 1: Yes = Yes
No = No
NA = Not Applicable
Format for Column 3 = MMDDYYYY

PS2013INTERSC1 **NEW YORK INTERROGATORIES - SCHEDULE 1 - GAP INSURANCE**
Column 6 = Yes/No Response
Values for Column 6: Yes = Yes
No = No
NA = Not Applicable

PS2013INTERSC2 **INTERROGATORY REQUIRED BY CIRCULAR LETTER NO. 18 (2001)**
Table Length Variable
Column 1 = Name of Controlled Person
Column 2 = Type of Investment
Column 8 = Yes/No Response

Column 4 should be reported as a percentage

PS2013SCSRF **SCHEDULE SR - 1 (PROPERTY) - SPECIAL RISK INSURANCE**
Lines 6, 7 & 9 should be a ratio to the nearest number

PS2013SUPINT **SUPPLEMENTAL EXHIBITS AND INTERROGATORIES**
Column 1 = YES/NO/NA
Column 2 = REASON FOR NOT FILING

PS2013AHPEE **ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT**
Table Length Variable
Column 1A = Non-New York Business Code
Column 1 = Policy Form Number
Column 2A = Beginning Year Issued (YYYY)
Column 2B = Ending Year Issued (YYYY)
Columns 11, 12, 17 & 19 should be reported as ratios (13,3)

Valid Values: Column 1A - Non-New York Business = Z

Section A INDIVIDUAL BUSINESS
Lines 0110001 - 0119996 = Comprehensive Major Medical With Contract Reserves
Lines 0120001 - 0129996 = Comprehensive Major Medical Without Contract Reserves
Lines 0210001 - 0219996 = Short Term Medical With Contract Reserves
Lines 0220001 - 0229996 = Short Term Medical Without Contract Reserves
Lines 0310001 - 0319996 = Other Medical (Non-Comprehensive)With Contract Reserves
Lines 0320001 - 0329996 = Other Medical (Non-Comprehensive)Without Contract Reserves
Lines 0410001 - 0419996 = Specified / Named Disease With Contract Reserves
Lines 0420001 - 0429996 = Specified / Named Disease Without Contract Reserves
Lines 0510001 - 0519996 = Limited Benefit With Contract Reserves
Lines 0520001 - 0529996 = Limited Benefit Without Contract Reserves
Lines 0610001 - 0619996 = Student With Contract Reserves
Lines 0620001 - 0629996 = Student Without Contract Reserves
Lines 0710001 - 0719996 = Accident Only or AD&D With Contract Reserves
Lines 0720001 - 0729996 = Accident Only or AD&D Without Contract Reserves
Lines 0810001 - 0819996 = Disability Income – Short Term With Contract Reserves
Lines 0820001 - 0829996 = Disability Income – Short Term Without Contract Reserves
Lines 0910001 - 0919996 = Disability Income – Long Term With Contract Reserves
Lines 0920001 - 0929996 = Disability Income – Long Term Without Contract Reserves
Lines 1010001 - 1019996 = Long Term Care With Contract Reserves
Lines 1020001 - 1029996 = Long Term Care Without Contract Reserves
Lines 1110001 - 1119996 = Medicare Supplement (Medigap) With Contract Reserves
Lines 1120001 - 1129996 = Medicare Supplement (Medigap) Without Contract Reserves
Lines 1210001 - 1219996 = Dental With Contract Reserves
Lines 1220001 - 1229996 = Dental Without Contract Reserves
Lines 1310001 - 1319996 = State Children's Health Insurance Program With Contract Reserves
Lines 1320001 - 1329996 = State Children's Health Insurance Program Without Contract Reserves
Lines 1410001 - 1419996 = Medicare With Contract Reserves
Lines 1420001 - 1429996 = Medicare Without Contract Reserves
Lines 1510001 - 1519996 = Medicaid With Contract Reserves
Lines 1520001 - 1529996 = Medicaid Without Contract Reserves
Lines 1610001 - 1619996 = Other Individual Business With Contract Reserves
Lines 1620001 - 1629996 = Other Individual Business Without Contract Reserves

Section B GROUP BUSINESS
Comprehensive Major Medical
Lines 1810001 - 1819996 = Single Employer – Small Employer
Lines 1820001 - 1829996 = Single Employer – Other Employer
Lines 1900001 - 1999996 = Multiple Employer Assns & Trusts
Lines 2000001 - 2099996 = Other Associations and Discretionary Trusts
Lines 2100001 - 2199996 = Other Comprehensive Major Medical
Other Medical (Non-Comprehensive)
Lines 2300001 - 2399996 = Specified / Named Disease
Lines 2400001 - 2499996 = Limited Benefit
Lines 2500001 - 2599996 = Student
Lines 2600001 - 2699996 = Accident Only or AD&D
Lines 2700001 - 2799996 = Disability Income – Short Term
Lines 2800001 - 2899996 = Disability Income – Long Term
Lines 2900001 - 2999996 = Long Term Care
Lines 3000001 - 3099996 = Medicare Supplement (Medigap)
Lines 3300001 - 3399996 = Dental
Lines 3400001 - 3499996 = Other Group Care

PS2013AHPEESUM, PT1, PT2, PT3 & PT4
Column 4 should be reported as ratios (13,3)

PS2013ROPSC3 **REPORT OF PREMIUMS - SUPPLEMENTARY SCHEDULE 3 - REINSURANCE ASSUMED**
Table Length Variable
Lines 0100001-0199996 = Authorized Companies
Lines 0200001-0299996 = Unauthorized Companies

Column 1 = NAIC Cocode
Column 2 = FEIN or AII Number
NAIC Cocode field should be zero filled for all Alien reinsurers and Pools only.
FEIN/AII number field should be zero filled for insolvent insurers if this number is not available for such insurers.

PS2013PREMTAXI **COMPUTATION of Section 206 PREMIUM BASE**

Line 02.4, Column 1 = Description of Other Addition on line 2.4
Line 03.2, Column 1 = Description of Other Deduction on line 3.2
Line 03.3, Column 1 = Description of Other Deduction on line 3.3

PS2013JURAT10 **COMPUTATION of Section 206 PREMIUM BASE**

Line 01 = Column 1 = Schedule Contact Name
Column 2 = Schedule Contact Title
Column 3 = Phone Number
Column 4 = E-Mail Address