

**IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR
LEON COUNTY, FLORIDA**

State of Florida, ex rel., the
Department of Financial Services
of the State of Florida,

Relator

v.

CASE NO.:

Guarantee Insurance Company, a Florida corporation

Respondent. _____/

**PETITION FOR CONSENT ORDER APPOINTING THE DEPARTMENT OF FINANCIAL
SERVICES AS RECEIVER OF GUARANTEE INSURANCE COMPANY FOR PURPOSES OF
LIQUIDATION, INJUNCTION, AND NOTICE OF AUTOMATIC STAY**

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation (“Department”), hereby petitions this Court pursuant to sections 631.031 and 631.061, Florida Statutes (2017), for the entry of a Consent Order Appointing the Department as Receiver of Guarantee Insurance Company (“Respondent” or “Company”) for purposes of liquidation, injunction, and notice of automatic stay. In support of its petition, the Department states:

1. Section 631.021, Florida Statutes, provides that a delinquency proceeding pursuant to Chapter 631, Florida Statutes, constitutes the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving a Florida domiciled insurer.

2. This Court has jurisdiction over these proceedings pursuant to section 631.021(1), Florida Statutes, and this Court can exercise jurisdiction over any person required to cooperate with the Department and the Office of Insurance Regulation (“OIR”) pursuant to section 631.391, Florida Statutes, and over all persons made subject to this Court’s jurisdiction by other provisions of law as provided in section 631.025, Florida Statutes. Venue is proper in the Circuit Court of Leon County pursuant to section 631.021(2), Florida Statutes. Pursuant to section 631.021(1),

Florida Statutes, this Court has jurisdiction over the receivership and is authorized to enter all necessary or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, sections 631.001 *et seq.*, Florida Statutes.

3. Upon a determination by OIR that one or more grounds exist to initiate a delinquency proceeding against an insurer, and upon OIR's determination that a delinquency proceeding should be initiated, OIR is required to refer the insurer to the Department for the initiation of such delinquency proceeding. § 631.031(1), Fla. Stat.

4. By letter dated November 17, 2017, pursuant to section 631.031(1), Florida Statutes, David Altmaier, Commissioner of OIR, advised Florida's Chief Financial Officer, Jimmy Patronis, that grounds exist for the initiation of liquidation proceedings against Respondent. A copy of the letter is attached hereto and incorporated herein as **Department Exhibit 1**.

5. Section 631.031(2), Florida Statutes, empowers the Department to petition this Court for an order directing it to liquidate a domestic insurer, and section 631.061, Florida Statutes, provides that the Department may apply for such an order if the insurer is or is about to become insolvent or upon the existence of any of the grounds specified in section 631.051, Florida Statutes. Based on the documentation received from OIR, including a sworn affidavit from Virginia A. Christy, the Director of Property and Casualty Financial Oversight, the Department has determined that Respondent is or is about to become insolvent and there exist additional grounds as specified in section 631.051, Florida Statutes, that warrant the liquidation of Respondent. A copy of the Affidavit of Virginia A. Christy is attached hereto and incorporated herein as **Exhibit A to Department Exhibit 1**.

6. According to the Affidavit of Virginia A. Christy, upon the approval of a re-domestication application, Respondent was licensed by OIR on January 5, 2007, as a state of

Florida domestic property and casualty insurer authorized to write workers' compensation insurance, pursuant to Part III of Chapter 624, Florida Statutes. Respondent's principal place of business is located at 401 E. Las Olas Boulevard, Suite 1540, Fort Lauderdale, Florida 33301.

7. Respondent is currently insolvent within the meaning of section 631.011(14), Florida Statutes. Sections 631.051(1) and 631.061(1), Florida Statutes, authorize the initiation of delinquency proceedings against an insurer if the insurer is insolvent. The basis for the determination of insolvency is summarized as follows:

a. On August 28, 2017, Respondent filed with OIR its quarterly financial statement for the period ending June 30, 2017, reporting a surplus as regards to policyholders of \$42,189,770. A copy of the quarterly financial statement is attached hereto as **Exhibit 1 to Affidavit of Virginia A. Christy**.

b. On November 2, 2017, Respondent notified OIR that its appointed actuary amended his original Statement of Actuarial Opinion related to Respondent's annual financial statement for the period ending December 31, 2016. A copy of the annual financial statement is attached hereto as **Exhibit 2 to Affidavit of Virginia A. Christy**.

c. Subsequent to stating his original opinion, the actuary determined that the loss and loss adjustment expenses booked on Respondent's December 31, 2016, financial statement were misstated. Corrections to the loss and loss adjustment expense required a \$42,426,547 increase in Respondent's reserves. When the increase in reserves was applied to the June 30, 2017, financial statement, it resulted in a downward adjustment to Respondent's surplus. Consequently, Respondent's adjusted surplus as regards to policyholders as of June 30, 2017, went from \$42,189,770 to (\$236,775), rendering the company insolvent.

8. Section 631.051(8), Florida Statutes, authorizes the initiation of delinquency proceedings against an insurer if the insurer has willfully violated its charter or certificate of incorporation or any law of this state.

a. Section 624.424(1)(a), Florida Statutes, requires each authorized insurer to file with OIR full and true statements of its financial conditions, transactions, and affairs. Rule 690-137.001, Florida Administrative Code, which provides the standards for compliance with section 624.424(1), Florida Statutes, adopts the NAIC's Accounting Practices and Procedures Manual ("AP&P"). The AP&P's Statements of Statutory Accounting Principles 62R specifies that an insurer can only qualify for reinsurance credits on business ceded to an unauthorized reinsurer if the ceding insurer maintains collateral.

b. On its December 31, 2016, annual financial statement, Respondent reported collateral in the amount of \$144,591,000 for unauthorized reinsurance as a liability for funds held by Respondent under reinsurance treaties. The amount of cash and invested assets booked on the same financial statement indicate that Respondent booked and availed itself of reinsurance credit at a time when it was evident on the face of the financial statement that Respondent did not have sufficient cash and invested assets to cover this liability. This evidences that Respondent knowingly filed a false financial statement with OIR in violation of sections 624.424(1)(a) and 817.2341, Florida Statutes.

9. Section 631.051(13), Florida Statutes, authorizes the initiation of delinquency proceedings against an insurer if the insurer

has been the victim of embezzlement, wrongful sequestration, conversion, diversion, or encumbering of its assets; forgery or fraud affecting it; or other illegal conduct in, by, or with respect to it, which if established would threaten its solvency; or that the office has reasonable cause to so believe any of the foregoing has occurred or may occur.

a. OIR, through an outside contractor, conducted a limited scope statutory financial examination of Respondent between April 2017 and November 2017 covering the time frame of 2015 through 2017.

b. During the course of the examination, James Menck, the Examiner in Charge, determined that Respondent had systematically transferred funds, totaling at least \$15,843,000, to the ultimate owner of Respondent, Mr. Steve Mariano, during the calendar year 2016 and through June 2017. Mr. Menck determined these transfers were made with no documented business purpose and with no discernable benefit to Respondent. The transfers were, therefore, deemed detrimental to Respondent because the funds could otherwise have been used to increase Respondent's surplus and pay for policyholder claims. A copy of the Affidavit of James Menck is attached hereto and incorporated herein as **Exhibit B to Department Exhibit 1**.

10. Section 631.051(11), Florida Statutes, authorizes the initiation of delinquency proceedings against an insurer if the insurer has consented through a majority of its directors, stockholders, members or subscribers to the entry of an order placing Respondent into receivership. On November 13, 2017, Respondent, through a Joint Resolution of its board of directors, consented to the appointment of the Department as Receiver of Respondent. A copy of the Consent to Order of Receivership signed by Respondent is attached hereto and incorporated herein as **Exhibit 3 to Affidavit of Virginia A. Christy**.

11. Section 631.051(3), Florida Statutes, authorizes the initiation of delinquency proceedings against an insurer if the insurer "is found by OIR to be in such condition or is using or has been subject to such methods or practices in the conduct of its business, as to render its further transaction of insurance presently or prospectively hazardous to its policyholders, creditors, stockholder, or the public." Due to Respondent's insolvency and above-referenced business

practices, Respondent's further transaction of insurance is presently or prospectively hazardous to policyholders, creditors, stockholders, or the public.

12. Accordingly, the Department requests, pursuant to sections 631.031 and 631.061, Florida Statutes, the entry of a Consent Order Appointing the Department as Receiver of Respondent for purposes of liquidation, injunction, and notice of automatic stay to allow the Department the ability to marshal and liquidate Respondent's assets in the best interest of Respondent's policyholders, creditors, other claimants, and the public.

WHEREFORE, the Florida Department of Financial Services respectfully requests that this Court enter a Consent Order appointing the Department of Financial Services as receiver of Guarantee Insurance Company for the purposes of liquidation, injunction, and notice of automatic stay as proposed in the Order attached as **Department Exhibit 2**.

RESPECTFULLY SUBMITTED this the 21st day of November, 2017.

/s/ Jamila G. Gooden

MIRIAM VICTORIAN

Chief Attorney

Florida Bar No. 355471

JAMILA G. GOODEN

Senior Attorney

Florida Bar No. 46740

Jamila.Gooden@myfloridacfo.com

YAMILE BENITEZ-TORVISO

Senior Attorney

Florida Bar No. 151726

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Florida Department of Financial Services

Division of Rehabilitation and Liquidation

2020 Capital Circle S.E.

Suite 310

Tallahassee, Florida 32301

Telephone: (850) 413-3179



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

FINANCIAL SERVICES
COMMISSION

RICK SCOTT
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

PAM BONDI
ATTORNEY GENERAL

ADAM PUTNAM
COMMISSIONER OF
AGRICULTURE

November 17, 2017

The Honorable Jimmy Patronis
Chief Financial Officer
Department of Financial Services
Plaza Level 11, The Capitol
Tallahassee, FL 32399-0301

Re: Guarantee Insurance Company

Dear Chief Financial Officer Patronis:

Please be advised that the Office of Insurance Regulation (hereinafter referred to as "Office") has determined that one or more grounds exist for the initiation of delinquency proceedings, pursuant to Chapter 631, Florida Statutes, against Guarantee Insurance Company (hereinafter referred to as "GIC"). GIC is a Florida corporation, authorized to transact business as a property and casualty insurer in the state of Florida and licensed only in the line of workers compensation insurance. As specified in Sections 631.051 and 631.061, Florida Statutes, the grounds that permit the Department of Financial Services (hereinafter referred to as the "Department") to petition for an order appointing the Department as receiver and directing it to rehabilitate or liquidate the business of a domestic insurer include, that the insurer:

- (1) **Is impaired or insolvent (§631.051(1), F.S.);**
Is or is about to become insolvent (§631.061(1), F.S.);

GIC's actuary recently amended his Statement of Actuarial Opinion to report a reserve adjustment whereby GIC must increase reserves by the amount of \$42,426,547, which represents the midpoint of the actuarial range, net of reinsurance. GIC's filed financial statement as of June 30, 2017, reflects surplus as regards policyholders of \$42,189,770. Applying this adjustment, GIC's adjusted surplus as regards policyholders at June 30, 2017, is (\$236,775). Therefore, the Office finds, for the reasons set forth in the attached exhibits, that GIC has insufficient assets to pay all outstanding obligations and is insolvent.

- (2) **Is found by the office to be in such condition or is using or has been subject to such methods or practices in the conduct of its business, as to render its further transaction of insurance presently or prospectively hazardous to its policyholders, creditors, stockholders, or the public (§631.051(3), F.S.);**

...

DAVID ALTMAIER • COMMISSIONER
200 EAST GAINES STREET • TALLAHASSEE, FLORIDA 32399-0305 • (850) 413-5914 • FAX (850) 488-3334
WEBSITE: WWW.FLOIR.COM • EMAIL: DAVID.ALTMAIER@FLOIR.COM

The Office finds, for the reasons set forth in this letter and the attached exhibits, that GIC's insolvency renders its further transaction of insurance hazardous to its policyholders, subscribers, claimants, creditors, and the citizens of the state of Florida.

(3) Has willfully violated its charter or certificate of incorporation or any law of this state (§631.051(8), F.S.);

GIC reported collateral for Unauthorized Reinsurance as a liability for Funds Held by GIC under Reinsurance Treaties in the amount of \$144,591,000 as of December 31, 2016. Maintaining collateral is required under Statements of Statutory Accounting Principles 62R to qualify for reinsurance credits on business ceded under unauthorized reinsurance. GIC booked and availed itself of reinsurance credit at a time that it knew that it did not have sufficient cash and invested assets to cover this liability. Therefore, GIC knowingly filed a false financial statement with the Office in violation of Sections 624.424(1)(a) and 817.2341, Florida Statutes.

(4) Has been the victim of . . . conversion, diversion, or encumbering of its assets; forgery or fraud affecting it; or other illegal conduct in, by, or with respect to it, which if established would threaten its solvency; or that the office has reasonable cause to so believe any of the foregoing has occurred or may occur (§631.051(13), F.S.);

The Office finds, for the reasons set forth in the attached exhibits, that GIC has systematically transferred funds, totaling at least \$15,743,000, to Mr. Steve Mariano, the ultimate owner of GIC, during the calendar year 2016 and through June 2017. These transfers were made with no documented business purpose and no discernable benefit to GIC and the Office has deemed them detrimental to GIC. While Mr. Mariano benefitted individually from these transactions by receiving cash from GIC, this indebtedness diverted funds that otherwise could be used to increase the surplus of GIC and otherwise be available for the payment of policyholder claims. Section 625.332(1)(c), Florida Statutes, prohibits direct or indirect notes or other evidence of indebtedness of any director, officer, or controlling stockholder of the insurer, except as to policy loans authorized under Section 625.321, Florida Statutes. Therefore, GIC has violated Section 625.332(1)(c), Florida Statutes, by transferring these funds to Mr. Mariano. Further, the Office has identified other transactions involving parties with known association to Mr. Mariano that have been harmful to GIC.

(5) Has consented to such an order through a majority of its directors, stockholders, members, or subscribers (§631.051(11), F.S.).

The Office finds, for the reasons set forth in the attached exhibits, that GIC's Board of Directors met and executed a Joint Resolution of its Directors along with a Consent to Order of Rehabilitation or Liquidation on November 13, 2017.

Therefore, the Office is advising the Department of these determinations so that delinquency proceedings can be initiated by the Division of Rehabilitation and Liquidation. The following exhibits are attached in support of such determination:

Exhibit A – Affidavit of Virginia Christy, Director, Property & Casualty Financial Oversight,
with Exhibits 1 through 3; and

Exhibit B – Affidavit of James Menck, contracted representative of the Office.

The Office is prepared to provide any additional information or assistance the Department may require to proceed as expeditiously as possible. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "David Altmaier". The signature is written in a cursive, flowing style with a large initial "D".

David Altmaier
Commissioner

AFFIDAVIT OF VIRGINIA A. CHRISTY

STATE OF FLORIDA

COUNTY OF Leon Walton

BEFORE ME, the undersigned authority, personally appeared Virginia A. Christy, Director of Property & Casualty Financial Oversight for the Office of Insurance Regulation, who after being duly sworn, deposes and says:

1. I, Virginia A. Christy, am over the age of eighteen (18), sui juris, and I am competent to testify to and have personal knowledge of the facts contained herein.

2. I, Virginia A. Christy, currently hold the position of Director with the Property & Casualty Financial Oversight business unit of the Florida Office of Insurance Regulation (hereinafter referred to as the "OFFICE"). I graduated from Missouri Southern State College in 1987 with a Bachelor of Science degree in Business Administration with a major in Accounting. I have been employed by the OFFICE since July 2012.

3. Guarantee Insurance Company (hereinafter referred to as "GIC"), upon the approval of a redomestication application, was licensed on January 5, 2007, as a state of Florida domestic Property and Casualty insurer authorized to write Workers' Compensation insurance, pursuant to Part III of Chapter 624, Florida Statutes, and is subject to the regulation of the OFFICE pursuant to the Florida Insurance Code.

4. The OFFICE has determined that grounds exist for the Department of Financial Services (hereinafter referred to as the "DEPARTMENT") to petition for an order, under Section

Exhibit A

631.051 or 631.061, Florida Statutes, directing the DEPARTMENT to initiate delinquency proceedings against GIC. The basis for this determination is summarized as follows:

(a) **Insolvency (§§ 631.051(1) & 631.061(1), Fla. Stat.) and Further Transaction of Insurance is Hazardous to Policyholders, Creditors, Stockholders, or the Public (§ 631.051(3), Fla. Stat.).** On August 28, 2017, the OFFICE received GIC's June 30, 2017, second quarter 2017 financial statement (attached as **Exhibit 1**). GIC reported on page 4, line 39, surplus as regards policyholders totaling \$42,189,772 and on line 37, page 3, surplus as regards policyholders totaling \$42,189,770.¹ On Thursday, November 2, 2017, the OFFICE received notification from GIC that its appointed actuary was amending his original Statement of Actuarial Opinion to indicate that the reserves for unpaid losses and loss adjustment expenses booked in GIC's statutory annual statement for year ended December 31, 2016 (attached as **Exhibit 2**), was below the low end of the actuarial range by \$30,563,445, with the high end of the range being \$54,289,649, on a net of reinsurance basis. This revised Statement of Actuarial Opinion resulted in an additional downward adjustment to surplus as regards policyholders. GIC was required, pursuant to Section 625.101, Florida Statutes, to establish reserves at the midpoint of the actuarial range, which in this case has been calculated at \$42,426,547. Applying this adjustment, GIC's adjusted surplus as regards policyholders at June 30, 2017, is (\$236,775), rendering the company insolvent.

(b) **Has willfully violated Florida law (§ 631.051(8), Fla. Stat.).** GIC reported collateral for Unauthorized Reinsurance as a liability for Funds Held by GIC under Reinsurance Treaties in the amount of \$144,591,000 as of December 31, 2016 (see **Exhibit 2**). Maintaining collateral is required under Statements of Statutory Accounting Principles 62R to

¹ The reason for the discrepancy between these two numbers is unknown.

qualify for reinsurance credits on business ceded under unauthorized reinsurance. GIC booked and availed itself of reinsurance credit at a time when it knew that it did not have sufficient cash and invested assets to cover this liability, as reflected on its 2016 annual financial statement (see **Exhibit 2**). Therefore, GIC knowingly filed a false financial statement with the Office in violation of Sections 624.424(1)(a) and 817.2341, Florida Statutes.

(c) **Consent to Rehabilitation or Liquidation (§ 631.051(11), Fla. Stat.).** On November 13, 2017, GIC, through a majority of its directors, executed a Consent to Order of Rehabilitation or Liquidation (attached as **Exhibit 3**), which states: “RESPONDENT admits that grounds exist for the appointment of the Department of Financial Services, Division of Rehabilitation and Liquidation (herein after referred to as the “DEPARTMENT”), as Receiver of RESPONDENT for the purpose of Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.”

5. Based on the above GIC is insolvent; is in such condition or is using or has been subject to such methods or practices in the conduct of its business, as to render its further transaction of insurance presently or prospectively hazardous to its policyholders, creditors, stockholders, or the public; has willfully violated Florida law; and has consented to rehabilitation or liquidation. Thus, grounds for issuing an Order for entry into receivership exist under Sections 631.051(1), 631.051(3), 631.051(8), 631.051(11), and 631.061(1), Florida Statutes.

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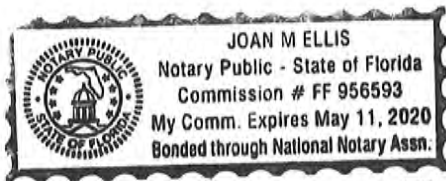
FURTHER AFFIANT SAYETH NOT.

Virginia A. Christy
Virginia A. Christy, Director
Property & Casualty Financial Oversight
Office of Insurance Regulation

STATE OF Florida
COUNTY OF Walton

The foregoing affidavit was sworn to and subscribed before me this 16 day of November
2017, by VIRGINIA A CHRISTY.

Joan M Ellis
(Signature of the Notary)



Joan M Ellis
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FLDL

My Commission Expires May 11, 2020



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

Guarantee Insurance Company

NAIC Group Code 3493 3493 NAIC Company Code 11398 Employer's ID Number 22-2222789
(Current) (Prior)

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

Country of Domicile United States of America

Incorporated/Organized 01/25/1965 Commenced Business 04/01/1965

Statutory Home Office 401 E. Las Olas Blvd., Suite 1540, Fort Lauderdale, FL, US 33301
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 401 E. Las Olas Blvd., Suite 1540
(Street and Number)

Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 401 E. Las Olas Blvd., Suite 1540, Fort Lauderdale, FL, US 33301
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 401 E. Las Olas Blvd., Suite 1540
(Street and Number)

Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.guaranteeins.com

Statutory Statement Contact Michael John Sluka, 954-670-2910
(Name) (Area Code) (Telephone Number)
msluka@guaranteeins.com 954-333-6840
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Michael John Sluka Treasurer William Douglas Griffin
Secretary Eric Stephen Dawson

OTHER

DIRECTORS OR TRUSTEES

Michael John Sluka Joseph Edward Babin Richard Franklin Allen
Charles Timothy Morris

State of Florida SS:
County of Broward

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Sluka
President & Chief Executive Officer

Eric Stephen Dawson
Secretary

William Douglas Griffin
Treasurer

Subscribed and sworn to before me this August 2017
day of August

- a. Is this an original filing? ☒ Yes ☐ No []
b. If no,
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Exhibit 1



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

Guarantee Insurance Company

NAIC Group Code 3493 3493 NAIC Company Code 11398 Employer's ID Number 22-2222789
(Current) (Prior)

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

Country of Domicile United States of America

Incorporated/Organized 01/25/1965 Commenced Business 04/01/1965

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Internet Website Address www.guaranteoins.com

Statutory Statement Contact Michael John Sluka 954-670-2910
(Name) (Area Code) (Telephone Number)
msluka@guaranteoins.com 954-333-6840
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Michael John Sluka Treasurer William Douglas Griffin
Secretary Eric Stephen Dawson

OTHER

DIRECTORS OR TRUSTEES

Michael John Sluka Joseph Edward Babin Richard Franklin Allen
Charles Timothy Morris

State of Florida SS:
County of Broward

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Sluka
President & Chief Executive Officer

Eric Stephen Dawson
Secretary

William Douglas Griffin
Treasurer

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

ASSETS

	Current Statement Date		3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets		
1. Bonds	86,016,206		86,016,206	79,861,535
2. Stocks:				
2.1 Preferred stocks	1,690,906		1,690,906	1,652,126
2.2 Common stocks	8,589,485		8,589,485	11,070,006
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)	2,444,641		2,444,641	2,463,731
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (46,091)), cash equivalents (\$) and short-term investments (\$ 1,996,935)	1,796,673		1,796,673	8,109,918
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	19,315,847	13,000,000	6,315,847	6,768,874
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	119,843,758	13,000,000	106,843,758	109,926,190
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	588,644		588,644	658,272
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	25,334,442		25,334,442	22,451,932
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 26,965,530 earned but unbilled premiums)	117,097,305		117,097,305	112,315,736
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	14,366,551		14,366,551	17,560,790
16.2 Funds held by or deposited with reinsured companies	17,719,670		17,719,670	17,785,000
16.3 Other amounts receivable under reinsurance contracts	32,754,262		32,754,262	37,412,741
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	27,621,320	11,577,665	16,043,655	16,948,119
18.2 Net deferred tax asset	8,157,792	3,864,584	4,293,208	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	18,352,861	18,352,861	0	30,586,109
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	36,870,274	5,309,814	31,560,460	34,063,750
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	418,706,879	52,104,924	366,601,955	399,708,639
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	418,706,879	52,104,924	366,601,955	399,708,639
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Deductible Recoverable - Current	14,718,671	2,309,814	12,408,857	7,868,014
2502. Deductible Recoverable - Deferred	4,239,405		4,239,405	5,281,145
2503. Reinsurance Trust Receivable	3,000,000	3,000,000	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	14,912,198	0	14,912,198	20,914,591
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	36,870,274	5,309,814	31,560,460	34,063,750

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ _____)	85,293,209	78,674,828
2. Reinsurance payable on paid losses and loss adjustment expenses	1,509,628	817,000
3. Loss adjustment expenses	(9,858,974)	(11,080,487)
4. Commissions payable, contingent commissions and other similar charges	(6,305)	(332,042)
5. Other expenses (excluding taxes, licenses and fees)	1,112,914	918,818
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	6,752,639	7,882,920
7.1 Current federal and foreign income taxes (including \$ _____ on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ _____ and interest thereon \$ _____		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ _____ and including warranty reserves of \$ _____ and accrued accident and health experience rating refunds including \$ _____ for medical loss ratio rebato per the Public Health Service Act)	53,226,080	73,103,787
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	35,498,192	31,814,000
13. Funds held by company under reinsurance treaties	123,270,035	144,591,000
14. Amounts withheld or retained by company for account of others	16,407,905	13,961,559
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ _____ certified)	10,173,253	10,173,253
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		20,421,823
20. Derivatives	0	0
21. Payable for securities	1,033,604	
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ _____ and interest thereon \$ _____		
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	324,412,180	370,946,459
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	324,412,180	370,946,459
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,600,120	3,600,120
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	50,601,000	28,601,000
34. Gross paid in and contributed surplus	231,843,628	231,843,628
35. Unassigned funds (surplus)	(243,854,978)	(235,262,568)
36. Less treasury stock, at cost:		
36.1 _____ shares common (value included in Line 30 \$ _____)		
36.2 _____ shares preferred (value included in Line 31 \$ _____)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	42,189,770	28,762,180
38. Totals (Page 2, Line 28, Col. 3)	366,601,950	399,708,639
DETAILS OF WRITE-INS		
2501. Unearned Reinsurance Commissions		0
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 145,753,908)	135,767,305	125,973,584	259,484,961
1.2 Assumed (written \$ 5,219,327)	4,003,064	7,671,716	11,538,639
1.3 Ceded (written \$ 107,545,544)	71,142,817	108,380,480	218,050,240
1.4 Net (written \$ 43,427,691)	68,627,552	25,264,820	52,973,360
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	57,740,662	54,071,635	144,177,276
2.2 Assumed	4,811,681	3,678,481	8,667,681
2.3 Ceded	31,776,623	50,859,374	116,959,825
2.4 Net	40,775,720	6,890,742	35,885,132
3. Loss adjustment expenses incurred	13,335,190	9,416,859	7,576,093
4. Other underwriting expenses incurred	7,174,177	8,638,844	32,510,974
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	61,285,087	24,946,445	75,972,199
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	7,342,465	318,375	(22,998,839)
INVESTMENT INCOME			
9. Net investment income earned	861,916	887,710	2,244,828
10. Net realized capital gains (losses) less capital gains tax of \$ (2,125,251)	(190,230)	(1,928,197)	(6,624,813)
11. Net investment gain (loss) (Lines 9 + 10)	671,686	(1,040,487)	(4,379,985)
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ 1,097,720)	(1,097,720)	(1,194,137)	(334,730)
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	0	0	189,648
15. Total other income (Lines 12 through 14)	(1,097,720)	(1,194,137)	(145,082)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	6,916,431	(1,916,249)	(27,523,906)
17. Dividends to policyholders	62,570	5,008	68,347
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	6,853,861	(1,921,257)	(27,592,253)
19. Federal and foreign income taxes incurred	713,208	(404,187)	(4,421,855)
20. Net income (Line 18 minus Line 19)(to Line 22)	6,140,653	(1,517,070)	(23,170,398)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	28,762,181	46,818,791	46,818,791
22. Net income (from Line 20)	6,140,653	(1,517,070)	(23,170,398)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$	(7,192,633)	4,603,585	4,597,725
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(1,320,870)	289,268	3,235,950
27. Change in nonadmitted assets	(6,199,559)	2,680,187	(6,913,356)
28. Change in provision for reinsurance			(3,782,639)
29. Change in surplus notes	22,000,000		
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	0	0	30,000,000
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	13,427,591	6,055,970	3,967,282
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	42,189,772	52,874,761	50,786,073
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Miscellaneous Income - Net Other			189,648
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	189,648
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	22,966,496	30,480,198	77,796,410
2. Net investment income	1,124,908	1,187,471	2,741,747
3. Miscellaneous income	1,361,836	(1,245,214)	5,761,341
4. Total (Lines 1 to 3)	25,453,240	30,422,455	86,299,498
5. Benefit and loss related payments	30,231,277	37,145,078	69,680,254
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	24,112,850	14,539,991	49,250,948
8. Dividends paid to policyholders	62,570	5,008	68,347
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(1,312,129)	127,792	726,240
10. Total (Lines 5 through 9)	53,094,568	51,817,869	119,725,789
11. Net cash from operations (Line 4 minus Line 10)	(27,641,328)	(21,395,414)	(33,426,291)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	11,568,153	24,204,062	32,781,326
12.2 Stocks	297	4,989,460	12,299,006
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	398,054	1,070,940
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(190,230)	0	0
12.7 Miscellaneous proceeds	1,033,604	2,700	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	12,411,824	29,594,276	46,151,272
13. Cost of investments acquired (long-term only):			
13.1 Bonds	17,877,354	15,149,110	22,301,107
13.2 Stocks	2,943,000	5,709,871	5,709,871
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	1,200,000
13.6 Miscellaneous applications	0	1,110,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	20,820,354	21,968,981	29,210,978
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(8,408,530)	7,625,295	16,940,294
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	22,000,000	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	30,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	35,034,774	1,570,797	(38,358,967)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	57,034,774	1,570,797	(8,358,967)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	20,984,916	(12,199,322)	(24,844,964)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	8,109,918	32,954,882	32,954,882
19.2 End of period (Line 18 plus Line 19.1)	29,094,834	20,755,560	8,109,918

Note: Supplemental disclosures of cash flow information for non-cash transactions:

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

The accompanying financial statements of Guarantee Insurance Company (the Company) have been prepared on the basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation. The State of Florida requires insurance companies to prepare their statutory financial statements in accordance with National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Florida Office of Insurance Regulation. There are differences between some Florida prescribed practices and NAIC accounting practices, but none substantially impact the Company's financial statements.

B. Use of Estimates in the Preparation of Financial Statements

No change.

C. Accounting Policy

No change.

D. Going Concern

No change

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No change.

3. BUSINESS COMBINATIONS AND GOODWILL

No change.

4. DISCONTINUED OPERATIONS

No change.

5. INVESTMENTS

No changes other than items below:

D. Loan-Backed Securities (LBS):

- (1) Prepayment assumptions and fair values of loan-backed bonds, mortgage-backed/asset-backed securities, and structured securities were obtained from various independent pricing services. Significant changes in prepayment assumptions are accounted for using the retrospective adjustment method.
- (2) All securities within the scope of this statement with a recognized other-than-temporary impairment: None.
- (3) Securities with a recognized other-than-temporary impairment currently held by the reporting entity: None.
- (4) At June 30, 2017, the Company has no impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss.
- (5) The Company's securities are regularly reviewed for impairment based upon criteria that include the extent to which cost exceeds fair value, the duration of the market decline, the financial health of and specific prospects for the issuer and the ability and intent to hold the investment to recovery.

F. Restricted Assets: The Company has no restricted assets other than those on deposit with various states and those deposited in reinsurance trusts.

Restricted Asset Category	Total General Account	Total from Prior Year	Increase/ (Decrease)	Total Current Year Admitted Restricted	Gross Restricted to total Assets	Admitted Restricted to Total Admitted Assets
On deposit with States	18,590,000	13,791,000	4,799,000	18,590,000	4.4%	5.1%
Pledged as Collateral under reinsurance agreement	65,002,000	63,621,000	1,381,000	65,002,000	15.5%	17.7%
Total restricted assets	83,592,000.00	77,412,000.00	6,180,000.00	83,592,000.00	20.0%	22.8%

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No change.

7. INVESTMENT INCOME

No change.

8. DERIVATIVE INSTRUMENTS

No change.

9. INCOME TAXES

No significant change from the disclosure included in the Company's annual statement for the year ended December 31, 2016.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

No changes other than items below:

A, B, & C.

Patriot National, Inc., an affiliate of Ashmere Insurance Company through common ownership of the ultimate controlling person, Steven Mariano, made changes to its organizational chart, effective as of January 1, 2017. The corporate changes are listed below, and the entities will keep the same tax ID numbers.

Each of the following was converted from a Delaware corporation to a Delaware LLC:

- Patriot Services, Inc. to Patriot Services, LLC
- Patriot Risk Consultants, Inc. to Patriot Risk Consultants, LLC
- Patriot Audit Services, Inc. to Patriot Audit Services, LLC
- Forza Lien, Inc. to Forza Lien, LLC
- Patriot Captive Management, Inc. to Patriot Captive Management, LLC
- Patriot Technology Solutions, Inc. to Patriot Technology Solutions, LLC
- Patriot Care Management, Inc. to Patriot Captive Management, LLC

Additionally, the following mergers took place which effectively removed these entities from the Patriot National organization chart:

- CompLinx Insurance Agency, Inc. was dissolved by merger into Patriot Underwriters.
- Patriot Care, Inc. was dissolved by merger into Patriot Care Management, Inc.
- InsureLinx, Inc. was dissolved by merger into Patriot Technology Solutions, Inc.
- Vikaran Technology Solutions, Inc. was dissolved by merger into Patriot Technology Solutions, Inc.

D. At June 30, 2017, the Company's net balance payable to affiliates was forgiven by affiliates in the form of a subordinated surplus debenture (see Note 13).

E. Not Applicable

F. Not Applicable

G. Not Applicable

H. Not Applicable

I. Not Applicable

J. Not Applicable

K. Not Applicable

L. Not Applicable

M. The Company owns 2,836,535 shares of Patriot National, Inc., an entity in which the Company's ultimate controlling person has a controlling interest. The Company's investment, representing approximately 10.56% of the total outstanding shares of Patriot National, was valued at \$6,013,454 based on the June 30, 2017 closing price on the New York Stock Exchange. The investment meets the market valuation criteria in paragraph 8 of SSAP #97. The Company submitted the investment to the NAIC Investment Analysis Office in November 2015 and filed an update on form SUB 2 with the Investment Analysis Office in June 2016.

11. DEBT

No change.

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

No change.

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

The Company issued subordinated surplus debentures in the amount of \$22 million to an affiliated entity, Patriot Underwriters, Inc dated August 16, 2017, but treated as Surplus pursuant to a SSAP72 contribution making such contribution effective June 30, 2017. Also see Note 22.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

No change.

15. LEASES

No change.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No change.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENT OF LIABILITIES

In connection with the issuance of subordinated surplus debentures discussed in Notes 13 and 22, the the company recorded a reduction in amounts payable to affiliates in the amount of \$22 million. This transaction extinguished liabilities as the form of funding of the surplus debentures.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No change.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

No change.

20. FAIR VALUE MEASUREMENT

A.) Assets Measured at Fair Value:

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Total
a. Assets at Fair Value				
Preferred Stock				
Industrial & misc - unaffiliated	-	477,353	-	477,353
Total preferred stock	-	477,353	-	477,353
Common Stock				
Industrial & misc - unaffiliated	2,576,031	-	-	2,576,031
Parent, Subs, & Affiliates	6,013,454	-	-	6,013,454
Total common stock	8,589,485	-	-	8,589,485
TOTAL ASSETS AT FAIR VALUE	8,589,485	477,353	-	9,066,838
b. Liabilities at Fair Value				
NONE	-	-	-	-
TOTAL LIABILITIES AT FAIR VALUE	-	-	-	-

(2.) The Company had no investments valued in Level 3 of the Fair Value Hierarchy during the three months ended June 30, 2017.

B.) Not applicable

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

21. OTHER ITEMS

No change.

22. EVENTS SUBSEQUENT

See Note 1D

The Company recorded a contribution to Surplus in the amount of \$22 million under the provisions of SSAP72. Under this SSAP, subordinated surplus debentures issued on August 16, 2017 in the amount of \$22 million were recorded in surplus as of June 30, 2017.

23. REINSURANCE

The Company renewed its Excess of Loss Reinsurance as of June 1, 2017 on substantially similar terms to the prior year.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No change.

25. CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

During the three months ended June 30, 2017, the Company experienced unfavorable net loss and loss adjustment expense reserve development relating to prior accident years of approximately \$3.4 million. This unfavorable development results primarily from a commutation with one of the Company's segregated cell reinsurers and NCCI / Legacy items.

26. INTERCOMPANY POOLING ARRANGEMENTS

No change.

27. STRUCTURED SETTLEMENTS

No change.

28. HEALTH CARE RECEIVABLES

No change.

29. PARTICIPATING POLICIES

No change.

30. PREMIUM DEFICIENCY RESERVES

No change.

31. HIGH DEDUCTIBLES

No change.

32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

No change.

33. ASBESTOS/ENVIRONMENTAL RESERVES

No change.

34. SUBSCRIBER SAVINGS ACCOUNTS

No change.

35. MULTIPLE PERIL CROP INSURANCE

No change.

36. FINANCIAL GUARANTY INSURANCE

No change.

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [☒] No [☐]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [☒] No [☐]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [☐] No [☒]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [☒] No [☐]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [☐] No [☒]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [☐] No [☒]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [☐] No [☒] N/A [☐]
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/30/2015
- 6.4 By what department or departments?
Florida Office of Insurance Regulation
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [☒] No [☐] N/A [☐]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [☒] No [☐] N/A [☐]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [☐] No [☒]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [☐] No [☒]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [☐] No [☒]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [☒] No [☐]
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [☐] No [☒]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [☐] No [☒]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [☐] No [☒]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [☐] No [☒]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$ 450,000
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [☒] No [☐]
- 14.2 If yes, please complete the following:
- | | 1
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ 0 | \$ 0 |
| 14.22 Preferred Stock | \$ 0 | \$ 0 |
| 14.23 Common Stock | \$ 9,004,888 | \$ 6,013,454 |
| 14.24 Short-Term Investments | \$ 0 | \$ 0 |
| 14.25 Mortgage Loans on Real Estate | \$ 0 | \$ 0 |
| 14.26 All Other | \$ 0 | \$ 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 9,004,888 | \$ 6,013,454 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ 9,004,888 | \$ 6,013,454 |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [☐] No [☒]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [☐] No [☒]
 If no, attach a description with this statement.

GENERAL INTERROGATORIES

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
 16.3 Total payable for securities lending reported on the liability page\$0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, iii - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date \$

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date \$

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE						

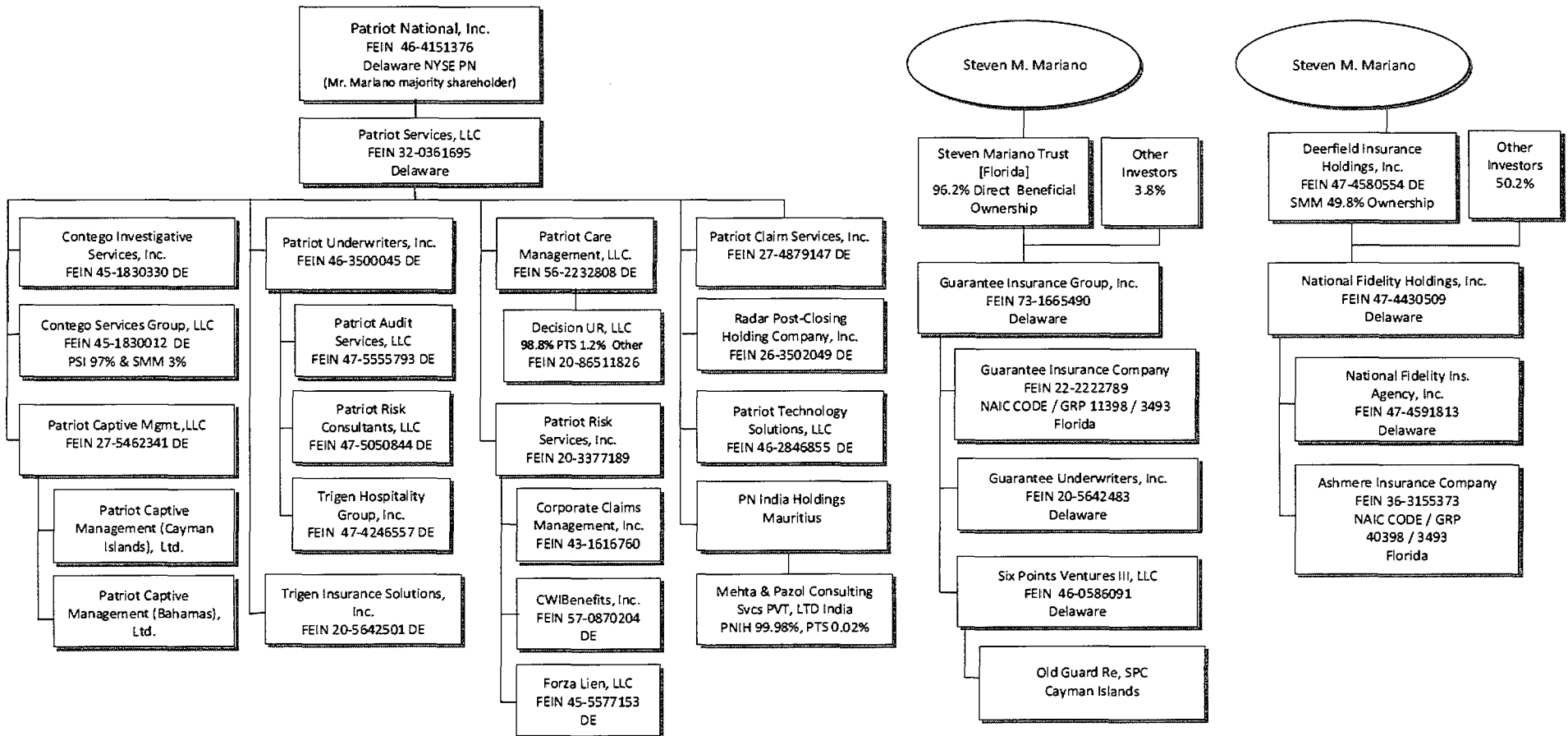
STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories							
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....AL	L	1,089,139	1,228,837	344,925	221,330	2,030,812	1,687,695
2. Alaska.....AK	N						
3. Arizona.....AZ	N						
4. Arkansas.....AR	L	2,116,699	2,336,266	803,912	865,216	3,819,754	3,348,548
5. California.....CA	L						
6. Colorado.....CO	L	1,528,857	922,987	252,021	441,416	948,392	1,279,530
7. Connecticut.....CT	N						
8. Delaware.....DE	L	1,717,073	(76,750)	708,363	404,133	1,806,541	1,685,921
9. District of Columbia.....DC	L	1,008,632	797,154	228,260	260,419	921,418	571,201
10. Florida.....FL	L	41,021,368	31,624,892	18,996,102	17,879,581	66,098,608	63,470,254
11. Georgia.....GA	L	10,642,153	9,197,523	4,696,654	4,808,273	17,889,796	16,459,377
12. Hawaii.....HI	L						
13. Idaho.....ID	L	195,961	301,385	34,370	89,543	247,141	76,638
14. Illinois.....IL	N						41
15. Indiana.....IN	L	4,352,235	4,678,889	2,403,345	2,023,363	4,963,156	7,434,645
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	L	1,134,430	1,299,061	1,212,786	460,116	3,436,853	2,315,478
19. Louisiana.....LA	L	679,054	1,044,800	776,436	764,584	2,537,192	2,370,856
20. Maine.....ME	L	51,127	38,275	176,978	116,086	181,403	314,230
21. Maryland.....MD	L	1,331,375	1,756,096	608,508	513,149	2,234,808	1,869,087
22. Massachusetts.....MA	L						
23. Michigan.....MI	L	2,879,440	3,395,742	1,199,190	881,398	2,969,135	2,465,397
24. Minnesota.....MN	L						
25. Mississippi.....MS	L	1,576,339	1,981,672	1,430,289	1,203,317	3,905,908	3,920,083
26. Missouri.....MO	L	3,102,091	3,593,423	2,199,002	2,533,569	7,770,847	10,872,635
27. Montana.....MT	L	63,004	68,771	77,924	27,234	261,410	117,570
28. Nebraska.....NE	L	2,328,154	2,049,880	976,448	1,410,450	3,783,682	3,464,795
29. Nevada.....NV	L	791,915	885,566	302,632	486,394	968,367	1,105,325
30. New Hampshire.....NH	L						
31. New Jersey.....NJ	L	21,919,248	15,346,088	9,613,902	7,878,769	36,812,095	35,329,553
32. New Mexico.....NM	L	1,034,294	879,460	231,705	186,999	793,536	406,592
33. New York.....NY	L	16,765,927	16,090,406	9,640,445	8,748,380	39,238,821	29,741,314
34. North Carolina.....NC	L	5,860,379	5,462,359	2,211,017	2,411,748	6,508,450	5,685,106
35. North Dakota.....ND	L						
36. Ohio.....OH	N						
37. Oklahoma.....OK	L	2,973,974	5,028,559	1,451,889	1,610,249	7,309,557	6,927,745
38. Oregon.....OR	L	554,048	819,379	201,076	100,977	414,039	417,058
39. Pennsylvania.....PA	L	7,629,292	6,630,923	6,033,021	6,043,853	23,425,025	23,840,898
40. Rhode Island.....RI	N						
41. South Carolina.....SC	L	4,325,824	5,424,065	3,925,561	2,820,484	7,201,853	8,619,868
42. South Dakota.....SD	L	164,745	200,891	25,669	25,570	123,044	128,937
43. Tennessee.....TN	L	1,605,763	1,676,561	905,431	1,806,195	2,838,819	4,163,643
44. Texas.....TX	L	743,324	841,079	822,744	301,056	1,091,657	887,743
45. Utah.....UT	N						
46. Vermont.....VT	L						
47. Virginia.....VA	L	4,412,528	4,240,970	3,479,590	3,624,986	11,571,217	17,675,061
48. Washington.....WA	L						
49. West Virginia.....WV	L	155,504	58,061	109,221	665,092	1,692,517	1,747,839
50. Wisconsin.....WI	L			60	43,806	27,549	65,359
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. U.S. Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CAN	N						
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	(a) 41	145,753,906	130,223,260	76,079,476	71,657,725	265,813,203	260,464,622
DETAILS OF WRITE-INS							
58001.....	XXX						
58002.....	XXX						
58003.....	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile - see DSLI); (D) DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of D and L responses except for Canada and Other Alien.

STATEMENT AS OF JUNE 30, 2017 OF THE ASHMERE INSURANCE COMPANY
SCHEDULE Y PART 1 ORGANIZATIONAL CHART



* Unless otherwise noted, each entity is a Delaware corporation or Delaware limited liability company and is 100% controlled by its immediate parent.

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
3493	St Mariano Grp	00000	47-4580554				DEERFIELD INSURANCE HOLDINGS, INC.	DE	UIP	STEVEN M. MARIANO	Ownership	46.800	STEVEN M. MARIANO		
		30488	36-3159373				ASHMORE INSURANCE COMPANY	FL		NATIONAL FIDELITY HOLDINGS, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	47-4430508				NATIONAL FIDELITY HOLDINGS, INC.	DE	LOP	DEERFIELD INSURANCE HOLDINGS, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	47-4591813				NATIONAL FIDELITY INSURANCE AGENCY, INC.	DE	NIA	NATIONAL FIDELITY HOLDINGS, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	73-1655460				GUARANTEE INSURANCE GROUP, INC.	DE	LOP	STEVEN MARIANO TRUST	Ownership	96.200	STEVEN M. MARIANO		
3493	St Mariano Grp	11386	22-2222789				GUARANTEE INSURANCE COMPANY	FL	IA	GUARANTEE INSURANCE GROUP, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	27-4678147				PATRIOT CLAIM SERVICES, INC.	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	27-5462341				PATRIOT CAPTIVE MANAGEMENT, LLC	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	00-0000000				PATRIOT CAPTIVE MANAGEMENT (CAYMAN ISLANDS), LTD.	CYN	NIA	PATRIOT CAPTIVE MANAGEMENT, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	00-0000000				PATRIOT CAPTIVE MANAGEMENT (BAHAMAS), LTD.	BHS	NIA	PATRIOT CAPTIVE MANAGEMENT, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	20-5642483				GUARANTEE UNDERWRITERS, INC.	DE	NIA	GUARANTEE INSURANCE GROUP, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	46-4151376		1815917	NEW YORK STOCK EXCHANGE	PATRIOT NATIONAL, INC.	DE	NIA	STEVEN M. MARIANO	Ownership	82.500	STEVEN M. MARIANO		
		00000	20-3377186				PATRIOT RISK SERVICES, INC.	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	45-1800012				CONTEGO SERVICES GROUP, LLC	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	45-1800030				CONTEGO INVESTIGATIVE SERVICES, INC.	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	45-5577153				FORZA LEIN, LLC	DE	NIA	PATRIOT RISK SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	00-0000000				OLD GUARD RE, SPC	CYN	NIA	SIX POINTS VENTURES III, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	46-2946955				PATRIOT TECHNOLOGY SOLUTIONS, LLC	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	46-3500045				PATRIOT UNDERWRITERS, INC.	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	46-0360351				SIX POINTS VENTURES III, LLC	DE	NIA	GUARANTEE INSURANCE GROUP, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	59-2223006				PATRIOT CAPE MANAGEMENT, LLC	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	43-1616760				CORPORATE CLAIMS MANAGEMENT, INC.	DE	NIA	PATRIOT RISK SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	20-5642501				TRIGEN INSURANCE SOLUTIONS, INC.	DE	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	47-4246557				TRIGEN HOSPITALITY GROUP, INC.	DE	NIA	PATRIOT UNDERWRITERS, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	00-0000000				PN INDIA HOLDINGS	MUS	NIA	PATRIOT SERVICES, LLC	Ownership	100.000	STEVEN M. MARIANO		
		00000	00-0000000				MENTA & PAZZI CONSULTING SERVICES PVT, LTD.	IND	NIA	PN INDIA HOLDINGS	Ownership	100.000	STEVEN M. MARIANO		
		00000	47-6050944				PATRIOT RISK CONSULTANTS, LLC	DE	NIA	PATRIOT UNDERWRITERS, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	57-0870204				ONIBENEFITS, INC.	DE	NIA	PATRIOT RISK SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	47-6555793				PATRIOT AUDIT SERVICES, LLC	DE	NIA	PATRIOT UNDERWRITERS, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	32-0361685				PATRIOT SERVICES, LLC	DE	NIA	PATRIOT NATIONAL, INC.	Ownership	100.000	STEVEN M. MARIANO		
		00000	20-8651182				DECISION UP, LLC	CA	NIA	PATRIOT TECHNOLOGY SOLUTIONS, INC.	Ownership	88.900	STEVEN M. MARIANO		

Asterisk

Explanation

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire			0.0	0.0
2. Allied Lines			0.0	0.0
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril			0.0	0.0
5. Commercial multiple peril			0.0	0.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine			0.0	0.0
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability - occurrence			0.0	0.0
11.2 Medical professional liability - claims-made			0.0	0.0
12. Earthquake			0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation	135,767,305	57,740,662	49.9	42.9
17.1 Other liability - occurrence			0.0	0.0
17.2 Other liability - claims-made			0.0	0.0
17.3 Excess workers' compensation			0.0	0.0
18.1 Products liability - occurrence			0.0	0.0
18.2 Products liability - claims-made			0.0	0.0
19.1,19.2 Private passenger auto liability			0.0	0.0
19.3,19.4 Commercial auto liability			0.0	0.0
21. Auto physical damage			0.0	0.0
22. Aircraft (all perils)			0.0	0.0
23. Fidelity			0.0	0.0
24. Surety			0.0	0.0
26. Burglary and theft			0.0	0.0
27. Boiler and machinery			0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. Totals	135,767,305	67,740,662	49.9	42.9
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	0		
2. Allied Lines	0		
3. Farmowners multiple peril	0		
4. Homeowners multiple peril	0		
5. Commercial multiple peril	0		
6. Mortgage guaranty	0		
8. Ocean marine	0		
9. Inland marine	0		
10. Financial guaranty	0		
11.1 Medical professional liability - occurrence	0		
11.2 Medical professional liability - claims-made	0		
12. Earthquake	0		
13. Group accident and health	0		
14. Credit accident and health	0		
15. Other accident and health	0		
16. Workers' compensation	65,824,335	145,753,908	130,223,260
17.1 Other liability - occurrence	0		
17.2 Other liability - claims-made	0		
17.3 Excess workers' compensation	0		
18.1 Products liability - occurrence	0		
18.2 Products liability - claims-made	0		
19.1,19.2 Private passenger auto liability	0		
19.3,19.4 Commercial auto liability	0		
21. Auto physical damage	0		
22. Aircraft (all perils)	0		
23. Fidelity	0		
24. Surety	0		
26. Burglary and theft	0		
27. Boiler and machinery	0		
28. Credit	0		
29. International	0		
30. Warranty	0		
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. Totals	65,824,335	145,753,908	130,223,260
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11+12)
1. 2014 + Prior	59,877	(43,439)	16,438	11,712		11,712	58,729		(8,872)	49,857	10,564	34,567	45,131
2. 2015	14,805	(30,591)	(15,786)	3,716		3,716	7,808		(5,297)	2,511	(3,281)	25,294	22,013
3. Subtotals 2015 + Prior	74,682	(74,030)	652	15,428	0	15,428	66,537	0	(14,169)	52,368	7,283	59,861	67,144
4. 2016	10,767	54,557	65,324	4,816		4,816	4,668		(7,874)	(3,206)	(1,283)	(62,431)	(63,714)
5. Subtotals 2016 + Prior	85,449	(19,473)	65,976	20,244	0	20,244	71,205	0	(22,043)	49,162	6,000	(2,570)	3,430
6. 2017	XXX	XXX	XXX	XXX	1,532	1,532	XXX	9,213	14,852	24,065	XXX	XXX	XXX
7. Totals	85,449	(19,473)	65,976	20,244	1,532	21,776	71,205	9,213	(7,191)	73,227	6,000	(2,570)	3,430
8. Prior Year-End Surplus As Regards Policyholders	28,762										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 7.0	2. 13.2	3. 5.2
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 11.9

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

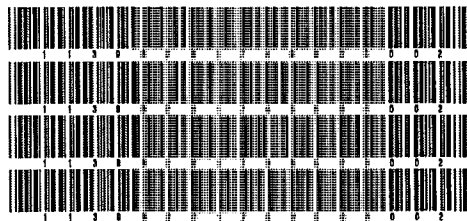
	Response
1. Will the Trustee Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state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

Explanations:

1. NA
2. NA
3. NA
4. NA

Bar Codes:

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



STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Commissions / Other Receivables	14,912,198		14,912,198	20,657,613
2505. Current Suspensions			0	256,978
2506. SSAP 72 Contribution Receivable			0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	14,912,198	0	14,912,198	20,914,591

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,463,731	2,502,142
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
8. Deduct current year's depreciation		38,411
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4+5+6+7+8)	2,463,731	2,463,731
10. Deduct total nonadmitted amounts		0
11. Statement value at end of current period (Line 9 minus Line 10)	2,463,731	2,463,731

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	19,768,874	19,639,814
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		1,200,000
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		1,070,940
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9+10)	19,768,874	19,768,874
12. Deduct total nonadmitted amounts		13,000,000
13. Statement value at end of current period (Line 11 minus Line 12)	19,768,874	6,768,874

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	92,583,673	112,342,934
2. Cost of bonds and stocks acquired	20,820,354	28,010,978
3. Accrual of discount	17,971	38,577
4. Unrealized valuation increase (decrease)	(5,067,382)	7,823,665
5. Total gain (loss) on disposals	(288,227)	(6,639,617)
6. Deduct consideration for bonds and stocks disposed of	11,568,450	45,080,332
7. Deduct amortization of premium	211,335	514,167
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		3,398,365
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9)	96,286,604	92,583,673
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	96,286,604	92,583,673

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1BShowing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	81,216,968	14,511,538	13,511,207	(79,451)	81,216,968	82,137,848	0	77,264,588
2. NAIC 2 (a)	3,640,764	0	175,000	(9,490)	3,640,764	3,456,274	0	2,543,251
3. NAIC 3 (a)	1,958,689	0	0	(2,219)	1,958,689	1,956,470	0	1,931,408
4. NAIC 4 (a)	0				0	0		
5. NAIC 5 (a)	0				0	0		
6. NAIC 6 (a)	0				0	0		
7. Total Bonds	86,816,421	14,511,538	13,686,207	(91,160)	86,816,421	87,550,592	0	81,739,247
PREFERRED STOCK								
8. NAIC 1	0				0	0		0
9. NAIC 2	278,002	0	0	9,991	278,002	287,993	0	274,413
10. NAIC 3	1,391,313	0	0	1,600	1,391,313	1,382,913	0	1,377,713
11. NAIC 4	0				0	0		0
12. NAIC 5	0				0	0		0
13. NAIC 6	0				0	0		0
14. Total Preferred Stock	1,669,315	0	0	11,591	1,669,315	1,680,906	0	1,652,126
15. Total Bonds and Preferred Stock	88,485,736	14,511,538	13,686,207	(79,569)	88,485,736	89,231,498	0	83,391,373

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

NAIC 1 \$ 1,534,385 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE DA - PART 1

Short-Term Investments					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	1,546,935	XXX	1,546,935	3,198	0

SCHEDULE DA - VERIFICATION

Short-Term Investments			1	2
			Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		2,340,499	3,174,284
2.	Cost of short-term investments acquired		7,757,878	30,923,414
3.	Accrual of discount			
4.	Unrealized valuation increase (decrease)			
5.	Total gain (loss) on disposals			290
6.	Deduct consideration received on disposals		8,101,442	31,753,268
7.	Deduct amortization of premium			4,221
8.	Total foreign exchange change in book/adjusted carrying value			
9.	Deduct current year's other than temporary impairment recognized			
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		1,996,935	2,340,499
11.	Deduct total nonadmitted amounts			
12.	Statement value at end of current period (Line 10 minus Line 11)		1,996,935	2,340,499

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY
SCHEDULE DB - VERIFICATION
 Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance		0
3.	Total (Line 1 plus Line 2)		0
4.	Part D, Section 1, Column 5		
5.	Part D, Section 1, Column 6		
6.	Total (Line 3 minus Line 4 minus Line 5)		0

Fair Value Check

7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	Total (Line 7 plus Line 8)		0
10.	Part D, Section 1, Column 8		
11.	Part D, Section 1, Column 9		
12.	Total (Line 9 minus Line 10 minus Line 11)		0

Potential Exposure Check

13.	Part A, Section 1, Column 21		
14.	Part B, Section 1, Column 20		
15.	Part D, Section 1, Column 11		
16.	Total (Line 13 plus Line 14 minus Line 15)		0

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of cash equivalents acquired		1,998,129
3. Accrual of discount		658
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		98
6. Deduct consideration received on disposals		1,998,885
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13
CUSIP Identification	Name or Description	3	4	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership
		City	State									
NONE												
4699999 - Totals												XXX

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
CUSIP Identification	Name or Description	3	4	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	9	10	11	12	13	14	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
		City	State					Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/Accretion	Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book/Adjusted Carrying Value (9+10-11+12)	Total Foreign Exchange Change in Book/Adjusted Carrying Value						
	The Curren Corporation	Springfield	PA	Direct Payment	12/31/2012	06/30/2017	4,122,200					0	0	3,916,361	410,161			0	62,342
	Green Oak Re SPC	Grand Cayman	CMU	Direct Payment	12/31/2013	06/30/2017	1,199,486					0	0	1,199,486				0	3,312
2999999, Capital Notes - Unaffiliated							5,321,686	0	0	0	0	0	0	5,115,847	410,161	0	0	0	65,654
4499999, Total - Unaffiliated							5,321,686	0	0	0	0	0	0	5,115,847	410,161	0	0	0	65,654
4599999, Total - Affiliated							0	0	0	0	0	0	0	0	0	0	0	0	0
4699999 - Totals							5,321,686	0	0	0	0	0	0	5,115,847	410,161	0	0	0	65,654

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
912626-Y0-6	UNITED STATES TREASURY NOTE		05/24/2017	INDIRA SECURITIES INTL		406,654	500,000	3,077	1
912626-Y5-6	UNITED STATES TREASURY NOTE		04/25/2017	BARCLAYS CAPITAL		1,956,203	1,954,000	3,993	1
912626-Y4-7	UNITED STATES TREASURY NOTE		05/21/2017	VARIGUS		512,333	510,000	609	1
912626-Y0-7	UNITED STATES TREASURY NOTE		06/02/2017	RES SECURITIES INC		35,624	35,000	24	1
0599999	Subtotal - Bonds - U.S. Governments					3,062,614	3,059,000	7,803	XXX
313244-HL-2	FEDERAL HOME LN WFG CORP 103006		06/21/2017	CANON FITZGERALD LLC		861,052	840,307	1,751	IFE
313244-HL-7	FEDERAL NATIONAL WFG ASSOC 143804		06/21/2017	SUNTRUST CAPITAL MARKETS		1,032,198	1,000,000	1,417	IFE
3199999	Subtotal - Bonds - U.S. Special Revenues					1,893,240	1,840,307	3,168	XXX
125434-HL-5	CIFC FUNDING LTD 14-1A AB		04/07/2017	CREDIT SUISSE FIRST BOSTON		1,893,240	1,840,307	3,168	XXX
173205-GS-6	CITISANK CREDIT CARD ISSUANCE 17-13 A3		04/04/2017	CITICORP GLOBAL MARKETS		1,000,000	1,000,000	0	IFE
346280-ED-4	FORD CREDIT FLOORPLAN MASTER 0 15-5 A		05/22/2017	HSC SECURITIES USA INC.		1,999,424	2,000,000	0	IFE
663330-FD-5	PIC BANK NA		05/16/2017	J.P. MORGAN SECURITIES INC.		811,000	800,000	537	IFE
747225-LS-2	QUALCOMM INC		05/19/2017	GOLDMAN SACHS		350,000	350,000	0	IFE
884339-AC-6	WIND RIVER CLO LTD 17-2A A		05/12/2017	BANK OF AMERICA		800,000	800,000	0	IFE
907616-DH-6	UNION PACIFIC CORP		04/10/2017	MORGAN STANLEY & CO		1,000,000	1,000,000	0	IFE
924129-AA-0	VERIZON OWNER TRUST 17-2A A		05/19/2017	BANK OF AMERICA		502,165	500,000	6,799	IFE
929121-AH-6	VISTA CLO LTD 14-2A AIR		04/03/2017	J.P. MORGAN SECURITIES INC.		1,000,000	1,000,000	0	IFE
008131-AB-2	AIR LIQUIDE FINANCE	D	04/10/2017	GOLDMAN SACHS		484,610	500,000	359	IFE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					8,097,165	8,100,000	7,825	XXX
8399997	Total - Bonds - Part 3					13,053,219	12,999,307	18,896	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
8399999	Total - Bonds					13,053,219	12,999,307	18,896	XXX
8999997	Total - Preferred Stocks - Part 3					0	XXX	0	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	XXX
703861-10-2	PURVIS NATIONAL INC		06/10/2017	DIRECT	900,000,000	2,943,000	2,943,000	0	K
9199999	Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates					2,943,000	XXX	0	XXX
9799997	Total - Common Stocks - Part 3					2,943,000	XXX	0	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					2,943,000	XXX	0	XXX
9899999	Total - Preferred and Common Stocks					2,943,000	XXX	0	XXX
9999999	Totals					15,996,219	XXX	18,896	XXX

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

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
912628-9A-4	UNITED STATES TREASURY NOTE		04/26/2017	PRIOR PERIOD INCOME		0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,625	06/30/2016	1
912628-9Y-7	UNITED STATES TREASURY NOTE		05/31/2017	VARIOUS		360,000	360,000	358,595	359,881	0	0	119	0	119	0	360,000	0	0	0	1,175	05/31/2017	1
0599999	Subtotal - Bonds - U.S. Governments					360,000	360,000	358,595	359,881	0	0	119	0	119	0	360,000	0	0	0	8,800	XXXX	XXXX
57559-CT-5	MASSACHUSETTS ST		05/01/2017	MATURITY		150,000	150,000	179,048	152,015	0	0	(2,015)	0	(2,015)	0	150,000	0	0	0	3,750	05/01/2017	1FE
	Massachusetts Total					150,000	150,000	179,048	152,015	0	0	(2,015)	0	(2,015)	0	150,000	0	0	0	3,750	XXXX	XXXX
504129-5F-9	MINNESOTA ST		04/26/2017	PRIOR PERIOD INCOME		0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,825	06/01/2016	1FE
	Minnesota Total					0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,825	XXXX	XXXX
	United States Total					150,000	150,000	179,048	152,015	0	0	(2,015)	0	(2,015)	0	150,000	0	0	0	8,375	XXXX	XXXX
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions					150,000	150,000	179,048	152,015	0	0	(2,015)	0	(2,015)	0	150,000	0	0	0	8,375	XXXX	XXXX
31289M-RZ-8	FEDERAL HOME LN INTG CORP #018503		06/01/2017	PAYDOWN		31,022	31,022	32,465	31,135	0	0	(113)	0	(113)	0	31,022	0	0	0	461	02/01/2029	1FE
31289M-US-0	FEDERAL HOME LN INTG CORP #018592		06/01/2017	PAYDOWN		30,155	30,155	31,471	30,237	0	0	(82)	0	(82)	0	30,155	0	0	0	383	03/01/2031	1FE
31307F-FY-2	FEDERAL HOME LN INTG CORP #026483		06/01/2017	PAYDOWN		42,752	42,752	43,801	42,830	0	0	(77)	0	(77)	0	42,752	0	0	0	505	11/01/2026	1FE
31307F-00-7	FEDERAL HOME LN INTG CORP #022307		06/01/2017	PAYDOWN		3,078	3,078	3,178	3,077	0	0	1	0	1	0	3,078	0	0	0	51	11/01/2043	1FE
31333J-00-4	FEDERAL HOME LN INTG CORP #037238		06/01/2017	PAYDOWN		10,241	10,241	10,597	10,237	0	0	(15)	0	(15)	0	10,241	0	0	0	146	11/01/2045	1FE
31334Z-05-5	FANNIE MAE 11 132 A		06/01/2017	PAYDOWN		36,507	36,507	37,893	36,584	0	0	(178)	0	(178)	0	36,507	0	0	0	458	05/25/2030	1FE
31384T-0W-8	FANNIE MAE 12 57 KA		06/01/2017	PAYDOWN		40,029	40,029	42,156	40,230	0	0	(200)	0	(200)	0	40,029	0	0	0	619	05/25/2041	1FE
31364J-6B-7	FANNIE MAE 14 27 NV		06/01/2017	PAYDOWN		17,113	17,113	17,696	17,143	0	0	(30)	0	(30)	0	17,113	0	0	0	214	06/25/2027	1FE
31378B-35-5	FREDDIE MAC 3870 ME		06/01/2017	PAYDOWN		29,850	29,850	31,972	30,138	0	0	(187)	0	(187)	0	29,850	0	0	0	464	01/15/2040	1FE
31378B-FF-8	FREDDIE MAC 4238 LA		06/01/2017	PAYDOWN		27,976	27,976	29,109	28,073	0	0	(97)	0	(97)	0	27,976	0	0	0	343	08/15/2029	1FE
313785-0H-1	FREDDIE MAC 4257 A		06/01/2017	PAYDOWN		10,710	10,710	10,837	10,728	0	0	(18)	0	(18)	0	10,710	0	0	0	114	10/15/2027	1FE
313785-15-1	FREDDIE MAC 4261 LG		06/01/2017	PAYDOWN		32,118	32,118	34,140	32,278	0	0	(160)	0	(160)	0	32,118	0	0	0	535	01/15/2045	1FE
31382P-1A-4	FEDERAL NATIONAL INTG ASSC #AL6895		06/01/2017	PAYDOWN		26,037	26,037	26,961	26,058	0	0	(21)	0	(21)	0	26,037	0	0	0	403	05/01/2046	1FE
31382P-1T-7	FEDERAL NATIONAL INTG ASSC #AL6813		06/01/2017	PAYDOWN		2,893	2,893	3,059	2,867	0	0	(4)	0	(4)	0	2,893	0	0	0	41	05/01/2046	1FE
31389H-53-7	FEDERAL NATIONAL INTG ASSC #AS7737		06/01/2017	PAYDOWN		7,136	7,136	7,415	7,141	0	0	(5)	0	(5)	0	7,136	0	0	0	86	06/01/2046	1FE
31402U-4L-0	FEDERAL NATIONAL INTG ASSC #603625		06/01/2017	PAYDOWN		17,557	17,557	18,553	17,615	0	0	(57)	0	(57)	0	17,557	0	0	0	317	04/01/2046	1FE
31418B-87-0	FEDERAL NATIONAL INTG ASSC #MA1851		06/01/2017	PAYDOWN		27,781	27,781	28,153	27,881	0	0	(100)	0	(100)	0	27,781	0	0	0	376	04/01/2029	1FE
544693-8C-8	NEW HAMPSHIRE ST TURNPIKE SYS		04/01/2017	MATURITY		150,000	150,000	176,073	151,390	0	0	(1,360)	0	(1,360)	0	150,000	0	0	0	3,750	04/01/2017	1FE
	New Hampshire Total					150,000	150,000	176,073	151,390	0	0	(1,360)	0	(1,360)	0	150,000	0	0	0	3,750	XXXX	XXXX
544693-3B-7	NEW YORK ST DORM AUTH ST PERD		04/26/2017	PRIOR PERIOD INCOME		0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,220	02/15/2017	1FE
	New York Total					0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,220	XXXX	XXXX
	United States Total					545,055	545,055	588,961	547,792	0	0	(2,731)	0	(2,731)	0	545,055	0	0	0	16,519	XXXX	XXXX
3199999	Subtotal - Bonds - U.S. Special Revenues					545,055	545,055	588,961	547,792	0	0	(2,731)	0	(2,731)	0	545,055	0	0	0	16,519	XXXX	XXXX
025800-0N-6	AMERICAN EXPRESS CREDIT		05/05/2017	MATURITY		250,000	250,000	250,000	250,000	0	0	0	0	0	0	250,000	0	0	0	1,531	06/05/2017	1FE
04664R-1A-4	ATHLON CO CORP - 104 A		05/31/2017	SECURITY OILLED BY ISSUER at 100,000		1,750,000	1,750,000	1,722,144	1,740,110	0	0	3,517	0	3,517	0	1,743,627	0	6,373	6,373	23,194	07/16/2025	1FE
102852-0E-5	CABLES MASTER CREDIT ORD 1R 12 2A A1		06/15/2017	PAYDOWN		475,000	475,000	478,785	475,524	0	0	(524)	0	(524)	0	475,000	0	0	0	3,444	06/15/2020	1FE
	SECURITY OILLED BY ISSUER at 100,000					1,500,000	1,500,000	1,469,200	1,466,422	0	0	670	0	670	0	1,467,091	0	2,909	2,909	17,545	04/16/2026	1FE
26249E-AA-3	DRIVEN SENIOR LOAN FUND 14 31A A		04/18/2017	PAYDOWN		35,261	35,261	36,272	35,222	0	0	19	0	19	0	35,261	0	0	0	225	08/15/2019	1FE
44809R-1D-3	HULDAH AUTO RECEIVABLES TRUST 14 A A4		06/15/2017	PAYDOWN		17,832	17,832	17,599	17,592	0	0	20	0	20	0	17,832	0	0	0	180	09/20/2032	1FE
52652J-AA-5	SIERRA RECEIVABLES FUNDING CO 15 3A A		06/15/2017	PAYDOWN		53,373	53,373	53,360	53,373	0	0	44	0	44	0	53,373	0	0	0	543	08/15/2019	1FE
52319V-AD-6	TOYOTA AUTO RECEIVABLES OWNER 14 5 A4		06/15/2017	PAYDOWN		250,000	250,000	250,543	250,077	0	0	(77)	0	(77)	0	250,000	0	0	0	1,719	05/26/2017	1FE
225405-AL-1	CREDIT SUISSE NEW YORK		05/30/2017	MATURITY		175,000	175,000	175,000	175,000	0	0	0	0	0	0	175,000	0	0	0	1,289	05/30/2017	1FE
295528-RL-2	DEUTSCHE BANK AG LONDON		05/30/2017	MATURITY		175,000	175,000	175,000	175,000	0	0	0	0	0	0	175,000	0	0	0	1,289	05/30/2017	1FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					4,539,256	4,539,256	4,504,903	4,528,307	0	0	3,699	0	3,699	0	4,529,974	0	9,282	9,282	49,699	XXXX	XXXX
8399997	Total - Bonds - Part 4					5,594,311	5,594,311	5,631,507	5,595,995	0	0	(366)	0	(366)	0	5,595,029	0	9,282	9,282	81,383	XXXX	XXXX
8399998	Total - Bonds - Part 5					XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
8399999	Total - Bonds					5,594,311	5,594,311	5,631,507	5,595,995	0	0	(366)	0	(366)	0	5,595,029	0	9,282	9,282	81,383	XXXX	XXXX
8999997	Total - Preferred Stocks - Part 4					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXXX	XXXX
8999998	Total - Preferred Stocks - Part 5					XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
8999999	Total - Preferred Stocks					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXXX	XXXX
9799997	Total - Common Stocks - Part 4					XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
9799998	Total - Common Stocks - Part 5					XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value							
97999999	Total - Common Stocks					0	XXX	0	0		0	0	0	0	0	0	0	0	0	XXX	XXX
98999999	Total - Preferred and Common Stocks					0	XXX	0	0		0	0	0	0	0	0	0	0	0	XXX	XXX
99999999	Totals					5,594,311	XXX	5,631,507	5,595,395		(998)	0	(998)	0	5,595,029	0	9,262	9,262	81,383	XXX	XXX

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

STATEMENT AS OF JUNE 30, 2017 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
WELLS FARGO INST MONEY MARKET								
NEW YORK, NY		0.000	11,830	0	17,641,785	17,648,310	17,655,055	XXX
WELLS FARGO SECURED INST								
NEW YORK, NY		0.000	0	0	357,133	421,827	447,550	XXX
WELLS FARGO INST								
BOCA RATON, FL		0.000	0	0	1,263,175	1,366,175	1,263,175	XXX
MCCI								
FORT LAUDERDALE, FL		0.000	0	0	1,533	1,533	1,533	XXX
MORGAN STANLEY BANK N.A.								
FORT LAUDERDALE, FL		0.000	0	0	2,382,531	3,419,665	24,375	XXX
FIFTH THIRD BANK								
FORT LAUDERDALE, FL					(13,316,922)	(14,633,649)	(19,141,950)	XXX
BANK OF AMERICA								
INTEREST RECEIVED DURING QTR								
ON DISPOSED HOLDINGS								XXX
0199998. Deposits in ...								XXX
depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	11,830	0	8,329,235	8,223,861	249,738	XXX
0299998. Deposits in ...								
depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	11,830	0	8,329,235	8,223,861	249,738	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	11,830	0	8,329,235	8,223,861	249,738	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Guarantee Insurance Company

NAIC Group Code	3493 (Current)	0000 (Prior)	NAIC Company Code	11398	Employer's ID Number	22-2222789
Organized under the Laws of	Florida			State of Domicile or Port of Entry	FL	
Country of Domicile	United States of America					
Incorporated/Organized	01/25/1965			Commenced Business	04/01/1965	
Statutory Home Office	401 E. Las Olas Blvd., Suite 1540 (Street and Number)			Fort Lauderdale, FL, US 33301 (City or Town, State, Country and Zip Code)		
Main Administrative Office	401 E. Las Olas Blvd., Suite 1540 (Street and Number)			Fort Lauderdale, FL, US 33301 (City or Town, State, Country and Zip Code)		
				954-556-1600 (Area Code) (Telephone Number)		
Mail Address	401 E. Las Olas Blvd., Suite 1540 (Street and Number or P.O. Box)			Fort Lauderdale, FL, US 33301 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	401 E. Las Olas Blvd., Suite 1540 (Street and Number)			Fort Lauderdale, FL, US 33301 (City or Town, State, Country and Zip Code)		
				954-556-1600 (Area Code) (Telephone Number)		
Internet Website Address	www.guaranteeins.com					
Statutory Statement Contact	Michael John Sluka (Name)			954-556-1600 (Area Code) (Telephone Number)		
	mjsluka@guaranteeins.com (E-mail Address)			954-333-6840 (FAX Number)		

OFFICERS

President & Chief Executive Officer	Michael John Sluka #	Secretary	Eric Stephen Dawson #
Chief Financial Officer	David Alan Skup		

OTHER

DIRECTORS OR TRUSTEES

Michael John Sluka	David Alan Skup #	Richard Franklin Allen
Joseph Edward Babin #	Charles Timothy Morris #	

State of Florida
County of Broward SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Sluka President & Chief Executive Officer	David Alan Skup Chief Financial Officer & Treasurer	Eric Stephen Dawson Secretary

Subscribed and sworn to before me this 1st day of March, 2017
Jessica V. Naulty-Willis
Jessica V. Naulty-Willis
Comm # FF 898518
October 31, 2019

- a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number.....1
2. Date filed03/01/2017
3. Number of pages attached..... 5

Amended to update 2016 footnotes.



Exhibit 2



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Guarantee Insurance Company

NAIC Group Code 3493 0000 NAIC Company Code 11398 Employer's ID Number 22-2222789
(Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry FL
Country of Domicile United States of America

Incorporated/Organized 01/25/1965 Commenced Business 04/01/1965

Statutory Home Office 401 E. Las Olas Blvd., Suite 1540 Fort Lauderdale, FL, US 33301
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 401 E. Las Olas Blvd., Suite 1540
(Street and Number)
Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 401 E. Las Olas Blvd., Suite 1540 Fort Lauderdale, FL, US 33301
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 401 E. Las Olas Blvd., Suite 1540
(Street and Number)
Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.guaranteegins.com

Statutory Statement Contact Michael John Sluka 954-556-1600
(Name) (Area Code) (Telephone Number)
msluka@guaranteegins.com 954-333-6840
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Michael John Sluka # Secretary Eric Stephen Dawson #
Chief Financial Officer David Alan Skup

OTHER

DIRECTORS OR TRUSTEES

Michael John Sluka David Alan Skup # Richard Franklin Allen
Joseph Edward Babin # Charles Timothy Morris #

State of Florida SS:
County of Broward

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Sluka
President & Chief Executive Officer

David Alan Skup
Chief Financial Officer & Treasurer

Eric Stephen Dawson
Secretary

Subscribed and sworn to before me this
_____ day of _____

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

Yes [X] No []

Jessica V. Naulty-Willis
Comm # FF 898518
October 31, 2019

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

ASSETS

	Current Year		3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets		
1. Bonds (Schedule D)	79,861,535	0	79,861,535	90,612,101
2. Stocks (Schedule D):				
2.1 Preferred stocks	1,652,126	0	1,652,126	2,143,328
2.2 Common stocks	11,070,006	0	11,070,006	19,587,494
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	2,463,731	0	2,463,731	2,458,627
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$5,769,419, Schedule E - Part 1), cash equivalents (\$0, Schedule E - Part 2) and short-term investments (\$2,340,499, Schedule DA)	8,109,918	0	8,109,918	32,954,882
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	19,768,874	13,000,000	6,768,874	6,639,814
9. Receivable for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	122,926,190	13,000,000	109,926,190	154,396,246
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	658,272	0	658,272	641,190
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	22,451,932	0	22,451,932	19,003,009
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$26,775,505 earned but unbilled premiums)	112,315,736	0	112,315,736	111,495,241
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	17,560,790	0	17,560,790	9,426,309
16.2 Funds held by or deposited with reinsured companies	26,179,226	0	26,179,226	26,065,649
16.3 Other amounts receivable under reinsurance contracts	49,344,669	0	49,344,669	47,896,578
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	20,138,543	11,577,665	8,560,878	1,398,666
18.2 Net deferred tax asset	11,603,913	6,986,543	4,617,370	3,180,000
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	56,679,591	5,765,000	50,914,591	6,500,000
25. Aggregate write-ins for other than invested assets	17,070,159	2,128,570	14,941,589	13,662,035
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	456,929,021	39,457,778	417,471,243	393,684,923
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	456,929,021	39,457,778	417,471,243	393,684,923
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Deductible Recoverable - Current	11,789,014	2,128,570	9,660,444	5,337,270
2502. Deductible Recoverable - Deferred	5,281,145	0	5,281,145	8,324,765
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	17,070,159	2,128,570	14,941,589	13,662,035

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	77,379,812	95,958,144
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	817,000	2,075,000
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	(11,404,241)	(851,342)
4. Commissions payable, contingent commissions and other similar charges	469,074	216,002
5. Other expenses (excluding taxes, licenses and fees)	918,818	1,772,309
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	7,882,920	5,380,455
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	0	0
8. Borrowed money \$0 and interest thereon \$0	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$52,523,000 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	73,103,787	21,764,686
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	31,814,000	54,103,000
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	144,591,000	121,467,000
14. Amounts withheld or retained by company for account of others	13,961,559	19,568,501
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$0 certified) (Schedule F, Part 8)	10,173,253	6,300,614
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	16,978,188	10,911,938
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$0 and interest thereon \$0	0	0
25. Aggregate write-ins for liabilities	0	7,109,825
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	366,685,170	346,866,132
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	366,685,170	346,866,132
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,600,120	3,600,120
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	28,601,000	28,601,000
34. Gross paid in and contributed surplus	231,843,628	201,843,628
35. Unassigned funds (surplus)	(213,258,676)	(187,225,957)
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 30 \$0)	0	0
36.2 .....0 shares preferred (value included in Line 31 \$0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	50,786,073	46,818,791
38. TOTALS (Page 2, Line 28, Col. 3)	417,471,243	393,684,923
DETAILS OF WRITE-INS		
2501. Unearned Reinsurance Commissions	0	7,109,825
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	7,109,825
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	52,973,360	83,662,680
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	35,885,132	48,034,693
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	7,576,093	13,670,654
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	32,510,974	19,604,148
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	75,972,199	81,309,495
7. Net income of protected cells	0	0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	(22,998,839)	2,353,185
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	2,244,828	2,644,776
10. Net realized capital gains or (losses) less capital gains tax of \$ (3,412,783) (Exhibit of Capital Gains (Losses))	(6,624,813)	288,457
11. Net investment gain (loss) (Lines 9 + 10)	(4,379,985)	2,933,233
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 334,730)	(334,730)	2,847,254
13. Finance and service charges not included in premiums	0	0
14. Aggregate write-ins for miscellaneous income	189,648	616
15. Total other income (Lines 12 through 14)	(145,082)	2,847,870
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(27,523,906)	8,134,288
17. Dividends to policyholders	68,347	67,632
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(27,592,263)	8,066,656
19. Federal and foreign income taxes incurred	(4,421,855)	(1,019,078)
20. Net income (Line 18 minus Line 19)(to Line 22)	(23,170,398)	9,085,734
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	46,818,791	47,457,035
22. Net income (from Line 20)	(23,170,398)	9,085,734
23. Net transfers (to) from Protected Cell accounts	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 3,225,939	4,597,725	(7,488,491)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	3,235,950	(3,141,299)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(6,913,356)	(6,162,898)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	(3,782,639)	568,710
29. Change in surplus notes	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0
31. Cumulative effect of changes in accounting principles	0	0
32. Capital changes:		
32.1 Paid in	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0
32.3 Transferred to surplus	0	0
33. Surplus adjustments:		
33.1 Paid in	30,000,000	6,500,000
33.2 Transferred to capital (Stock Dividend)	0	0
33.3 Transferred from capital	0	0
34. Net remittances from or (to) Home Office	0	0
35. Dividends to stockholders	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	3,967,282	(638,244)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	50,786,073	46,818,791
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401. Miscellaneous Income - Net Other	189,648	616
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	189,648	616
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	77,796,410	59,313,442
2. Net investment income	2,741,747	3,493,186
3. Miscellaneous income	(238,659)	439,346
4. Total (Lines 1 through 3)	80,299,498	63,245,974
5. Benefit and loss related payments	58,417,323	38,603,705
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	49,250,948	64,078,965
8. Dividends paid to policyholders	68,347	67,632
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	726,240	(3,896,569)
10. Total (Lines 5 through 9)	118,462,858	98,853,743
11. Net cash from operations (Line 4 minus Line 10)	(38,163,360)	(35,607,769)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	32,781,326	15,680,360
12.2 Stocks	12,299,006	24,469,644
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	1,070,940	3,467,264
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	46,151,272	43,617,258
13. Cost of investments acquired (long-term only):		
13.1 Bonds	22,301,107	23,107,132
13.2 Stocks	5,709,871	20,862,763
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	1,200,000	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	29,210,978	43,969,895
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	16,940,294	(352,637)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	30,000,000	6,500,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(33,621,898)	38,134,349
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(3,621,898)	44,634,349
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(24,844,964)	8,673,943
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	32,954,882	24,280,939
19.2 End of period (Line 18 plus Line 19.1)	8,109,918	32,954,882

Note: Supplemental disclosures of cash flow information for non-cash transactions:

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business		1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire	0	0	0	0
2.	Allied lines	0	0	0	0
3.	Farmowners multiple peril	0	0	0	0
4.	Homeowners multiple peril	0	0	0	0
5.	Commercial multiple peril	0	0	0	0
6.	Mortgage guaranty	0	0	0	0
8.	Ocean marine	0	0	0	0
9.	Inland marine	0	0	0	0
10.	Financial guaranty	0	0	0	0
11.1	Medical professional liability - occurrence	0	0	0	0
11.2	Medical professional liability - claims-made	0	0	0	0
12.	Earthquake	0	0	0	0
13.	Group accident and health	0	0	0	0
14.	Credit accident and health (group and individual)	0	0	0	0
15.	Other accident and health	0	0	0	0
16.	Workers' compensation	103,388,423	20,530,602	70,945,665	52,973,360
17.1	Other liability - occurrence	0	0	0	0
17.2	Other liability - claims-made	0	0	0	0
17.3	Excess workers' compensation	0	0	0	0
18.1	Products liability - occurrence	0	0	0	0
18.2	Products liability - claims-made	0	0	0	0
19.1, 19.2	Private passenger auto liability	0	0	0	0
19.3, 19.4	Commercial auto liability	0	0	0	0
21.	Auto physical damage	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0
23.	Fidelity	0	0	0	0
24.	Surety	0	0	0	0
26.	Burglary and theft	0	0	0	0
27.	Boiler and machinery	0	0	0	0
28.	Credit	0	0	0	0
29.	International	0	0	0	0
30.	Warranty	0	0	0	0
31.	Reinsurance - nonproportional assumed property	0	0	0	0
32.	Reinsurance - nonproportional assumed liability	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0
35.	TOTALS	103,388,423	20,530,602	70,945,665	52,973,360
DETAILS OF WRITE-INS					
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business		1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire	0	0	0	0	0
2.	Allied lines	0	0	0	0	0
3.	Farmowners multiple peril	0	0	0	0	0
4.	Homeowners multiple peril	0	0	0	0	0
5.	Commercial multiple peril	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0
9.	Inland marine	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0
11.1	Medical professional liability - occurrence	0	0	0	0	0
11.2	Medical professional liability - claims-made	0	0	0	0	0
12.	Earthquake	0	0	0	0	0
13.	Group accident and health	0	0	0	0	0
14.	Credit accident and health (group and individual)	0	0	0	0	0
15.	Other accident and health	0	0	0	0	0
16.	Workers' compensation	73,103,787	0	(2,158,122)	0	70,945,665
17.1	Other liability - occurrence	0	0	0	0	0
17.2	Other liability - claims-made	0	0	0	0	0
17.3	Excess workers' compensation	0	0	0	0	0
18.1	Products liability - occurrence	0	0	0	0	0
18.2	Products liability - claims-made	0	0	0	0	0
19.1, 19.2	Private passenger auto liability	0	0	0	0	0
19.3, 19.4	Commercial auto liability	0	0	0	0	0
21.	Auto physical damage	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0
23.	Fidelity	0	0	0	0	0
24.	Surety	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0
27.	Boiler and machinery	0	0	0	0	0
28.	Credit	0	0	0	0	0
29.	International	0	0	0	0	0
30.	Warranty	0	0	0	0	0
31.	Reinsurance - nonproportional assumed property	0	0	0	0	0
32.	Reinsurance - nonproportional assumed liability	0	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0
35.	TOTALS	73,103,787	0	(2,158,122)	0	70,945,665
36.	Accrued retrospective premiums based on experience					0
37.	Earned but unbilled premiums					2,158,122
38.	Balance (Sum of Line 35 through 37)					73,103,787
DETAILS OF WRITE-INS						
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0

(a) State here basis of computation used in each case

Unearned premiums are computed on a pro-rata basis.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3-4-5
	Direct Business (a)	2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	0	0	0	0	0	0
2. Allied lines	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0
5. Commercial multiple peril	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0
13. Group accident and health	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0
15. Other accident and health	0	0	0	0	0	0
16. Workers' compensation	268,233,724	0	11,637,566	0	176,482,867	103,388,423
17.1 Other liability - occurrence	0	0	0	0	0	0
17.2 Other liability - claims-made	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0
18.1 Products liability - occurrence	0	0	0	0	0	0
18.2 Products liability - claims-made	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability	0	0	0	0	0	0
19.3, 19.4 Commercial auto liability	0	0	0	0	0	0
21. Auto physical damage	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0
29. International	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	268,233,724	0	11,637,566	0	176,482,867	103,388,423
DETAILS OF WRITE-INS						
3401.						
3402.						
3403.						
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$0

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)				
1.	Fire	0	0	0	0	0	0	0	0.0
2.	Allied lines	0	0	0	0	0	0	0	0.0
3.	Farmowners multiple peril	0	0	0	0	0	0	0	0.0
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0.0
5.	Commercial multiple peril	0	0	0	0	0	0	0	0.0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0.0
8.	Ocean marine	0	0	0	0	0	0	0	0.0
9.	Inland marine	0	0	0	0	0	0	0	0.0
10.	Financial guaranty	0	0	0	0	0	0	0	0.0
11.1	Medical professional liability - occurrence	0	0	0	0	0	0	0	0.0
11.2	Medical professional liability - claims-made	0	0	0	0	0	0	0	0.0
12.	Earthquake	0	0	0	0	0	0	0	0.0
13.	Group accident and health	0	0	0	0	0	0	0	0.0
14.	Credit accident and health (group and individual)	0	0	0	0	0	0	0	0.0
15.	Other accident and health	0	0	0	0	0	0	0	0.0
16.	Workers' compensation	142,230,971	10,742,660	99,083,492	53,890,139	68,953,774	87,094,282	35,749,631	67.5
17.1	Other liability - occurrence	11,825	934,063	372,563	573,325	8,426,038	8,863,862	135,501	0.0
17.2	Other liability - claims-made	0	0	0	0	0	0	0	0.0
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0.0
18.1	Products liability - occurrence	0	0	0	0	0	0	0	0.0
18.2	Products liability - claims-made	0	0	0	0	0	0	0	0.0
19.1, 19.2	Private passenger auto liability	0	0	0	0	0	0	0	0.0
19.3, 19.4	Commercial auto liability	0	0	0	0	0	0	0	0.0
21.	Auto physical damage	0	0	0	0	0	0	0	0.0
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0.0
23.	Fidelity	0	0	0	0	0	0	0	0.0
24.	Surety	0	0	0	0	0	0	0	0.0
26.	Burglary and theft	0	0	0	0	0	0	0	0.0
27.	Boiler and machinery	0	0	0	0	0	0	0	0.0
28.	Credit	0	0	0	0	0	0	0	0.0
29.	International	0	0	0	0	0	0	0	0.0
30.	Warranty	0	0	0	0	0	0	0	0.0
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0	0	0.0
32.	Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0	0	0.0
33.	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0	0	0.0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35.	TOTALS	142,242,796	11,676,723	99,456,055	54,463,464	77,379,812	95,958,144	35,885,132	67.7
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0.0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

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

Line of Business		Reported Losses				Incurred But Not Reported			8	9
		1	2	3	4	5	6	7		
		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire	0	0	0	0	0	0	0	0	0
2.	Allied lines	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0	0
5.	Commercial multiple peril	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0
9.	Inland marine	0	0	0	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0	0	0	0
11.1	Medical professional liability - occurrence	0	0	0	0	0	0	0	0	0
11.2	Medical professional liability - claims-made	0	0	0	0	0	0	0	0	0
12.	Earthquake	0	0	0	0	0	0	0	0	0
13.	Group accident and health	0	0	0	0	0	0	0	(a)	0
14.	Credit accident and health (group and individual)	0	0	0	0	0	0	0	(a)	0
15.	Other accident and health	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	158,219,483	17,279,373	95,576,429	80,922,427	115,497,531	12,962,735	140,428,919	68,953,774	(11,622,083)
17.1	Other liability - occurrence	1,694,490	6,858,909	4,050,064	4,503,335	778,522	6,100,262	2,956,081	8,426,038	217,842
17.2	Other liability - claims-made	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0
18.1	Products liability - occurrence	0	0	0	0	0	0	0	0	0
18.2	Products liability - claims-made	0	0	0	0	0	0	0	0	0
19.1, 19.2	Private passenger auto liability	0	0	0	0	0	0	0	0	0
19.3, 19.4	Commercial auto liability	0	0	0	0	0	0	0	0	0
21.	Auto physical damage	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0
29.	International	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	XXX	0	0	0	0
32.	Reinsurance - nonproportional assumed liability	XXX	0	0	0	XXX	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	XXX	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35.	TOTALS	160,913,973	24,138,282	99,626,493	85,425,762	116,276,053	19,062,997	143,385,000	77,379,812	(11,404,241)
DETAILS OF WRITE-INS										
3401.										
3402.										
3403.										
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ 0 for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	42,014,322	0	0	42,014,322
1.2 Reinsurance assumed	1,711,103	0	0	1,711,103
1.3 Reinsurance ceded	36,392,437	0	0	36,392,437
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	7,332,988	0	0	7,332,988
2. Commission and brokerage:				
2.1 Direct excluding contingent	0	25,068,069	0	25,068,069
2.2 Reinsurance assumed, excluding contingent	0	3,816,361	0	3,816,361
2.3 Reinsurance ceded, excluding contingent	0	69,981,525	0	69,981,525
2.4 Contingent - direct	0	0	0	0
2.5 Contingent - reinsurance assumed	0	0	0	0
2.6 Contingent - reinsurance ceded	0	0	0	0
2.7 Policy and membership fees	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	(41,097,095)	0	(41,097,095)
3. Allowances to managers and agents	0	0	0	0
4. Advertising	0	729,177	0	729,177
5. Boards, bureaus and associations	0	1,404,227	0	1,404,227
6. Surveys and underwriting reports	0	5,349,968	0	5,349,968
7. Audit of assureds' records	0	707,360	0	707,360
8. Salary and related items:				
8.1 Salaries	3	20,506,687	2	20,506,692
8.2 Payroll taxes	0	1,546,743	0	1,546,743
9. Employee relations and welfare	13,377	3,245,266	8,918	3,267,561
10. Insurance	14,729	1,552,689	9,819	1,577,237
11. Directors' fees	0	884,855	0	884,855
12. Travel and travel items	31,304	3,368,324	20,869	3,420,497
13. Rent and rent items	12,892	3,334,733	8,595	3,356,220
14. Equipment	2,076	1,972,895	1,384	1,976,355
15. Cost or depreciation of EDP equipment and software	0	0	0	0
16. Printing and stationery	2,741	804,927	1,827	809,495
17. Postage, telephone and telegraph, exchange and express	13,273	1,766,283	8,849	1,788,405
18. Legal and auditing	152,710	10,935,979	101,807	11,190,496
19. Totals (Lines 3 to 18)	243,105	58,110,113	162,070	58,515,288
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	0	15,682,511	0	15,682,511
20.2 Insurance department licenses and fees	0	383,704	0	383,704
20.3 Gross guaranty association assessments	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate)	0	(609,886)	0	(609,886)
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	15,456,329	0	15,456,329
21. Real estate expenses	0	0	7,542	7,542
22. Real estate taxes	0	0	0	0
23. Reimbursements by uninsured plans	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses	0	41,627	719	42,346
25. Total expenses incurred	7,576,093	32,510,974	170,331 (a)	40,257,398
26. Less unpaid expenses - current year	(11,404,241)	918,818	0	(10,485,423)
27. Add unpaid expenses - prior year	(851,342)	1,772,309	0	920,967
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	18,128,992	33,364,465	170,331	51,663,788
DETAILS OF WRITE-INS				
2401. Reinsurance Commutation Gain	0	4,084,694	0	4,084,694
2402. Miscellaneous Expense	0	(4,043,067)	0	(4,043,067)
2403. Investment Fees	0	0	719	719
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	41,627	719	42,346

(a) Includes management fees of \$ 42,396,823 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) 109,023	148,943
1.1	Bonds exempt from U.S. tax	(a) 556,950	598,679
1.2	Other bonds (unaffiliated)	(a) 1,289,192	1,233,319
1.3	Bonds of affiliates	(a) 0	0
2.1	Preferred stocks (unaffiliated)	(b) 102,738	102,738
2.11	Preferred stocks of affiliates	(b) 0	0
2.2	Common stocks (unaffiliated)	314,953	299,896
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) 47,250	47,250
4.	Real estate	(d) 114,000	114,000
5.	Contract loans	0	0
6.	Cash, cash equivalents and short-term investments	(e) 63,107	52,288
7.	Derivative instruments	(f) 0	0
8.	Other invested assets	159,630	159,630
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	2,756,843	2,756,743
11.	Investment expenses		(g) 170,331
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h) 303,173
14.	Depreciation on real estate and other invested assets		(i) 38,411
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		511,915
17.	Net investment income (Line 10 minus Line 16)		2,244,828
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page	0	0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	0

- (a) Includes \$ 38,577 accrual of discount less \$ 514,167 amortization of premium and less \$ 87,016 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 658 accrual of discount less \$ 4,221 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 38,411 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change In Unrealized Capital Gain (Loss)	Change In Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	48,217	0	48,217	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(44,986)	0	(44,986)	202,007	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	(5,172)	0	(5,172)	7,764	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	(6,637,676)	(3,398,366)	(10,036,041)	11,126,890	0
2.21	Common stocks of affiliates	0	0	0	(3,512,996)	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	386	0	386	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(6,639,231)	(3,398,366)	(10,037,596)	7,823,666	0
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	43,515	43,515
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	13,000,000	13,000,000	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	13,000,000	13,043,515	43,515
13. Title plants (for Title Insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	40,823	40,823
15.2 Deferred premiums, agents' balances and instalments booked but deferred and not yet due	0	1,544	1,544
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	11,577,665	10,178,999	(1,398,666)
18.2 Net deferred tax asset	6,986,543	8,413,902	1,427,359
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	5,765,000	0	(5,765,000)
25. Aggregate write-ins for other than invested assets	2,128,570	865,639	(1,262,931)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	39,457,778	32,544,422	(6,913,356)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	39,457,778	32,544,422	(6,913,356)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Deductible Recoverables	2,128,570	865,639	(1,262,931)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,128,570	865,639	(1,262,931)

1. Summary of Significant Accounting Policies**A. Accounting Practices**

The accompanying financial statements of Guarantee Insurance Company (the "Company") are presented in accordance with the NAIC Accounting Practices and Procedures Manual ("NAIC SAP") and on the basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation ("FLOIR"). There are no differences in the Company's net income or capital and surplus calculated on an NAIC basis and an FLOIR basis.

	State of Domicile	2016	2015
<u>NET INCOME</u>			
Guarantee Insurance Company			
state basis	Florida	(23,170,398)	9,085,734
State prescribed practices that			
increase (decrease) NAIC SAP	Florida	-	-
State permitted practices that			
increase (decrease) NAIC SAP	Florida	-	-
NAIC SAP		<u>(23,170,398)</u>	<u>9,085,734</u>
<u>SURPLUS</u>			
Guarantee Insurance Company			
state basis	Florida	50,786,073	46,818,791
State prescribed practices that			
increase (decrease) NAIC SAP	Florida	-	-
State permitted practices that			
increase (decrease) NAIC SAP	Florida	-	-
NAIC SAP		<u>50,786,053</u>	<u>46,818,791</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Practices

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct, assumed and ceded business. Certain assumed business is booked on a collected premium basis based on reports received from the ceding insurer.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable. Ceding allowances in excess of acquisition costs are deferred, and recognized as they are earned.

In addition, the company uses the following accounting practices:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at either amortized cost, using the interest method, or the lower of amortized cost or fair market value depending on NAIC rating code.
3. Common stocks are stated at fair market value.
4. Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32.
5. The Company holds no first-lien mortgage loans on real estate.
6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value, depending on NAIC rating code. Amortized cost is determined using a retrospective adjustment method.
7. The Company has no investments in insurance subsidiaries.
8. The Company has no investments in limited partnerships except for investments in master limited partnerships which are accounted for as common stocks.
9. The Company holds no derivatives.
10. The Company has no premium deficiency reserve, and does not anticipate investment income as a factor in the premium deficiency calculation.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and, while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

Estimating liabilities for unpaid claims and reinsurance recoveries for asbestos-related illnesses and toxic waste cleanup claims is subject to significant uncertainties that are generally not present for other types of claims. The ultimate cost of these claims cannot be reasonably estimated using traditional loss estimating techniques. The Company establishes liabilities for reported asbestos-related and toxic waste clean-up claims, including costs of related litigation, as information permits. This information includes the status of current law and coverage litigation, whether an insurable event has occurred, which policies and policy years might be applicable and which reinsurers may be liable, if any. In addition, incurred but not reported liabilities have been established by management to cover potential additional exposure on both known and unasserted claims.

12. The Company has not modified its capitalization policy from the prior period.
13. The Company has no pharmaceutical rebate receivables.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable

3. Business Combinations and Goodwill**A. Statutory Purchase Method**

Not applicable

B. Statutory Merger

Not applicable

C. Impairment Loss

Not applicable

4. Discontinued Operations**A. Not applicable** – the Company does not have any discontinued operations classified as held for sale.**B. Not applicable** – there are no changes in plan of sale for discontinued operations.**C. Not applicable** – there have been no disposals of discontinued operations.**D. Not applicable** – there have been no disposals of discontinued operations.

Discontinued Operation #001 (Not held for sale) - The Company, under former ownership, stopped the acceptance of new or renewal business in 1987 and considered the results of its operations since that date as discontinued operations related to the administration and settlement of outstanding claims on the business written in 1987 and prior years, which is also referred to as run-off or legacy business. The Company was acquired by new ownership in 2003 and began writing new business in the first quarter of 2004. The Company does not segregate its investment income or operating expenses between the legacy run-off business and its current business; however, the Company does identify specific asset and liability accounts related to the unpaid losses and related reinsurance accounts as well as incurred losses and loss adjustment expenses specifically related to the run-off of the legacy business. The Company does not hold its legacy business for sale and, accordingly, there is no expected disposal date. Assets include recoverables from reinsurers, securities pledged as collateral and funds held for payment of claims and liabilities include reserves, unremitted losses payable and funds held from reinsurers.

The amounts related to Discontinued Operations and the effect on the Company's Balance Sheet and Statement of Income as of December 31, 2016 and for the year then ended are as follows:

Balance Sheet:**Assets**

a. Line 5	Cash	\$	0
b. Line 28	Totals		4,465,672

Liabilities, Surplus and Other Funds

c. Line 28	Total Liabilities	\$	10,010,278
d. Line 37	Surplus		(5,544,606)
e. Line 38	Total		4,465,672

Statement of Income:

f.	Premiums	\$	0
g. Line 6	Total underwriting deductions		476,649
h. Line 8	Net underwriting gain or loss		(476,649)
i. Line 18	Net loss after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes		(476,649)
j. Line 19	Federal and foreign income taxes incurred (benefit)		(162,061)
k. Line 20	Net Loss		(314,588)

5. Investments**A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company does not hold any mortgage loans.

B. Debt Restructuring

The Company has no debt investments that have been restructured.

C. Reverse Mortgages

The Company does not hold any reverse mortgages.

D. Loan-Backed Securities**1. Descriptions of sources used to determine prepayment assumptions.**

Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structured settlements were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning).

2. All securities within the scope of this statement with a recognized other-than-temporary impairment.

None.

3. Securities with a recognized other-than-temporary impairment currently held by the reporting entity.

None.

4. All impaired securities for which an other-than temporary impairment has not been recognized.**a. The aggregate amount of unrealized losses:**

1.	Less than 12 Months	\$	212,385
2.	12 Months or Longer	\$	980

b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$	13,827,578
2.	12 Months or Longer	\$	1,749,020

5. The Company does not intend to sell, nor is it more likely than not to be required to sell, these debt securities; the Company expects to fully recover the amortized cost of the securities when they matures or are called.**E. Repurchase Agreements and/or Securities Lending Transactions**

The Company has made no investment in repurchase agreements.

F. Real Estate

The Company has not recognized any real estate impairment losses, sold or held any investments classified as held for sale, engaged in any retail land sales operations, or held any real estate investments with participating mortgage loan features during 2015 or 2016.

G. For Investments in Low-Income Housing Tax Credits (LIHTC)

The Company has made no investment in LIHTC.

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H. Restricted Assets

1. Restricted Assets (including pledged)

Restricted Asset Category	Gross Restricted							Percentage		
	Current Year						8	9	10	
	1	2	3	4	5	6				7
	Total General Account (G/A)	General Account Supporting Protected Cell Activity	Total Protected Cell Restricted Assets	Protected Cell Account Activities Supporting G/A Activity	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Assets
a. Subject to contractual obligations for which liability is not shown										
b. Collateral held under security lending agreements										
c. Subject to repurchase agreements										
d. Subject to reverse repurchase agreements										
e. Subject to dollar repurchase agreements										
f. Subject to dollar reverse repurchase agreements										
g. Placed under option contracts.										
h. Letter stock or securities restricted as to sale										
i. FHLB capital stock.										
j. On deposit with states.	\$ 8,471,919	\$ -	\$ -	\$ -	\$ 8,471,919	\$ 8,617,664	\$ (145,745)	\$ 8,471,919	1.85%	2.03%
k. On deposit with other regulatory bodies.	5,189,771	-	-	-	5,189,771	4,756,692	433,079	5,189,771	1.14%	1.24%
l. Pledged as collateral to FHLB.										
m. Pledged as collateral not captured in other categories.	1,244,643	-	-	-	1,244,643	1,244,256	387	1,244,643	0.27%	0.30%
n. Other restricted assets.										
o. Total Restricted Assets.	\$ 14,906,333	\$ -	\$ -	\$ -	\$ 14,906,333	\$ 14,618,612	\$ 287,721	\$ 14,906,333	3%	4%

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories

Description of Assets	Gross Restricted								Percentage		
	Current Year							Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Assets	
	1	2	3	4	5	6	7				8
	Total General Account (G/A)	General Account Supporting Protected Cell Account Activity	Total Protected Cell Restricted Assets	Protected Cell Account Activities Supporting G/A Activity	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)				
Pledged as collateral under reinsurance agreements.	1,244,643	-	-	-	1,244,643	1,244,256	387	1,244,643	0%	0%	
Total	\$ 1,244,643	\$ -	\$ -	\$ -	\$ 1,244,643	\$ 1,244,256	\$ 387	\$ 1,244,643	0%	0%	

3. Detail of Other Restricted Assets

Not Applicable.

A. Collateral Received and Reflected as Assets.

Not Applicable.

I. Working Capital Investments

Not Applicable.

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

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K. Structured Notes

CUSIP Identification	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Mortgage- Referenced Security (Yes/No)
020002BB6	\$ 979,875	\$ 930,510	\$ 965,418	No
060505DT8	331,500	311,625	311,625	No
060505EL4	322,950	313,500	313,500	No
172967GD7	299,250	304,125	299,271	No
172967HZ7	308,850	302,625	302,625	No
316773CM0	384,000	373,000	373,000	No
381427AA1	34,231	34,938	34,387	No
46625HHA1	546,623	507,395	508,910	No
481248AC9	287,573	296,484	293,825	No
61761JQK8	298,470	297,000	297,000	No
949746PM7	305,505	282,150	280,615	No
949746RN3	322,500	314,970	319,483	No
Total	\$ 4,421,327	\$ 4,268,322	\$ 4,299,659	

L. 5* Securities

None.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Detail for Those Greater than 10% of Admitted Assets

The Company has no investments in joint ventures, partnerships or limited liability companies.

B. Write-downs for Impairments

Not applicable

7. Investment Income

A. Accrued Investment Income

The Company did not exclude any investment income due and accrued from surplus.

B. Amounts Nonadmitted

Not applicable

8. Derivative Instruments

The Company holds no positions in derivative instruments.

9. Income Taxes

A. The components of the net deferred tax asset (liability) at December 31 are as follows:

1.		12/31/2016		
		(1) Ordinary	(2) Capital	(3) Total
(a)	Gross deferred tax assets	7,755,752	3,848,161	11,603,913
(b)	Statutory valuation allowance adj	-	-	-
(c)	Adjusted gross deferred tax assets	7,755,752	3,848,161	11,603,913
(d)	Deferred tax assets nonadmitted	6,986,543	-	6,986,543
(e)	Subtotal net admitted deferred tax asset	769,209	3,848,161	4,617,370
(f)	Deferred tax liabilities	-	-	-
(g)	Net admitted deferred tax asset	769,209	3,848,161	4,617,370

		12/31/2015		
		(4) Ordinary	(5) Capital	(6) Total
(a)	Gross deferred tax assets	5,085,695	6,508,207	11,593,902
(b)	Statutory valuation allowance adj	-	-	-
(c)	Adjusted gross deferred tax assets	5,085,695	6,508,207	11,593,902
(d)	Deferred tax assets nonadmitted	5,085,695	3,328,207	8,413,902
(e)	Subtotal net admitted deferred tax asset	-	3,180,000	3,180,000
(f)	Deferred tax liabilities	-	-	-
(g)	Net admitted deferred tax asset	-	3,180,000	3,180,000

		Change		
		(7) Ordinary	(8) Capital	(9) Total
(a)	Gross deferred tax assets	2,670,057	(2,660,046)	10,011
(b)	Statutory valuation allowance adj	-	-	-
(c)	Adjusted gross deferred tax assets	2,670,057	(2,660,046)	10,011
(d)	Deferred tax assets nonadmitted	1,900,848	(3,328,207)	(1,427,359)
(e)	Subtotal net admitted deferred tax asset	769,209	668,161	1,437,370
(f)	Deferred tax liabilities	-	-	-
(g)	Net admitted deferred tax asset	769,209	668,161	1,437,370

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2. Admission Calculation Components

SSAP 101

		12/31/2016		
		(1)	(2)	(3)
		Ordinary	Capital	Total
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	-	-	-
(b)	Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	769,209	3,848,161	4,617,370
	1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	5,085,695	6,508,207	11,593,902
	2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	4,617,370
(c)	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
(d)	Deferred tax assets admitted as a result of application of SSAP 101	769,209	3,848,161	4,617,370

		12/31/2015		
		(4)	(5)	(6)
		Ordinary	Capital	Total
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	-	-	-
(b)	Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	-	3,180,000	3,180,000
	1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	5,085,695	6,508,207	11,593,902
	2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	3,180,000
(c)	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
(d)	Deferred tax assets admitted as a result of application of SSAP 101	-	3,180,000	3,180,000

		Change		
		(7)	(8)	(9)
		Ordinary	Capital	Total
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	-	-	-
(b)	Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	769,209	668,161	1,437,370
	1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-	-	-
	2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	1,437,370
(c)	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
(d)	Deferred tax assets admitted as a result of application of SSAP 101	769,209	668,161	1,437,370

3.	2016	2015
(a) Ratio percentage used to determine recovery period and threshold limitation amount	10%	10%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation	46,168,703	43,678,931

4. Impact of Tax-planning strategies

N/A - none.

B. Deferred tax liabilities are not recognized for the following amounts:

Not applicable

C. Current income taxes incurred consist of the following major components:

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1. Current Income Tax		(1) 2016	(2) 2015	(3) Change
(a)	Federal	(4,421,855)	(1,019,078)	(3,402,777)
(b)	Foreign	-	-	-
(c)	Subtotal	(4,421,855)	(1,019,078)	(3,402,777)
(d)	Federal income tax on capital gains	(3,412,783)	148,599	(3,561,382)
(e)	Utilization of tax loss carryforwards			-
(f)	Other			-
(g)	Federal and foreign income taxes incurred	(7,834,638)	(870,479)	(6,964,159)
2. Deferred Tax Assets		(1) 2016	(2) 2015	(3) Change
(a)	Ordinary			
	(1) Discounting of unpaid losses	2,784,695	3,605,696	(821,001)
	(2) Unearned premium reserve	4,971,057	1,479,999	3,491,058
	(99) Subtotal	7,755,752	5,085,695	2,670,057
(b)	Statutory valuation allowance adj			-
(c)	Nonadmitted	6,986,543	5,085,695	1,900,848
(d)	Admitted ordinary deferred tax assets	769,209	-	769,209
(e)	Capital			-
	(1) Unrealized losses	3,848,161	6,508,207	(2,660,046)
	(99) Subtotal	3,848,161	6,508,207	(2,660,046)
(f)	Statutory valuation allowance adj			-
(g)	Nonadmitted	-	3,328,207	(3,328,207)
(h)	Admitted capital deferred tax assets	3,848,161	3,180,000	(668,161)
(i)	Admitted deferred taxes	4,617,370	3,180,000	(1,437,370)
3. Deferred tax liabilities				
(a)	Ordinary			-
	(99) Subtotal	-	-	-
(b)	Capital			-
	(99) Subtotal	-	-	-
(c)	Deferred tax liabilities	-	-	-
4. Net deferred tax assets/liabilities		4,617,370	3,180,000	(1,437,370)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

Among the more significant book to tax adjustments were the following:

	Amount	Tax Effect
Income (loss) before taxes	(27,592,253)	(9,381,366)
Loss reserve discount	(5,065,985)	(1,722,435)
Unearned premium adjustment	10,267,820	3,491,059
Tax exempt interest	(748,444)	(254,471)
Other -net	95,810	32,575
Taxable income	(23,043,052)	(7,834,638)

E. Operating Loss and Tax Credit Carry Forwards

The company has a net operating loss carry forward arising from the current year's taxable loss. The consolidated group in which the company files a consolidated return also has a loss and since the consolidated group originated in 2010, there is no taxable income available to carry back the current year's loss.

F. Consolidated Federal Income Tax Return

The Company is a member of an affiliated group for federal income tax purposes, the members of which plan to file a consolidated federal income tax return for 2016 with their parent, Guarantee Insurance Group, Inc. The Company has recorded federal income tax based upon its taxable income determined on a separate company basis pursuant to an approved written agreement.

10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, C

During 2016, the following changes occurred within the Company's holding company system:

On February 24, 2016, Contego Services Group, LLC filed a Certificate of Ownership and Merger merging Contego Recovery, LLC with and into Contego Services Group, LLC. Following the merger transaction, Contego Recovery, LLC withdrew its certificates of authority from departments of state wherever filed. Contego Services Group, LLC filed a DBA (doing business as) with departments of state in applicable states as Contego Recovery.

On April 12, 2016, Patriot Services, Inc. filed a Certificate of Ownership and Merger Merging Patriot Legal Services, Inc. with and into Patriot Services, Inc.

On April 20, 2016, Patriot Risk Services, Inc. filed a Certificate of Ownership and Merger Merging Patriot Benefits Administrators, Inc. with and into Patriot Risk Services, Inc.

On May 12, 2016, Patriot Services, Inc. contributed Forza Lien, Inc. to Patriot Risk Services, Inc.

On May 12, 2016, Trigen Insurance Solutions, Inc. contributed Trigen Hospitality Group, Inc. to Patriot Underwriters, Inc.

On July 21, 2016, Patriot Technology Solutions, Inc. contributed Decision UR, LLC to Patriot Care Management, Inc. via a Contribution Agreement effective as of July 1, 2016 for accounting purposes.

On October 12, 2016, the Florida Office of Insurance Regulation approved the redomestication of Ashmere Insurance Company ("Ashmere") from the state of Illinois to the state of Florida and its subsequent acquisition by National Fidelity Insurance Holdings, Inc. ("National Fidelity"). Control of Ashmere was effected pursuant to a Stock Purchase Agreement, dated as of September 17, 2014, subsequently amended on March 6, 2015, August 27, 2015, and December 28, 2015, and amended and restated on October 12, 2016 (collectively, the "Purchase Agreement"), between National Fidelity and Guilford Holdings, Inc., a Delaware corporation (hereinafter referred to as "the Seller"). A copy of the Purchase Agreement was submitted to the Office with the Acquisition Application dated as of April 17, 2016. Ashmere maintains its home office address and principal executive office at 401 E Las Olas Blvd., Suite 1540, Fort Lauderdale, Florida. Pursuant to the Office's Consent Order, Case No.: 197614-16-CO, approving the transactions, National Fidelity and Ashmere acknowledge that Ashmere will be an affiliate of Guarantee Insurance Company (Item 21).

On November 7, 2016, Guarantee Insurance Group filed a voluntary cancellation notice with the Delaware Secretary of State to dissolve Blue Ridge Insurance Company, LLC; a voluntary cancellation notice filing is pending with the Delaware Department of Insurance to dissolve Blue Ridge Insurance Company, LLC's Certificate of Authority to act as a special purpose captive insurance company. In anticipation of the impending Delaware Department of Insurance dissolution, Blue Ridge Insurance Company, LLC is removed from the organizational chart, effective as of November 7, 2016.

Patriot National made changes to its organizational chart effective as of January 1, 2017. The corporate changes are listed below, and the entities will keep the same tax ID numbers.

Each of the following were converted from a Delaware corporation to a Delaware LLC:

- Patriot Services, LLC
- Patriot Risk Consultants, LLC

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- Patriot Audit Services, LLC
- Forza Lien, LLC
- Patriot Captive Management, LLC
- Patriot Technology Solutions, LLC
- Patriot Care Management, LLC

Additionally, the following mergers took place which effectively remove these entities from the Patriot National organization chart:

- CompLinx Insurance Agency, Inc. was dissolved by merger into Patriot Underwriters.
- Patriot Care, Inc. was dissolved by merger into Patriot Care Management, Inc.
- InsureLinx, Inc. was dissolved by merger into Patriot Technology Solutions, Inc.
- Vikaran Technology Solutions, Inc. was dissolved by merger into Patriot Technology Solutions, Inc.

The Company has contracted with various affiliated companies to provide certain services. The affiliated companies, the nature of the services and the amounts paid during 2016 are as follows:

Guarantee Insurance Group (Expense Reimburse/Mgmt Svcs Agreement)	\$ 6,542,000
Guarantee Insurance Group (Tax Allocation Agreement)	\$ (6,503,400)
Patriot Risk Services, Inc. (Claims Administration Services Agreement)	\$ 6,537,965
Patriot Care Management, Inc. (Managed Care Services Agreement)	\$ 42,622,541
Patriot Underwriters, Inc. (Program Administration Agreement)	\$ 62,489,352
Contego Services Group (Investigation/Loss Control/Subro Svcs Agreement)	\$ 10,775,370

- D. At December 31, 2016, the Company had a payable to Patriot Underwriters, Inc. of \$12,309,514 and to Patriot Risk Services, Inc. of \$4,668,674, both included in Other Expenses Payable, for services rendered under the above agreements. The Company also had balances due Patriot Care Management, Inc. of \$10,004,250 and Contego Services, Inc. of \$1,683,835, both included in the Company's gross loss adjustment expense reserve at December 31, 2016, for services rendered under the above agreements.
- E. The Company has no guarantees or undertakings for the benefit of any affiliate or related party, which results in material contingent exposure of the Company.
- F. On June 30, 2015, the Office of Insurance Regulation approved an Expense Allocation Agreement between the Company and its holding company, Guarantee Insurance Group, Inc., whereby the holding company will furnish certain staff, office space and insurance coverages to the Company and for which the Company will pay the holding company as further described in the affiliate contract. The Expense Allocation Agreement was effective April 1, 2015.
- G. The Company's ultimate controlling person is Steven M. Mariano. See Schedule Y.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.
- K. Not applicable.
- L. Not applicable.
- M. All SCA Investments

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(1) Balance Sheet Value (Admitted and Nonadmitted) ALL SCAs (Except 8b1 entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP 97 8a entities PATRIOT NATIONAL, INC.	7.4%	\$ 9,004,888	\$ 9,004,888	\$ -
Total SSAP 97 8a entities	7.4%	9,004,888	9,004,888	-
b. SSAP 97 8b(ii) entities				
Total SSAP 97 8b(ii) entities				
c. SSAP 97 8b(iii) entities				
Total SSAP 97 8b(iii) entities				
d. SSAP 97 8b(iv) entities				
Total SSAP 97 8b(iv) entities				
e. Total SSAP 97 8b entities (b+c+d)	0.0%	-	-	-
f. Aggregate Total (a+e)	7.4%	\$ 9,004,888	\$ 9,004,888	\$ -

(2) NAIC Filing Response Information

SCA Entity	Type of NAIC Filing*	Date of Filing to NAIC	NAIC Valuation Amount	NAIC Response Received	NAIC Disallowed Resub Req	Code **
a. SSAP 97 8a entities PATRIOT NATIONAL, INC.	S2	5/31/2016	\$ 6,808,013	Y	N	I
Total SSAP 97 8a entities	XXX	XXX	6,808,013	XXX	XXX	XXX
b. SSAP 97 8b(ii) entities						
Total SSAP 97 8b(ii) entities	XXX	XXX		XXX	XXX	XXX
c. SSAP 97 8b(iii) entities						
Total SSAP 97 8b(iii) entities	XXX	XXX		XXX	XXX	XXX
d. SSAP 97 8b(iv) entities						
Total SSAP 97 8b(iv) entities	XXX	XXX		XXX	XXX	XXX
e. Total SSAP 97 8b entities (b+c+d)	XXX	XXX	-	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 6,808,013	XXX	XXX	XXX

* - S1-subB 1; S2-sub2 or RDF-Resubmission of Disallowed Filing

** - I-immaterial or M-material

N. Investment in Insurance SCAs

None.

11. Debt

A. Debt

Not applicable.

B. FHLB Agreements

Not applicable.

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A, B, C, D - Defined Benefit Plan

Not applicable.

E. Defined Contribution Plan

- a. The Company' employees participate in a 401(k) plan sponsored by its Parent, Guarantee Insurance Group, Inc. The Company matches employee contributions at a rate of 50% up to a maximum of 6% of an employee's annual base salary. During 2016 and 2015, the Company expense for the matching program, through allocation from the Parent, was \$102,444 and \$76,850, respectively. At December 31, 2016, the fair value of plan assets was approximately \$1,755,700.

F. Multiemployer Plans

- a. Not applicable.

G. Consolidated/Holding Company Plans

- a. See note 12E.

H. Postemployment Benefits and Compensated Absences

- a. Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits

- a. Not applicable.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

1. Outstanding Shares

The Company has 60,000 common shares authorized of which 36,001 are issued and outstanding. Par value per share is \$100.

2. Dividend Rate of Preferred Stock

Not applicable.

3-5. Dividend Restrictions

Not applicable.

6. Restrictions on Unassigned Funds

Not applicable.

7. Mutual Surplus Advances

Not applicable.

8. Company Stock Held for Special Purposes

Not applicable.

9. Changes in Special Surplus Funds

Not applicable

10. Changes in Unassigned Funds

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The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains (losses) is \$(11,318,119). The change in unrealized gain/loss, as recorded on the Statement of Income of \$4,597,725 is net of the applicable deferred tax asset (liability) of \$(3,225,939).

11. Surplus Notes

The Company has issued the following surplus notes in exchange for cash:

Date Issued	Interest Rate	Par Value	Carrying Value of Note	Principal/Interest Paid Current Year	Total Principal/Interest Paid	Unapproved Principal/Interest	Date of Maturity
7/12/2004	3.0%	62,000	62,000	-	-	23,153	7/12/2017
9/30/2004	3.0%	71,000	71,000	-	-	26,049	9/30/2017
9/30/2004	3.0%	218,000	218,000	-	-	79,981	9/30/2017
11/27/2013	3.0%	28,250,000	28,250,000	-	-	2,616,795	11/27/2022
131199 Total		\$28,601,000	\$28,601,000	-	-	\$2,745,978	

The surplus notes, issued to Essex Holdings, Inc. (#1 above), Segregated Portfolio 104, Caledonian Reinsurance SPC (#2 and 3 above), and guarantee Underwriters, Inc. (#4 above) have the following repayment conditions and restrictions:

Repayment of the principal and interest shall be subordinated to the prior payment of, or provision for, all general liabilities of the Company and the claims of policyholders and creditors of the Company, but shall rank superior to the claim, interest and equity shares or shareholders of the Company, and such subordination shall be equally applicable in the case of any merger, consolidation, liquidation, rehabilitation, reorganization, dissolution, sale or other disposal of all, or substantially all of the assets (including the assumption, whether by reinsurance or otherwise, of the major portion of the business of the Company in force pursuant to reinsurance agreement or agreements approved by the FLOIR.

Each payment of interest on and principal of the surplus notes may be made only with the prior approval of the FLOIR and only to the extent it is paid out of surplus, excluding capital, and only if the Company maintains its reserves and its minimum capital and surplus as required by the FLOIR. Accordingly, no interest has been accrued.

12. And 13. Quasi Reorganizations

Not applicable

14. Contingencies

A. Contingent Commitments

The Company has no material contingent liabilities, except the Company is contingently liable under structured settlement arrangements. See Footnote #27.

B. Assessments

The Company is subject to guaranty fund assessments by the states in which it writes business. Guaranty fund assessments are accrued when they become probable and estimable, generally at the

time of insolvencies. Other recurring state assessments are accrued as a percentage of premiums written.

C. Gain Contingencies

Not applicable

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

Not Applicable.

E. Product Warranties

Not applicable.

F. Joint and Several Liabilities

Not applicable.

G. All Other Contingencies

Litigation. The Company is subject to litigation in the ordinary course of company business. The Company does not believe any outcomes will have a material adverse impact.

15. Leases

A. Lessee Leasing Arrangements

1. The Company's parent company, Guarantee Insurance Group, is responsible for all corporate leases and allocates rent to the Company as part of its overall expense allocation. Rental expense allocated for 2016 and 2015 amounted to \$3,356,220 and \$2,975,697, respectively.
2. As of December 31, 2016, there are no minimum aggregate rental commitments for leases due to the assumption of the leases by the Company's parent.
3. The Company is not involved in any material sale-leaseback transactions.

B. Lessor Leasing Arrangements

1. Operating Leases

Not applicable

2. Leveraged Leases

Not applicable

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company does not engage in swaps, futures or options.

The Company is exposed to credit-related losses in the event that a bond issuer may default on its obligation. The Company mitigates its exposure to these credit related losses by maintaining bonds with high credit ratings. The Company also is exposed to credit related losses in the event that a reinsurer is unable to honor its liabilities to the Company. The Company mitigates its exposure to losses from insolvent reinsurers by continuously monitoring the credit ratings of all the Company's reinsurers.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**A. Transfers of Receivables Reported as Sales**

Not applicable

B. Transfers and Servicing of Financial Assets

Not applicable

C. Wash Sales

Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans**A. Administrative Services Only (ASO) Plans**

Not applicable

B. Administrative Services Contract (ASC) Plans

Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

Not applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Name and Address of Managing General Agent or Third Party Administration		FEIN Number	Exclusive Contract	Type of Business Written	Types of Authority Granted	Total Direct Premium Written/ Produced By
Patriot Underwriters, Inc. 401 E. Las Olas Blvd. Suite 1650 Ft. Lauderdale, FL 33301		46-3500045	Yes	Workers' Compensation	U,B,P	\$ 268,234,000
Total						<u>\$ 268,234,000</u>

20. Fair Value Measurement**A. Assets Measured at Fair Value:**

(1) Fair Value Measurements at Reporting Date

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<u>Description for each class of asset or liability</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
a. Assets at Fair Value				
Bonds				
Hybrid		1,597,750		1,597,750
Total bonds	-	1,597,750	-	1,597,750
Preferred Stock				
Industrial & misc - unaffiliated	-	448,573	-	448,573
Total preferred stock	-	448,573	-	448,573
Common Stock				
Industrial & misc - unaffiliated	2,065,118	-	-	2,065,118
Parent, Subs, & Affiliates	9,004,888	-	-	9,004,888
Total common stock	11,070,006	-	-	11,070,006
TOTAL ASSETS AT FAIR VALUE	11,070,006	2,046,323	-	13,116,329
b. Liabilities at Fair Value				
NONE	-	-	-	-
TOTAL LIABILITIES AT FAIR VALUE	-	-	-	-

(2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy

<u>Description</u>	<u>Beginning Balance 1/1/2016</u>	<u>Transfers into Level 3</u>	<u>Transfers out of Level 3</u>	<u>Total G/L in Net Income</u>	<u>Total G/L in Surplus</u>	<u>Purchases</u>	<u>Issuances</u>	<u>Sales</u>	<u>Settlements</u>	<u>Ending Balance 12/31/2015</u>
a. Assets										
Common stock - Indus & Misc	5,260,750	-	(5,260,750)	-	-	-	-	-	-	-
TOTAL ASSETS	5,260,750	-	(5,260,750)	-	-	-	-	-	-	-
b. Liabilities										
NONE	-	-	-	-	-	-	-	-	-	-
TOTAL LIABILITIES	-	-	-	-	-	-	-	-	-	-

(3) Transfers:

As of December 31, 2015, the Company's investment manager included eight common stocks issues as level three securities. A reassessment of those issues has concluded that the securities were more properly included as level two securities.

(4) Description of Valuation Techniques:

Pricing for the level three securities above was performed by a third party pricing service, using a market approach pricing methodology, including a pricing model which uses prices, risk factors and other relevant market information of securities with similar characteristics.

B. Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

C. Aggregate Fair Value:

Type of <u>Financial Instrument</u>	Aggregate Fair <u>Value</u>	Admitted <u>Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	Practicable Carrying <u>Value</u>
Bonds	1,597,750	1,597,750	-	1,597,750	-	-
Preferred Stock	448,573	448,573	-	448,573	-	-
Common Stock	11,070,006	11,070,006	11,070,006	-	-	-

D. Not Practical to Estimate Fair Value.

Not applicable.

21. Other Items

A. Extraordinary Items

Not applicable

B. Troubled Debt Restructuring

Not applicable

C. Other Disclosures and Unusual Items

The Company records an allowance for doubtful accounts as a provision against the possibility of any billed earned premium receivables becoming uncollectible as well as follows SSAP #6 respecting the non-admission of any other amounts over 90 days past due.

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

The Company does not have any exposure to subprime rated mortgages. All loan-backed securities held in the Company's investment portfolio are commercial mortgage backed securities and currently hold NAIC designation 1.

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

22. Events Subsequent

On February 28, 2017, the Company received approval from the Florida Office of Insurance Regulation to record a post-balance sheet date capital contribution from its parent in accordance with SSAP #72. A contribution of \$30 million was received on February 28, 2017.

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company has aggregate recoverables (unsecured portion) due from twenty-six reinsurers which exceed 3% of policyholders' surplus.

NAIC Code: 20087
Federal ID #: 47-0355979
Name of Reinsurer: National Indemnity Company
Amount: \$23,652,000

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NAIC Code: 23612
Federal ID #: 31-1169435
Name of Reinsurer: Midwest Employers Casualty Company
Amount: \$10,670,000

NAIC Code: 26433
Federal ID #: 13-6108721
Name of Reinsurer: Harco National Insurance Company
Amount: \$3,133,000

NAIC Code: 11835
Federal ID #: 04-1590940
Name of Reinsurer: Paris Re America Insurance Company
Amount: \$2,590,000

NAIC Code: 25364
Federal ID #: 13-1675535
Name of Reinsurer: Swiss Reinsurance America Corporation
Amount: \$13,693,000

NAIC Code: 15105
Federal ID #: 43-0727872
Name of Reinsurer: Safety National Casualty Corporation
Amount: \$12,804,000

NAIC Code: None
Federal ID #: AA-1128003
Name of Reinsurer: Catlin U S Syndicate 2003
Amount: \$11,338,000

NAIC Code: None
Federal ID #: AA-1127084
Name of Reinsurer: Chaucer Syndicate 1084
Amount: \$11,866,000

NAIC Code: None
Federal ID #: AA-1128001
Name of Reinsurer: Amlin Syndicate 2001
Amount: \$11,866,000

NAIC Code: None
Federal ID #: AA-1128084
Name of Reinsurer: Barbican Syndicate 1955
Amount: \$8,306,000

NAIC Code: None
Federal ID #: AA-1340125
Name of Reinsurer: Hannover RK
Amount: \$21,473,000

NAIC Code: None
Federal ID #: AA-3190829
Name of Reinsurer: Alterra Bermuda
Amount: \$6,311,000

NAIC Code: None
Federal ID #: AA-3190838
Name of Reinsurer: Tokio Millennium
Amount: \$5,572,000

NAIC Code: None
Federal ID #: AA-3770342
Name of Reinsurer: Ancora Re
Amount: \$9,860,000

NAIC Code: 01276
Federal ID #: AA-3190339
Name of Reinsurer: Renaissance Reinsurance
Amount: \$3,152,000

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

NAIC Code: None
 Federal ID #: AA-3194122
 Name of Reinsurer: Davinci Reinsurance
 Amount: \$1,697,000

B. Reinsurance Recoverable in Dispute

The Company has no reinsurance recoverables for paid losses and loss adjustment expenses that exceed 5% of policyholders' surplus for an individual reinsurer or 10% of policyholders' surplus in aggregate, which are in dispute.

C. Reinsurance Assumed and Ceded

(1) "As-if cancellation" calculation – ceded reinsurance

Ceded unearned premium reserve	52,527,000
Average ceding commission rate	46%
Commission on ceded UPR	24,246,266
Unearned ceded commission offset	-
Net "as-if cancellation" effect	24,246,266

The Company has no exposure to return of commission on assumed reinsurance.

- (2) As of December 31, 2016, the Company has no unsettled experience-rated commission arrangements. Certain ceded contracts contain profit commission features, however, such are not effective unless there is a final commutation, none of which have occurred.
- (3) The Company owns no protected cell risk entities.

D. Uncollectible Reinsurance

Not Applicable.

E. Commutation of Ceded Reinsurance

The Company has reported in its operations in the current year results of commutation of ceded reinsurance with the reinsurers listed below:

	Atlas Re	Ancora Re	Green Oak Re	AL 500	TOTAL
(1) Loss & LAE Incurred	\$ 110,125	\$ -	\$ -	\$ 243	\$ 110,368
(2) Premiums Earned	\$ 477	\$ -	\$ -	\$ 3	\$ 480
(3) Other (commutation fees)	\$ 9,416	\$ -	\$ -	\$ 73	\$ 9,489

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Transfers of Run-off Agreements

Not applicable

I. Certified Reinsurer Downgraded or Status Subject to Revocation

Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A, B, C

During 2016 and 2015, the Company had no written premiums pertaining to retrospectively rated policies.

D. Not applicable.

E. Not applicable.

F. Not applicable.

25. Change in Incurred Losses and Loss Adjustment ExpensesMore conservative case reserving for Accident Year 2013

Beginning in calendar year 2013, the Company implemented a revision to its case reserving authority levels to provide case adjusters with more discretion to achieve settlements and closures of remaining older open claims for accident years 2005 through 2008. That strategy resulted in a significant prior accident year strengthening for those same accident years as appearing in the 2013 Schedule P Part 2. In calendar year 2014, the same strategic review took place for accident years 2009 through 2012. Similarly, a significant amount of prior accident year strengthening was reflected for those accident years in the 2014 Schedule P Part 2. For the current calendar year 2015 Schedule P Part 2, all those prior accident years now show only modest changes in development confirming the correctness of the strategy. During calendar year 2015, the final accident year requiring strategic review was 2013 and that accident year reports approximately \$17 million in case reserve strengthening this year. This same approach was implemented on an ongoing basis for claims occurring in 2014 and 2015, therefore a separate strengthening review is not considered to be necessary, as currently held case reserves hold a similar ratio relationship to average cost to close as with the earlier accident years.

	2012	2013	2014	2015
Avg Cost to Close	6,807	7,025	7,476	8,338
Avg Case Reserve per Open Claim	16,600	18,360	24,784	28,692

Legacy and NCCI Pool business

The Company is a mandatory participant in the NCCI Workers Compensation Pool and has a legacy prior ownership pool exposure to asbestos and environmental claims runoff. During 2015, the Company booked approximately \$3 million in prior year development resulting from this non-core run-off asbestos and environmental business and the National Workers Compensation Reinsurance Association's involuntary risk pool, respectively.

Reinsurance Commutations

In 2015, the Company recognized approximately \$13 million of accident year 2012 development resulting from commutations with several of the Company's reinsurers in exchange for consideration outlined in footnote 23 E to the Financial Statement. This "development" did not significantly impact results of operations or surplus since the value of the reserves taken back to the Company's retention was largely offset by reduction in funds withheld liabilities for ceded reinsurance. Therefore, it is not equivalent to the development discussed in the first paragraph above.

Claim closure rates

The Company continues to show high claim closure rates on more current accident years. Specifically, 2012 and prior years are 98% closed, 2013 is 95% closed and 2014 is approximately 91% closed.

As of December 31, 2015, open and closed workers' compensation claim counts by accident year were as follows:

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Accident Year	Open Claims	Open Claims as a % of Reported Claims	Closed Claims	Closed Claims as a % of Reported Claims	Grand Total
2004		0.00%	897	100.00%	897
2005	5	0.13%	3,723	99.87%	3,728
2006	6	0.13%	4,618	99.87%	4,624
2007	10	0.20%	4,967	99.80%	4,977
2008	43	0.60%	7,085	99.40%	7,128
2009	77	1.17%	6,506	98.83%	6,583
2010	153	2.09%	7,184	97.91%	7,337
2011	231	2.80%	8,013	97.20%	8,244
2012	352	3.25%	10,491	96.75%	10,843
2013	666	4.89%	12,947	95.11%	13,613
2014	1,370	9.29%	13,384	90.71%	14,754
2015	3,988	30.30%	9,172	69.70%	13,160
	6,901	7.20%	88,987	92.80%	95,888
2012 and Prior	877	1.61%	53,484	98.39%	54,361

26. Intercompany Pooling Arrangements

Not applicable

27. Structured Settlements

The Company has purchased the following annuities for which the Company is contingently liable for the satisfaction of the claim settlement obligations transferred for the annuity issuers as follows:

A.	<u>Loss Reserves Eliminated by Annuities</u>		<u>Unrecorded Loss Contingencies</u>	
	\$ 9,446,963		\$ 5,418,013	
B.				
	Life Insurance Company & Location	Licensed in Company's State of Domicile Yes/No	Statement Value (PV of Annuities)	
	Liberty Life Assurance Company Dover, New Hampshire	Yes	177,607	
	First Colony Life Ins Company Lynchburg, Virginia	Yes	47,309	
	Federal Home Life Ins Company Battle Creek, MI	Yes	118,082	
	Prudential Ins Co of America Shelton, Connecticut	Yes	607,627	
	Hartford Life Ins Company Simsbury, Connecticut	Yes	126,437	
	American General Life Ins Co Amarillo, Texas	Yes	103,328	
	Metlife Tower Resources Group New York, New York	Yes	1,433,730	
	Pacific Life Ins Company Omaha, Nebraska	Yes	1,275,089	
	Berkshire Hathaway Life Ins Co of Neb Omaha, Nebraska	Yes	322,567	
	United States Life Insurance Company New York, New York	Yes	1,206,237	
	Total		5,418,013	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

28. Health Care Receivables

Not applicable

29. Participating Accident and Health Policies

Not applicable

30. Premium Deficiency Reserves

As of December 31, 2016, the Company reported no premium deficiency reserves. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

31. High Deductibles

As of December 31, 2015, the amount of reserve credit recorded for high deductibles on unpaid claims was \$28,954,045 and the amount billed and recoverable on paid claims was \$14,527,674.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**A. Tabular Discounts**

Not applicable

B. Non-Tabular Discount

Not applicable

C. Changes in Discount Assumptions

Not applicable

33. Asbestos/Environmental Reserves

- A. The Company has legacy exposure to asbestos/environmental claims. The Company's exposure arises from previously written excess layer general liability policies and participations in reinsurance assumed contracts through underwriting management organizations. The Company ceased offering direct general liability coverage in 1983. Participations on assumed reinsurance ended with the 1982 underwriting year.

The Company establishes full case basis reserves for all known losses reported by cedants and computes incurred but not reported losses based on previous paid and incurred experience.

The Company's asbestos/environmental related reserves for incurred losses and loss adjustment expenses (including coverage dispute costs) for each of the five most recent calendar years were as follows.

Asbestos Reserves**A. Asbestos Reserves**

	2,012	2,013	2,014	2,015	2,016
<u>Gross of Reinsurance:</u>					
Beginning Reserves	5,769,139	8,108,119	5,766,724	7,163,612	12,207,918
Incurred Losses & LAE	3,030,127	(1,793,116)	2,324,997	6,656,717	(136,660)
Calendar Year Payments	691,147	548,279	928,109	1,612,411	1,035,958
Ending Reserves	8,108,119	5,766,724	7,163,612	12,207,918	11,035,300
<u>Net of Reinsurance:</u>					
Beginning Reserves	2,899,036	4,218,850	2,719,602	3,398,285	5,988,227
Incurred Losses & LAE	1,753,102	(1,166,279)	1,273,872	3,243,820	1,184,482
Calendar Year Payments	433,288	332,969	595,189	643,877	646,009
Ending Reserves	4,218,850	2,719,602	3,398,285	5,988,227	6,526,699

B. Bulk and IBNR Reserves:

(1) Direct Basis	460,135
(2) Assumed Reinsurance Basis	4,380,221
(3) Net of Ceded Reinsurance Basis	2,810,501

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

C. Ending Reserve for LAE included in A:

(1) Direct Basis	1,164,368
(2) Assumed Reinsurance Basis	119,720
(3) Net of Ceded Reinsurance Basis	629,871

D. Environmental

	2012	2013	2014	2015	2016
Gross of Reinsurance:					
Beginning Reserves	\$926,262	\$1,120,840	\$982,642	\$1,068,848	1,450,335
Incurred Losses & LAE	422,564	84,338	356,644	509,667	282,050
Calendar Year Payments	227,986	222,536	270,438	128,178	238,360
Ending Reserves	\$1,120,840	\$982,642	\$1,068,848	1,450,335	1,494,025
Net of Reinsurance:					
Beginning Reserves	\$658,274	\$736,557	\$630,056	\$644,517	\$950,111
Incurred Losses & LAE	180,189	-1,261	156,004	373,895	307,899
Calendar Year Payments	101,906	105,240	141,542	68,302	153,193
Ending Reserves	\$736,557	\$630,056	\$644,517	950,111	1,104,818

E. Bulk and IBNR Reserves:

(1) Direct Basis	163,118
(2) Assumed Reinsurance Basis	421,770
(3) Net of Ceded Reinsurance Basis	389,456

F. Ending Reserve for LAE included in D:

(1) Direct Basis	769,226
(2) Assumed Reinsurance Basis	3,423
(3) Net of Ceded Reinsurance Basis	506,160

34. Subscriber Savings Accounts

Not applicable

35. Multiple Peril Crop Insurance

Not applicable

36. Financial Guaranty Instruments

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [☒] No [☐]
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [☒] No [☐] N/A [☐]
- 1.3 State Regulating? Florida
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [☐] No [☒]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/30/2015
- 3.4 By what department or departments?
Florida Office of Insurance Regulation
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [☒] No [☐] N/A [☐]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [☒] No [☐] N/A [☐]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [☐] No [☒]
4.12 renewals? Yes [☐] No [☒]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [☒] No [☐]
4.22 renewals? Yes [☒] No [☐]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [☐] No [☒]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [☐] No [☒]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [☐] No [☒]
- 7.2 If yes,
7.21 State the percentage of foreign control; 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
| | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BDO LLP USA
111 Brickell Avenue, Suite 2801
Miami, FL 33131
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
10.2 If the response to 10.1 is yes, provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
10.4 If the response to 10.3 is yes, provide information related to this exemption:
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Daniel A. Reppert, FCAS, MAAA
Financial Risk Analysts, LLC
706 Northeast Drive, Suite 4
Davidson, NC 28036
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
12.11 Name of real estate holding company
12.12 Number of parcels involved 0
12.13 Total book/adjusted carrying value \$ 0
12.2 If, yes provide explanation:

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
14.11 If the response to 14.1 is No, please explain:
14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s).
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ☐ No ☒
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes ☒ No ☐
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes ☒ No ☐
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes ☒ No ☐

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ☐ No ☒
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|---|
| 20.11 To directors or other officers | \$ | 0 |
| 20.12 To stockholders not officers | \$ | 0 |
| 20.13 Trustees, supreme or grand (Fraternal Only) | \$ | 0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|---|
| 20.21 To directors or other officers | \$ | 0 |
| 20.22 To stockholders not officers | \$ | 0 |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$ | 0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes ☐ No ☒
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|----------------------------|----|---|
| 21.21 Rented from others | \$ | 0 |
| 21.22 Borrowed from others | \$ | 0 |
| 21.23 Leased from others | \$ | 0 |
| 21.24 Other | \$ | 0 |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ☐ No ☒
- 22.2 If answer is yes:
- | | | |
|--|----|---|
| 22.21 Amount paid as losses or risk adjustment | \$ | 0 |
| 22.22 Amount paid as expenses | \$ | 0 |
| 22.23 Other amounts paid | \$ | 0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ☐ No ☒
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes ☒ No ☐
- 24.02 If no, give full and complete information relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A - none.
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes ☐ No ☐ N/A ☒
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes ☐ No ☐ N/A ☒
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ☐ No ☐ N/A ☒
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes ☐ No ☐ N/A ☒

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$0
 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
 24.103 Total payable for securities lending reported on the liability page.\$0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements\$0
 25.22 Subject to reverse repurchase agreements\$0
 25.23 Subject to dollar repurchase agreements\$0
 25.24 Subject to reverse dollar repurchase agreements\$0
 25.25 Placed under option agreements\$0
 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock\$0
 25.27 FHLB Capital Stock\$0
 25.28 On deposit with states\$8,471,919
 25.29 On deposit with other regulatory bodies\$5,189,771
 25.30 Pledged as collateral - excluding collateral pledged to an FHLB\$1,244,643
 25.31 Pledged as collateral to FHLB - including assets backing funding agreements\$0
 25.32 Other\$0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York, Mellon	10161 Centurion Parkway Jacksonville, FL 32256
UBS Financial Services, Inc.	440 Royal Palm Way Suite 300 Boca Raton, FL 33480-4135
Morgan Stanley Smith Barney, LLC	17505 W. Catalpa Avenue Suite 300 Cornelius, NC 28031

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Wells Fargo Bank	Corporate Trust Services 150 E. 42nd Street, 40th Floor New York, NY 10017	Cash and securities on deposit with Wells Fargo Bank are under the auspices of a reinsurance trust agreement modeled after New York Regulation 114.

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation
New England Asset Management, Inc.	U.....
Morgan Stanley Smith Barney, LLC	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes ☒ No ☐

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes ☐ No ☒

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
106900	New England Asset Management, Inc. ....	.....	Securities and Exchange Commission ..	DS.....
149777	Morgan Stanley Smith Barney, LLC .....	.....	Securities and Exchange Commission ..	DS.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes ☐ No ☒

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	\$1,752,034	\$2,324,328	572,294
30.2 Preferred stocks	1,652,126	1,764,513	112,387
30.3 Totals	83,404,160	84,088,841	684,681

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

Fair values are based on values either published by the NAIC's Security Valuation Office (SVO) or from an independent pricing service vendor such as: BofA Merrill Lynch Indices, Reuters, S&P, Bloomberg, Markit, MarkitBoxx, PricingDirect or Interactive Data Corp. Under certain circumstances, if an SVO price is unavailable, a price may be obtained from a broker. Short term securities, including Government money market funds, and cash equivalents are valued at amortized cost. Non-Government money market funds are valued at net present value.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes ☐ No ☒

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes ☐ No ☐

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes ☒ No ☐

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$643,965

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
NCCI Holdings, Inc.	516,426

34.1 Amount of payments for legal expenses, if any?\$1,167,157

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$905,305

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Greenberg Traurig, PA	905,305

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U. S. business only. \$ 0

1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in item (1.2) above. \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	0	0
2.2 Premium Denominator	52,973,360	83,662,680
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator	0	0
2.5 Reserve Denominator	139,896,358	118,946,488
2.6 Reserve Ratio (2.4/2.5)	0.000	0.000

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [X] No []

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$ 12,650,445

3.22 Non-participating policies \$ 255,583,283

4. For mutual reporting Entities and Reciprocal Exchanges Only:

4.1 Does the reporting entity issue assessable policies? Yes [] No []

4.2 Does the reporting entity issue non-assessable policies? Yes [] No []

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? % 0.0

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$ 0

5. For Reciprocal Exchanges Only:

5.1 Does the Exchange appoint local agents? Yes [] No []

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A []

5.22 As a direct expense of the exchange Yes [] No [] N/A []

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [] No []

5.5 If yes, give full information

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
Excess of loss reinsurance has been purchased. _____
- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.
The Company quantifies insured payroll exposures by zip code and street address. _____
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
Not applicable. _____
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? _____ Yes [☒] No [☐]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss. _____
- 7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)? _____ Yes [☒] No [☐]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions: _____ 71
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? _____ Yes [☒] No [☐]
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? _____ Yes [☒] No [☐]
- 8.2 If yes, give full information
See note 23 to financial statements - commutation of segregated cells. _____
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. _____ Yes [☐] No [☒]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. _____ Yes [☐] No [☒]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? _____ Yes [☐] No [☒]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or, _____ Yes [☐] No [☒]
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or _____ Yes [☐] No [☒]
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. _____ Yes [☐] No [☒]
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? _____ Yes [☒] No [☐] N/A [☐]

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? Yes [] No [X]
- 11.2 If yes, give full information
.....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- 12.11 Unpaid losses\$0
- 12.12 Unpaid underwriting expenses (including loss adjustment expenses)\$0
- 12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds\$0
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [X] N/A []
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- 12.41 From0.0 %
- 12.42 To0.0 %
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [X] No []
- 12.6 If yes, state the amount thereof at December 31 of the current year:
- 12.61 Letters of credit\$23,052,000
- 12.62 Collateral and other funds\$163,883,000
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):\$0
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.0
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [] No [X]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
.....
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No []
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []
- 14.5 If the answer to 14.4 is no, please explain:
.....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [X] No []
- 15.2 If yes, give full information
Premium audit adjustments, if financed, are guaranteed by the Company.
- 16.1 Does the reporting entity write any warranty business? Yes [] No [X]
- If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	0	0	0	0	0
16.12 Products	0	0	0	0	0
16.13 Automobile	0	0	0	0	0
16.14 Other*	0	0	0	0	0

* Disclose type of coverage:

.....

GENERAL INTERROGATORIES**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5? Yes ☒ No ☐

Included but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F - Part 5. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	\$ 2,235,795
17.12 Unfunded portion of Interrogatory 17.11	\$.0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$.0
17.14 Case reserves portion of Interrogatory 17.11	\$.0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$.0
17.16 Unearned premium portion of Interrogatory 17.11	\$.0
17.17 Contingent commission portion of Interrogatory 17.11	\$.0

Provide the following information for all other amounts included in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	\$.0
17.19 Unfunded portion of Interrogatory 17.18	\$.0
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$.0
17.21 Case reserves portion of Interrogatory 17.18	\$.0
17.22 Incurred but not reported portion of Interrogatory 17.18	\$.0
17.23 Unearned premium portion of Interrogatory 17.18	\$.0
17.24 Contingent commission portion of Interrogatory 17.18	\$.0

- 18.1 Do you act as a custodian for health savings accounts? Yes ☐ No ☒
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.0
- 18.3 Do you act as an administrator for health savings accounts? Yes ☐ No ☒
- 18.4 If yes, please provide the balance of funds administered as of the reporting date. \$.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2016	2 2015	3 2014	4 2013	5 2012
Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	279,871,290	288,531,047	288,161,687	242,453,952	216,013,059
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	279,871,290	288,531,047	288,161,687	242,453,952	216,013,059
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	103,388,423	64,828,635	114,374,992	57,281,737	107,043,461
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	103,388,423	64,828,635	114,374,992	57,281,737	107,043,461
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(22,998,839)	2,353,185	(17,425,474)	(16,731,189)	(22,320,077)
14. Net investment gain or (loss) (Line 11)	(4,379,985)	2,933,233	3,811,685	2,009,370	4,089,435
15. Total other income (Line 15)	(145,082)	2,847,870	(25,941,879)	(2,944,020)	(1,096,340)
16. Dividends to policyholders (Line 17)	68,347	57,632	167,921	14,428	78,123
17. Federal and foreign income taxes incurred (Line 19)	(4,421,855)	(1,019,078)	(13,737,089)	(6,773,624)	(5,155,916)
18. Net income (Line 20)	(23,170,398)	9,085,734	(25,986,500)	(10,906,643)	(14,249,189)
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	417,471,243	393,684,923	420,590,301	393,968,902	323,044,908
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	22,451,932	19,003,009	18,021,927	12,484,200	8,358,194
20.2 Deferred and not yet due (Line 15.2)	112,315,736	111,495,241	97,712,767	107,063,107	151,087,309
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	366,685,170	346,866,132	373,133,266	336,248,806	279,113,999
22. Losses (Page 3, Line 1)	77,379,812	95,958,144	104,935,081	82,230,395	76,385,396
23. Loss adjustment expenses (Page 3, Line 3)	(11,404,241)	(851,342)	8,753,134	28,664,410	30,638,904
24. Unearned premiums (Page 3, Line 9)	73,103,787	21,764,686	38,550,595	27,550,401	35,818,362
25. Capital paid up (Page 3, Lines 30 & 31)	3,600,120	3,600,120	3,600,120	3,600,120	3,600,120
26. Surplus as regards policyholders (Page 3, Line 37)	50,786,073	46,818,791	47,457,035	57,720,096	43,930,909
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	(38,163,360)	(35,607,769)	(45,095,121)	6,130,451	11,984,771
Risk-Based Capital Analysis					
28. Total adjusted capital	50,786,073	46,818,791	47,457,035	57,720,096	43,930,909
29. Authorized control level risk-based capital	21,595,284	21,601,393	21,909,242	17,239,969	13,802,018
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0					
30. Bonds (Line 1)	72.7	58.7	53.0	33.8	69.8
31. Stocks (Lines 2.1 & 2.2)	11.6	14.1	23.6	16.3	11.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	2.2	1.6	1.6	0.4	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	7.4	21.3	15.4	37.0	18.8
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	6.2	4.3	6.4	12.5	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.4
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	9,004,888	6,808,013	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above Lines 42 to 47	9,004,888	6,808,013	0	0	0
49. Total investment in Parent included in Lines 42 to 47 above	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	17.7	14.5	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2016	2 2015	3 2014	4 2013	5 2012
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	4,597,725	(7,488,491)	(2,463,385)	(452,244)	(647,304)
52. Dividends to stockholders (Line 35)	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	3,967,282	(638,244)	(10,263,061)	13,789,187	(2,798,616)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	153,919,519	144,342,960	117,920,374	101,977,420	115,026,779
55. Property lines (Lines 1, 2, 9, 12, 21 & 28)	0	0	0	0	0
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	153,919,519	144,342,960	117,920,374	101,977,420	115,026,779
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	54,463,464	57,011,630	58,309,734	39,763,916	47,560,200
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	54,463,464	57,011,630	58,309,734	39,763,916	47,560,200
Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	67.7	57.4	77.1	80.0	75.7
68. Loss expenses incurred (Line 3)	14.3	16.3	6.0	31.1	39.8
69. Other underwriting expenses incurred (Line 4)	61.4	23.4	33.4	11.7	6.1
70. Net underwriting gain (loss) (Line 8)	(43.4)	2.8	(16.6)	(22.9)	(21.5)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	31.6	25.8	53.4	17.1	6.9
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	82.0	73.8	83.2	111.2	115.4
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	203.6	138.5	208.1	118.6	243.7
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)	33,680	32,715	28,004	180	51,791
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	71.9	68.9	48.5	0.4	110.8
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	57,903	58,151	26,568	55,356	44,096
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	122.0	100.7	60.5	118.5	175.0

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

If no, please explain: _____

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 OMITTED)

Years In Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 + 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	4,087	2,885	814	253	18	0	0	1,781	XXX
2. 2007	73,219	49,403	23,816	40,580	22,773	12,426	7,346	3,641	0	0	26,528	XXX
3. 2008	100,070	50,150	49,920	74,262	36,124	18,276	10,995	5,208	0	0	50,627	XXX
4. 2009	105,527	69,820	35,707	76,380	41,548	21,467	14,183	5,251	0	0	47,367	XXX
5. 2010	142,551	90,071	52,480	98,923	65,431	30,252	22,242	8,257	0	0	49,759	XXX
6. 2011	183,043	89,013	94,030	115,482	56,882	36,623	23,591	3,660	0	0	75,292	XXX
7. 2012	208,012	104,161	103,851	104,379	55,279	33,212	22,391	1,922	0	0	61,843	XXX
8. 2013	227,303	154,238	73,065	108,821	71,733	41,816	28,282	1,455	0	0	52,077	XXX
9. 2014	281,362	176,317	105,045	100,367	59,275	34,192	22,120	667	0	0	53,831	XXX
10. 2015	292,356	208,693	83,663	88,175	58,048	26,577	21,088	182	0	0	35,798	XXX
11. 2016	271,023	218,050	52,973	34,062	29,206	8,648	11,066	25	0	0	2,463	XXX
12. Totals	XXX	XXX	XXX	845,518	499,184	264,303	183,557	30,286	0	0	457,366	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Coded	Direct and Assumed	Coded	Direct and Assumed	Ceded	Direct and Assumed	Coded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	9,048	4,231	8,131	4,246	(686)	237	(1,207)	125	116	0	0	6,563	XXX
2. 2007.....	1,839	853	953	1,010	(220)	79	(265)	113	62	0	0	314	XXX
3. 2008.....	4,400	1,738	1,253	1,325	208	429	(772)	229	89	0	0	1,457	XXX
4. 2009.....	7,806	1,856	1,045	1,749	399	368	(941)	304	92	0	0	4,124	XXX
5. 2010.....	8,550	2,371	1,130	3,687	(443)	328	(1,798)	569	154	0	0	638	XXX
6. 2011.....	22,398	15,599	950	4,162	734	2,270	(3,201)	911	200	0	0	(1,861)	XXX
7. 2012.....	15,394	4,585	2,636	8,502	(325)	744	(2,557)	1,116	218	0	0	419	XXX
8. 2013.....	18,138	5,116	8,531	13,518	1,516	1,525	531	2,693	217	0	0	6,081	XXX
9. 2014.....	21,704	9,555	10,578	20,486	3,358	3,422	3,097	6,788	217	0	0	(1,297)	XXX
10. 2015.....	34,351	20,733	14,367	37,750	8,308	7,306	5,888	13,096	185	0	0	(15,786)	XXX
11. 2016.....	41,424	32,988	86,252	47,438	16,464	14,295	23,435	7,692	162	0	0	65,324	XXX
12. Totals.....	185,052	99,625	135,826	143,873	29,313	31,003	22,210	33,636	1,712	0	0	65,976	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior...	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	8,702	(2,139)
2. 2007	59,016	32,174	26,842	80.6	65.1	112.7	0	0	0.0	929	(615)
3. 2008	102,924	50,840	52,084	102.9	101.4	104.3	0	0	0.0	2,590	(1,133)
4. 2009	111,499	60,008	51,491	106.7	85.9	144.2	0	0	0.0	5,246	(1,122)
5. 2010	145,025	94,628	50,397	101.7	106.1	96.0	0	0	0.0	3,622	(2,984)
6. 2011	176,846	103,415	73,431	96.6	116.2	78.1	0	0	0.0	3,587	(5,448)
7. 2012	154,879	92,617	62,262	74.5	88.9	60.0	0	0	0.0	4,943	(4,524)
8. 2013	181,025	122,867	58,158	79.6	79.7	79.6	0	0	0.0	8,035	(1,954)
9. 2014	174,180	121,646	52,534	61.9	69.0	50.0	0	0	0.0	2,241	(3,538)
10. 2015	178,033	158,021	20,012	60.9	75.7	23.9	0	0	0.0	(9,765)	(6,021)
11. 2016	210,472	142,685	67,787	77.7	65.4	128.0	0	0	0.0	47,250	18,074
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	77,380	(11,404)

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years In Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	12,333	12,278	10,377	12,576	13,373	6,234	21,173	23,505	24,604	23,258	(1,346)	(247)
2. 2007	17,432	20,062	21,925	21,955	22,236	21,128	23,553	23,427	23,916	24,463	547	1,036
3. 2008	XXX	29,417	32,318	36,578	41,081	40,208	43,779	45,524	45,901	48,829	2,928	3,305
4. 2009	XXX	XXX	21,552	27,632	34,981	45,586	44,219	44,694	43,256	50,906	7,650	6,212
5. 2010	XXX	XXX	XXX	23,958	25,598	53,639	43,675	43,935	42,530	46,498	3,968	2,563
6. 2011	XXX	XXX	XXX	XXX	46,714	68,979	62,940	69,535	70,122	73,724	3,602	4,189
7. 2012	XXX	XXX	XXX	XXX	XXX	40,773	37,388	52,495	65,296	69,687	4,391	17,192
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	52,053	53,669	71,306	69,386	(1,920)	15,717
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	55,981	58,549	63,917	5,368	7,936
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,907	29,399	8,492	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62,995	XXX	XXX
12. Totals											33,680	57,903

SCHEDULE P - PART 3 - SUMMARY

Years In Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	000	3,139	4,855	5,998	7,885	(670)	14,496	12,979	14,303	16,066	XXX	XXX
2. 2007	5,397	13,434	18,560	19,987	20,890	20,085	21,624	22,542	22,633	22,887	XXX	XXX
3. 2008	XXX	9,343	24,214	32,105	37,673	37,088	40,108	43,610	44,474	45,419	XXX	XXX
4. 2009	XXX	XXX	8,584	20,495	29,419	38,048	37,841	41,114	40,059	42,116	XXX	XXX
5. 2010	XXX	XXX	XXX	7,411	18,324	40,638	30,201	39,130	39,079	41,502	XXX	XXX
6. 2011	XXX	XXX	XXX	XXX	14,921	36,829	48,784	63,394	67,802	71,632	XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XXX	1,414	18,081	38,842	52,963	59,921	XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	9,859	30,691	47,726	50,622	XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,871	34,970	53,164	XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,043	35,616	XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,438	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years In Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	4,213	2,513	899	1,167	953	5,200	1,047	5,266	5,394	2,737
2. 2007	5,007	1,666	733	435	463	292	44	(204)	168	(317)
3. 2008	XXX	9,385	2,254	728	968	1,024	458	(334)	(1,109)	(858)
4. 2009	XXX	XXX	5,192	1,946	834	2,470	825	(920)	(2,063)	(1,523)
5. 2010	XXX	XXX	XXX	11,159	1,274	6,057	4,938	(1,625)	(2,437)	(4,374)
6. 2011	XXX	XXX	XXX	XXX	20,175	18,107	5,614	(1,306)	(4,466)	(7,502)
7. 2012	XXX	XXX	XXX	XXX	XXX	28,225	6,847	1,706	29	(8,469)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	29,626	9,213	7,794	(5,274)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,691	11,947	(13,666)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(26)	(35,696)
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,927

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL	L	1,701,982	1,690,628	0	741,065	585,823	1,734,226	0	0
2. Alaska.....AK	N	0	0	0	0	0	0	0	0
3. Arizona.....AZ	N	0	0	0	0	0	0	0	0
4. Arkansas.....AR	L	5,064,662	5,094,014	0	1,896,087	1,146,848	3,636,702	0	0
5. California.....CA	L	0	0	0	11,825	(9,645)	172,470	0	0
6. Colorado.....CO	L	1,843,663	1,603,484	0	740,965	943,201	1,210,945	0	0
7. Connecticut.....CT	N	0	0	0	0	0	0	0	0
8. Delaware.....DE	L	1,301,746	2,215,994	0	752,507	1,556,422	1,588,535	0	0
9. District of Columbia.....DC	L	2,184,458	2,100,490	0	524,191	775,227	760,887	0	0
10. Florida.....FL	L	51,028,121	57,559,947	88,347	36,339,327	31,958,500	67,038,374	0	0
11. Georgia.....GA	L	19,800,985	19,469,430	0	9,392,187	5,848,818	16,990,179	0	0
12. Hawaii.....HI	L	0	0	0	0	0	0	0	0
13. Idaho.....ID	L	334,473	375,627	0	123,974	1,378	115,803	0	0
14. Illinois.....IL	N	0	0	0	0	0	0	0	0
15. Indiana.....IN	L	9,260,809	9,188,965	0	3,987,171	1,834,348	7,474,919	0	0
16. Iowa.....IA	N	0	0	0	0	0	0	0	0
17. Kansas.....KS	N	0	0	0	0	0	0	0	0
18. Kentucky.....KY	L	2,303,755	1,777,672	0	962,169	864,094	3,031,357	0	0
19. Louisiana.....LA	L	4,282,170	3,777,691	0	1,643,954	2,338,781	2,020,994	0	0
20. Maine.....ME	L	136,731	181,436	0	138,465	(365,261)	163,088	0	0
21. Maryland.....MD	L	4,050,649	3,768,145	0	1,137,326	2,168,171	2,162,431	0	0
22. Massachusetts.....MA	L	0	0	0	0	0	0	0	0
23. Michigan.....MI	L	6,047,997	6,094,659	0	2,377,481	6,390,525	6,246,382	0	0
24. Minnesota.....MN	L	0	0	0	0	0	0	0	0
25. Mississippi.....MS	L	3,571,315	3,599,139	0	2,630,624	4,903,220	5,504,474	0	0
26. Missouri.....MO	L	7,319,811	6,832,755	0	4,662,415	3,026,275	9,456,149	0	0
27. Montana.....MT	L	223,179	136,787	0	67,418	84,383	148,227	0	0
28. Nebraska.....NE	L	4,336,036	4,224,370	0	2,355,503	2,191,954	3,782,393	0	0
29. Nevada.....NV	L	1,884,305	1,798,609	0	733,021	241,274	945,821	0	0
30. New Hampshire.....NH	L	0	0	0	0	0	0	0	0
31. New Jersey.....NJ	L	32,022,515	29,916,266	0	17,160,441	18,689,570	38,401,280	0	0
32. New Mexico.....NM	L	1,189,170	942,569	0	367,560	398,699	554,517	0	0
33. New York.....NY	L	36,766,643	35,918,404	0	16,993,707	18,785,478	31,791,277	0	0
34. North Carolina.....NC	L	10,337,622	11,031,304	0	4,515,342	5,431,214	7,155,973	0	0
35. North Dakota.....ND	L	0	0	0	0	0	0	0	0
36. Ohio.....OH	N	0	0	0	0	0	0	0	0
37. Oklahoma.....OK	L	8,200,376	8,789,189	0	3,091,198	1,124,490	6,363,827	0	0
38. Oregon.....OR	L	1,124,627	1,049,520	0	187,934	144,754	251,383	0	0
39. Pennsylvania.....PA	L	15,630,015	14,341,670	0	11,003,494	10,554,157	23,722,338	0	0
40. Rhode Island.....RI	N	0	0	0	0	0	0	0	0
41. South Carolina.....SC	L	10,957,346	9,998,242	0	5,485,645	8,642,622	11,508,226	0	0
42. South Dakota.....SD	L	260,888	214,480	0	80,827	196,072	208,164	0	0
43. Tennessee.....TN	L	3,582,720	4,014,220	0	2,982,485	3,964,720	4,915,653	0	0
44. Texas.....TX	L	2,185,789	2,575,706	0	622,170	828,012	1,165,695	0	0
45. Utah.....UT	N	0	0	0	0	0	0	0	0
46. Vermont.....VT	L	0	0	0	0	0	0	0	0
47. Virginia.....VA	L	9,050,371	8,745,937	0	8,632,506	9,452,167	15,610,912	0	0
48. Washington.....WA	L	0	0	0	0	7,297	7,297	0	0
49. West Virginia.....WV	L	271,160	480,047	0	858,025	(401,434)	1,317,145	0	0
50. Wisconsin.....WI	L	(22,365)	(22,431)	0	43,807	(195,433)	42,982	0	0
51. Wyoming.....WY	N	0	0	0	0	0	0	0	0
52. American Samoa.....AS	N	0	0	0	0	0	0	0	0
53. Guam.....GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico.....PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands.....VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands.....MP	N	0	0	0	0	0	0	0	0
57. Canada.....CAN	N	0	0	0	0	0	0	0	0
58. Aggregate other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Totals	(a) 41	268,233,724	259,484,965	68,347	142,242,796	144,106,721	277,190,025	0	0
DETAILS OF WRITE-INS									
58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

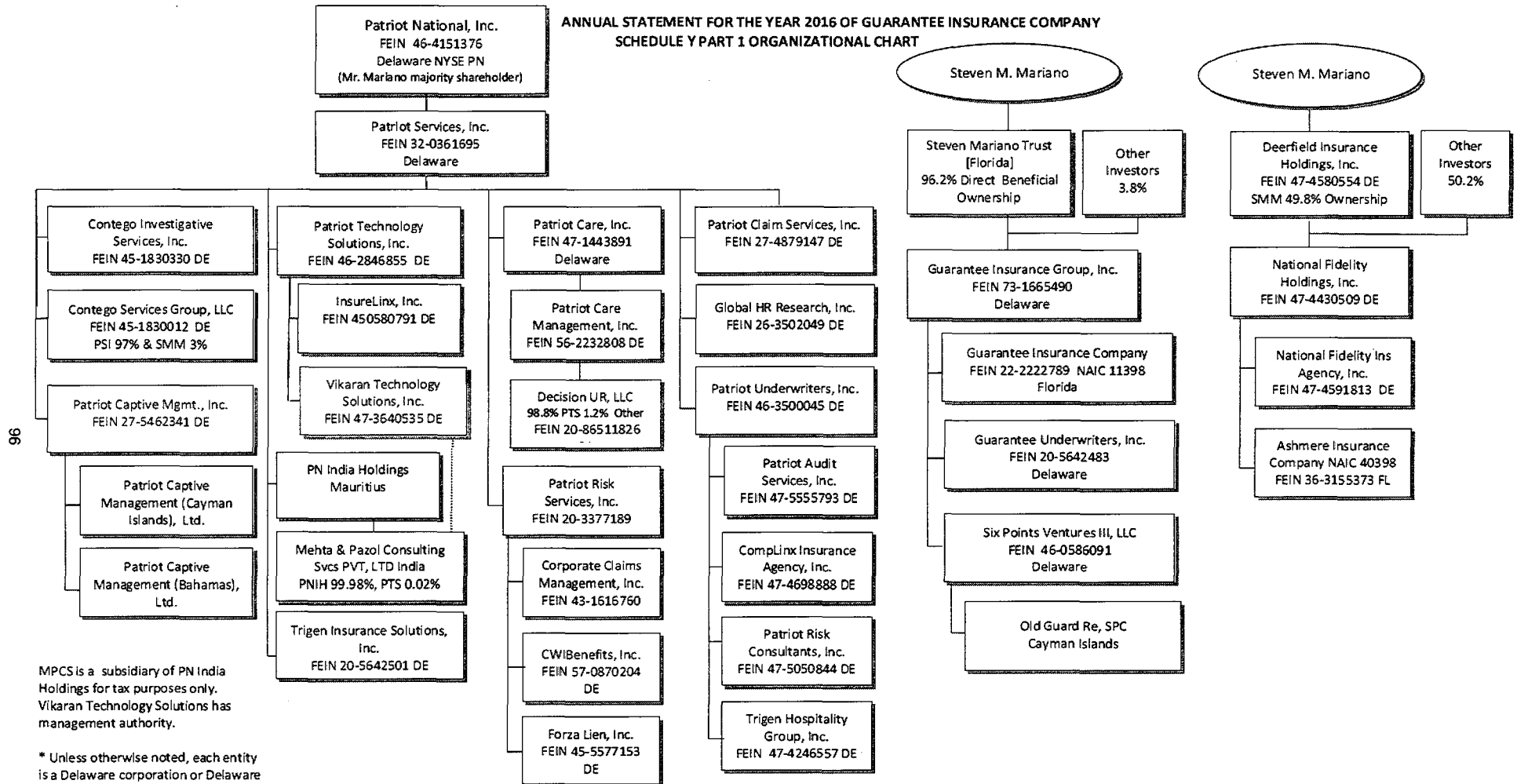
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation of premiums by states, etc.

Actual premiums are based on the state where the insured resides.

(a) Insert the number of L responses except for Canada and Other Alien.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF GUARANTEE INSURANCE COMPANY
SCHEDULE Y PART 1 ORGANIZATIONAL CHART**



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

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PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Guarantee Insurance Company

NAIC Group Code 3493 0000 NAIC Company Code 11398 Employer's ID Number 22-2222789
(Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry FL
Country of Domicile United States of America

Incorporated/Organized 01/25/1965 Commenced Business 04/01/1965

Statutory Home Office 401 E. Las Olas Blvd., Suite 1540 Fort Lauderdale, FL, US 33301
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 401 E. Las Olas Blvd., Suite 1540
(Street and Number)
Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 401 E. Las Olas Blvd., Suite 1540 Fort Lauderdale, FL, US 33301
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 401 E. Las Olas Blvd., Suite 1540
(Street and Number)
Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.guaranteeinns.com

Statutory Statement Contact Michael John Sluka 954-556-1600
(Name) (Area Code) (Telephone Number)
msluka@guaranteeinns.com 954-333-6840
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Michael John Sluka # Secretary Eric Stephen Dawson #
Chief Financial Officer David Alan Skup

OTHER

DIRECTORS OR TRUSTEES

Michael John Sluka David Alan Skup # Richard Franklin Allen
Joseph Edward Babin # Charles Timothy Morris #

State of Florida SS:
County of Broward

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Sluka
President & Chief Executive Officer

David Alan Skup
Chief Financial Officer & Treasurer

Eric Stephen Dawson
Secretary

Subscribed and sworn to before me this
_____ day of _____

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

Jessica V. Naulty-Willis
Comm # FF 898518
October 31, 2019

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	14,642,914	11.912	14,642,914	0	14,642,914	13.321
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies	0	0.000	0	0	0	0.000
1.22 Issued by U.S. government sponsored agencies	0	0.000	0	0	0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)	0	0.000	0	0	0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations	725,195	0.590	725,195	0	725,195	0.660
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	287,580	0.234	287,580	0	287,580	0.262
1.43 Revenue and assessment obligations	14,566,621	11.850	14,566,621	0	14,566,621	13.251
1.44 Industrial development and similar obligations	1,422,368	1.157	1,422,368	0	1,422,368	1.294
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA	0	0.000	0	0	0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC	7,808,599	6.352	7,808,599	0	7,808,599	7.103
1.513 All other	0	0.000	0	0	0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	7,401,860	6.021	7,401,860	0	7,401,860	6.733
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521	0	0.000	0	0	0	0.000
1.523 All other	2,620,344	2.132	2,620,344	0	2,620,344	2.384
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	27,775,117	22.595	27,775,117	0	27,775,117	25.267
2.2 Unaffiliated non-U.S. securities (including Canada)	2,610,937	2.124	2,610,937	0	2,610,937	2.375
2.3 Affiliated securities	0	0.000	0	0	0	0.000
3. Equity interests:						
3.1 Investments in mutual funds	0	0.000	0	0	0	0.000
3.2 Preferred stocks:						
3.21 Affiliated	0	0.000	0	0	0	0.000
3.22 Unaffiliated	1,652,126	1.344	1,652,126	0	1,652,126	1.503
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated	9,004,888	7.325	9,004,888	0	9,004,888	8.192
3.32 Unaffiliated	2,065,118	1.680	2,065,118	0	2,065,118	1.879
3.4 Other equity securities:						
3.41 Affiliated	0	0.000	0	0	0	0.000
3.42 Unaffiliated	0	0.000	0	0	0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated	0	0.000	0	0	0	0.000
3.52 Unaffiliated	0	0.000	0	0	0	0.000
4. Mortgage loans:						
4.1 Construction and land development	0	0.000	0	0	0	0.000
4.2 Agricultural	0	0.000	0	0	0	0.000
4.3 Single family residential properties	0	0.000	0	0	0	0.000
4.4 Multifamily residential properties	0	0.000	0	0	0	0.000
4.5 Commercial loans	0	0.000	0	0	0	0.000
4.6 Mezzanine real estate loans	0	0.000	0	0	0	0.000
5. Real estate investments:						
5.1 Property occupied by company	0	0.000	0	0	0	0.000
5.2 Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)	2,463,731	2.004	2,463,731	0	2,463,731	2.241
5.3 Property held for sale (including \$ 0 property acquired in satisfaction of debt)	0	0.000	0	0	0	0.000
6. Contract loans	0	0.000	0	0	0	0.000
7. Derivatives	0	0.000	0	0	0	0.000
8. Receivables for securities	0	0.000	0	0	0	0.000
9. Securities Lending (Line 10, Asset Pledge reinvested collateral)	0	0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	8,109,918	6.597	8,109,918	0	8,109,918	7.378
11. Other invested assets	19,768,874	16.082	6,768,874	0	6,768,874	6.158
12. Total invested assets	122,926,190	100.000	109,926,190	0	109,926,190	100.000

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year	2,502,142
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 6)	0
2.2 Additional investment made after acquisition (Part 2, Column 9)	0
3. Current year change in encumbrances:	
3.1 Totals, Part 1, Column 13	0
3.2 Totals, Part 3, Column 11	0
4. Total gain (loss) on disposals, Part 3, Column 18	0
5. Deduct amounts received on disposals, Part 3, Column 15	0
6. Total foreign exchange change in book/adjusted carrying value:	
6.1 Totals, Part 1, Column 15	0
6.2 Totals, Part 3, Column 13	0
7. Deduct current year's other than temporary impairment recognized:	
7.1 Totals, Part 1, Column 12	0
7.2 Totals, Part 3, Column 10	0
8. Deduct current year's depreciation:	
8.1 Totals, Part 1, Column 11	38,411
8.2 Totals, Part 3, Column 9	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	2,463,731
10. Deduct total nonadmitted amounts	0
11. Statement value at end of current period (Line 9 minus Line 10)	2,463,731

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year	
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 7)	
2.2 Additional investment made after acquisition (Part 2, Column 8)	
3. Capitalized deferred interest and other:	
3.1 Totals, Part 1, Column 12	
3.2 Totals, Part 3, Column 11	
4. Accrual of discount	
5. Unrealized valuation increase (decrease):	
5.1 Totals, Part 1, Column 9	
5.2 Totals, Part 3, Column 8	
6. Total gain (loss) on disposals, Part 3, Column 18	
7. Deduct amounts received on disposals, Part 3, Column 15	
8. Deduct amortization of premium and mortgage interest paid and commitment fees	
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:	
9.1 Totals, Part 1, Column 13	
9.2 Totals, Part 3, Column 13	
10. Deduct current year's other than temporary impairment recognized:	
10.1 Totals, Part 1, Column 11	
10.2 Totals, Part 3, Column 10	
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	
12. Total valuation allowance	
13. Subtotal (Line 11 plus 12)	
14. Deduct total nonadmitted amounts	
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)	

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year	19,639,814
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 8)	1,200,000
2.2 Additional investment made after acquisition (Part 2, Column 9)	0
2.2 Additional investment made after acquisition (Part 2, Column 9)	1,200,000
3. Capitalized deferred interest and other:	
3.1 Totals, Part 1, Column 16	0
3.2 Totals, Part 3, Column 12	0
4. Accrual of discount	0
5. Unrealized valuation increase (decrease):	
5.1 Totals, Part 1, Column 13	0
5.2 Totals, Part 3, Column 9	0
6. Total gain (loss) on disposals, Part 3, Column 19	0
7. Deduct amounts received on disposals, Part 3, Column 16	1,070,940
8. Deduct amortization of premium and depreciation	0
9. Total foreign exchange change in book/adjusted carrying value:	
9.1 Totals, Part 1, Column 17	0
9.2 Totals, Part 3, Column 14	0
10. Deduct current year's other than temporary impairment recognized:	
10.1 Totals, Part 1, Column 15	0
10.2 Totals, Part 3, Column 11	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	19,768,874
12. Deduct total nonadmitted amounts	13,000,000
13. Statement value at end of current period (Line 11 minus Line 12)	6,768,874

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year	112,342,934
2. Cost of bonds and stocks acquired, Part 3, Column 7	28,010,978
3. Accrual of discount	38,577
4. Unrealized valuation increase (decrease):	
4.1. Part 1, Column 12	46,812
4.2. Part 2, Section 1, Column 15	8,563
4.3. Part 2, Section 2, Column 13	320,446
4.4. Part 4, Column 11	7,447,854
4.4. Part 4, Column 11	7,823,665
5. Total gain (loss) on disposals, Part 4, Column 19	(6,639,617)
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	45,080,332
7. Deduct amortization of premium	514,167
8. Total foreign exchange change in book/adjusted carrying value:	
8.1. Part 1, Column 15	0
8.2. Part 2, Section 1, Column 19	0
8.3. Part 2, Section 2, Column 16	0
8.4. Part 4, Column 15	0
9. Deduct current year's other than temporary impairment recognized:	
9.1. Part 1, Column 14	0
9.2. Part 2, Section 1, Column 17	0
9.3. Part 2, Section 2, Column 14	3,398,365
9.4. Part 4, Column 13	0
9.4. Part 4, Column 13	3,398,365
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	92,583,673
11. Deduct total nonadmitted amounts	0
12. Statement value at end of current period (Line 10 minus Line 11)	92,583,673

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
1. United States		14,642,915	14,640,491	14,625,079	14,662,000
Governments	2. Canada	0	0	0	0
(Including all obligations guaranteed	3. Other Countries	0	0	0	0
by governments)	4. Totals	14,642,915	14,640,491	14,625,079	14,662,000
U.S. States, Territories and Possessions					
(Direct and guaranteed)	5. Totals	725,194	739,671	764,060	700,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	287,580	289,390	314,415	250,000
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals	31,199,447	31,929,552	32,222,466	30,064,424
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States	30,395,462	30,219,664	30,527,999	30,190,553
	9. Canada	0	0	0	0
	10. Other Countries	2,610,937	2,615,065	2,664,428	2,575,000
	11. Totals	33,006,399	32,834,729	33,192,427	32,765,553
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	79,861,535	80,433,833	81,138,447	78,441,977
PREFERRED STOCKS					
14. United States		1,652,126	1,764,513	1,659,318	
Industrial and Miscellaneous (unaffiliated)	15. Canada	0	0	0	
	16. Other Countries	0	0	0	
	17. Totals	1,652,126	1,764,513	1,659,318	
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	
	19. Total Preferred Stocks	1,652,126	1,764,513	1,659,318	
COMMON STOCKS					
20. United States		2,065,118	2,065,118	2,520,592	
Industrial and Miscellaneous (unaffiliated)	21. Canada	0	0	0	
	22. Other Countries	0	0	0	
	23. Totals	2,065,118	2,065,118	2,520,592	
Parent, Subsidiaries and Affiliates	24. Totals	9,004,888	9,004,888	19,928,765	
	25. Total Common Stocks	11,070,006	11,070,006	22,449,357	
	26. Total Stocks	12,722,132	12,834,519	24,108,675	
	27. Total Bonds and Stocks	92,583,667	93,268,352	105,247,122	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	2,237,581	13,308,002	975,031	0	0	XXX	16,520,624	20.2	16,268,494	17.4	16,520,624	0
1.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.7 Totals	2,237,581	13,308,002	975,031	0	0	XXX	16,520,624	20.2	16,268,494	17.4	16,520,624	0
2. All Other Governments												
2.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1	306,649	0	418,546	0	0	XXX	725,195	0.9	1,404,417	1.5	725,195	0
3.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	210,764	0.2	0	0
3.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.7 Totals	306,649	0	418,546	0	0	XXX	725,195	0.9	1,615,181	1.7	725,195	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1	0	0	287,580	0	0	XXX	287,580	0.4	578,356	0.6	287,580	0
4.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.7 Totals	0	0	287,580	0	0	XXX	287,580	0.4	578,356	0.6	287,580	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	5,412,310	8,423,145	13,253,288	3,178,800	931,895	XXX	31,199,448	38.2	32,529,100	34.9	31,199,448	0
5.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.7 Totals	5,412,310	8,423,145	13,253,288	3,178,800	931,895	XXX	31,199,448	38.2	32,529,100	34.9	31,199,448	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

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

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
6.1 NAIC 1	5,702,698	19,270,426	3,558,617	0	0	XXX	28,531,741	34.9	32,223,472	34.5	18,480,618	9,051,123
6.2 NAIC 2	175,000	0	0	0	0	XXX	175,000	0.2	1,621,203	1.7	175,000	0
6.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	1,016,560	1.1	0	0
6.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.7 Totals	5,877,698	19,270,426	3,558,617	0	0	XXX	28,706,741	35.1	34,861,235	37.4	19,655,618	9,051,123
7. Hybrid Securities												
7.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.2 NAIC 2	0	0	789,525	1,578,726	0	XXX	2,368,251	2.9	3,485,273	3.7	2,368,251	0
7.3 NAIC 3	0	298,271	608,625	686,500	337,012	XXX	1,931,408	2.4	3,998,750	4.3	1,931,408	0
7.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.7 Totals	0	298,271	1,398,150	2,265,226	337,012	XXX	4,298,659	5.3	7,484,023	8.0	4,298,659	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

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

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 13,659,248	41,001,573	16,493,072	3,178,800	931,895	0	77,264,588	94.5	XXX	XXX	68,213,465	9,051,123
10.2 NAIC 2	(d) 175,000	0	789,525	1,578,726	0	0	2,543,251	3.1	XXX	XXX	2,543,251	0
10.3 NAIC 3	(d) 0	289,271	608,625	686,500	337,012	0	1,931,408	2.4	XXX	XXX	1,931,408	0
10.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	13,834,248	41,300,844	19,891,222	5,444,026	1,268,907	0	81,739,247	100.0	XXX	XXX	72,688,124	9,051,123
10.8 Line 10.7 as a % of Col. 7	16.9	50.5	24.3	6.7	1.6	0.0	100.0	XXX	XXX	XXX	88.9	11.1
11. Total Bonds Prior Year												
11.1 NAIC 1	14,224,575	44,446,943	19,639,803	3,480,531	1,211,987	XXX	XXX	XXX	83,003,839	88.9	71,613,887	11,389,952
11.2 NAIC 2	1,213,803	1,024,756	3,078,681	0	0	XXX	XXX	XXX	5,317,240	5.7	5,317,239	1
11.3 NAIC 3	990,810	1,316,625	1,436,625	0	1,271,250	XXX	XXX	XXX	5,015,310	5.4	5,015,310	0
11.4 NAIC 4	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.5 NAIC 5	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.6 NAIC 6	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.7 Totals	16,428,188	46,788,324	24,155,109	3,480,531	2,483,237	XXX	XXX	XXX	93,336,389	100.0	81,946,436	11,389,953
11.8 Line 11.7 as a % of Col. 9	17.6	50.1	25.9	3.7	2.7	XXX	XXX	XXX	100.0	XXX	87.8	12.2
12. Total Publicly Traded Bonds												
12.1 NAIC 1	12,299,478	33,443,941	18,359,355	3,178,800	931,895	0	68,213,469	83.5	71,613,887	76.7	68,213,469	XXX
12.2 NAIC 2	175,000	789,525	1,578,726	0	0	0	2,543,251	3.1	5,317,239	5.7	2,543,251	XXX
12.3 NAIC 3	289,271	608,625	686,500	0	337,012	0	1,931,408	2.4	5,015,310	5.4	1,931,408	XXX
12.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	12,773,749	34,842,091	20,624,581	3,178,800	1,268,907	0	72,688,128	88.9	81,946,436	87.8	72,688,128	XXX
12.8 Line 12.7 as a % of Col. 7	17.6	47.9	28.4	4.4	1.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	15.6	42.6	25.2	3.9	1.6	0.0	88.9	XXX	XXX	XXX	88.9	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1	1,359,770	7,557,632	133,717	0	0	0	9,051,119	11.1	11,389,952	12.2	XXX	9,051,119
13.2 NAIC 2	0	(789,525)	(789,201)	1,578,726	0	0	0	0.0	1	0.0	XXX	0
13.3 NAIC 3	(289,271)	(308,354)	(77,875)	686,500	0	0	0	0.0	0	0.0	XXX	0
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	1,060,499	6,458,753	(733,359)	2,265,226	0	0	9,051,119	11.1	11,389,953	12.2	XXX	9,051,119
13.8 Line 13.7 as a % of Col. 7	11.7	71.4	(8.1)	25.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	1.3	7.9	(0.9)	2.8	0.0	0.0	11.1	XXX	XXX	XXX	XXX	11.1

(a) Includes \$ 9,051,122 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 0 current year, \$ 0 prior year of bonds with Z designations and \$ 0 current year, \$ 0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5* designations and \$ 0 current year, \$ 0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the issuer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 1,877,711; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations	2,237,591	13,308,002	975,031	0	0	XXX	16,520,624	20.2	16,268,494	17.4	16,520,625	(1)
1.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.5 Totals	2,237,591	13,308,002	975,031	0	0	XXX	16,520,624	20.2	16,268,494	17.4	16,520,625	(1)
2. All Other Governments												
2.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations	306,649	0	418,545	0	0	XXX	725,194	0.9	1,615,181	1.7	725,195	(1)
3.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.5 Totals	306,649	0	418,545	0	0	XXX	725,194	0.9	1,615,181	1.7	725,195	(1)
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations	0	0	287,580	0	0	XXX	287,580	0.4	578,356	0.6	287,580	0
4.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 Totals	0	0	287,580	0	0	XXX	287,580	0.4	578,356	0.6	287,580	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 Issuer Obligations	2,998,662	2,634,632	7,994,552	1,583,901	779,182	XXX	15,988,989	19.6	18,471,747	19.8	15,988,989	0
5.2 Residential Mortgage-Backed Securities	2,415,648	5,788,453	5,258,746	1,594,899	152,713	XXX	15,210,459	18.6	14,057,354	15.1	15,210,459	0
5.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.5 Totals	5,412,310	8,423,145	13,253,298	3,178,800	931,895	XXX	31,199,448	38.2	32,529,101	34.9	31,199,448	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	2,726,365	7,465,677	1,829,953	0	0	XXX	12,021,995	14.7	18,364,229	19.7	9,709,267	2,312,708
6.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.3 Commercial Mortgage-Backed Securities	0	1,025,336	1,594,968	0	0	XXX	2,620,344	3.2	0	0.0	2,620,344	0
6.4 Other Loan-Backed and Structured Securities	3,151,333	10,779,353	133,716	0	0	XXX	14,064,402	17.2	16,497,006	17.7	7,325,986	6,738,416
6.5 Totals	5,877,698	19,270,426	3,558,617	0	0	XXX	28,706,741	35.1	34,861,235	37.4	19,655,617	9,051,124
7. Hybrid Securities												
7.1 Issuer Obligations	299,271	1,398,150	2,265,226	0	337,012	XXX	4,299,659	5.3	7,484,023	8.0	4,299,659	0
7.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.5 Totals	299,271	1,398,150	2,265,226	0	337,012	XXX	4,299,659	5.3	7,484,023	8.0	4,299,659	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

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

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations	8,566,538	24,806,521	13,770,887	1,583,901	1,116,194	XXX	49,844,041	61.0	XXX	XXX	47,531,335	2,312,706
10.2 Residential Mortgage-Backed Securities	2,415,648	5,788,453	5,258,746	1,594,899	52,713	XXX	15,210,459	18.6	XXX	XXX	15,210,459	0
10.3 Commercial Mortgage-Backed Securities	0	1,025,396	1,594,948	0	0	XXX	2,620,344	3.2	XXX	XXX	2,620,344	0
10.4 Other Loan-Backed and Structured Securities	3,151,333	10,779,353	133,716	0	0	XXX	14,064,402	17.2	XXX	XXX	7,325,986	6,738,416
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	14,133,519	42,399,723	20,758,297	3,178,801	1,268,907	0	81,739,246	100.0	XXX	XXX	72,688,126	9,051,122
10.7 Line 10.6 as a % of Col. 7	17.3	51.9	25.4	3.9	1.6	0.0	100.0	XXX	XXX	XXX	88.9	11.1
11. Total Bonds Prior Year												
11.1 Issuer Obligations	13,259,527	26,912,465	18,969,254	1,328,097	2,312,687	XXX	XXX	XXX	62,782,030	67.3	60,915,202	1,866,828
11.2 Residential Mortgage-Backed Securities	1,857,121	5,319,671	4,557,577	2,152,435	170,550	XXX	XXX	XXX	14,057,354	15.1	14,057,354	0
11.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.4 Other Loan-Backed and Structured Securities	1,312,540	14,556,188	628,278	0	0	XXX	XXX	XXX	16,497,006	17.7	6,973,880	9,523,126
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals	16,429,188	46,788,324	24,155,109	3,480,532	2,483,237	XXX	XXX	XXX	93,336,330	100.0	81,946,436	11,389,894
11.7 Line 11.6 as a % of Col. 9	17.6	50.1	25.9	3.7	2.7	XXX	XXX	XXX	100.0	XXX	87.8	12.2
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	7,915,676	23,144,676	13,770,888	1,583,902	1,116,194	XXX	47,531,336	58.1	60,915,202	65.3	47,531,336	XXX
12.2 Residential Mortgage-Backed Securities	2,415,648	5,788,453	5,258,746	1,594,899	52,713	XXX	15,210,459	18.6	14,057,354	15.1	15,210,459	XXX
12.3 Commercial Mortgage-Backed Securities	0	1,025,396	1,594,948	0	0	XXX	2,620,344	3.2	0	0.0	2,620,344	XXX
12.4 Other Loan-Backed and Structured Securities	2,442,425	4,883,562	0	0	0	XXX	7,325,987	9.0	6,973,880	7.5	7,325,987	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	XXX
12.6 Totals	12,773,749	34,842,987	20,624,582	3,178,801	1,268,907	0	72,688,126	88.9	81,946,436	87.8	72,688,126	XXX
12.7 Line 12.6 as a % of Col. 7	17.6	47.9	25.4	4.4	1.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	15.6	42.6	25.2	3.9	1.6	0.0	88.9	XXX	XXX	XXX	88.9	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations	650,862	1,661,845	(1)	(1)	0	XXX	2,312,705	2.8	1,866,828	2.0	XXX	2,312,705
13.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities	708,908	5,895,791	133,716	0	0	XXX	6,738,415	8.2	9,523,126	10.2	XXX	6,738,415
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	XXX	0
13.6 Totals	1,359,770	7,557,636	133,715	(1)	0	0	9,051,120	11.1	11,389,954	12.2	XXX	9,051,120
13.7 Line 13.6 as a % of Col. 7	15.9	83.5	1.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	1.7	9.2	0.2	0.0	0.0	0.0	11.1	XXX	XXX	XXX	XXX	11.1

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	3,174,284	2,724,284	450,000	0	0
2. Cost of short-term Investments acquired	30,923,414	17,952,622	450,000	12,520,792	0
3. Accrual of discount	0	0	0	0	0
4. Unrealized valuation increase (decrease)	0	0	0	0	0
5. Total gain (loss) on disposals	290	290	0	0	0
6. Deduct consideration received on disposals	31,753,268	18,795,264	450,000	12,508,004	0
7. Deduct amortization of premium	4,221	4,221	0	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0	0	0	0
9. Deduct current year's other than temporary impairment recognized	0	0	0	0	0
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,340,498	1,877,711	450,000	12,788	0
11. Deduct total nonadmitted amounts	0	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,340,498	1,877,711	450,000	12,788	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: Misc money market mutual funds

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3
	Total	Bonds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	0	0	0
2. Cost of cash equivalents acquired	1,998,129	1,998,129	0
3. Accrual of discount	658	658	0
4. Unrealized valuation increase (decrease)	0	0	0
5. Total gain (loss) on disposals	98	98	0
6. Deduct consideration received on disposals	1,998,885	1,998,885	0
7. Deduct amortization of premium	0	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0	0
9. Deduct current year's other than temporary impairment recognized	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0	0
11. Deduct total nonadmitted amounts	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0	0

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

SCHEDULE A - PART 1

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in Book/Adjusted Carrying Value (13-11-12)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
0399999. Total Property occupied by the reporting entity						0	0	0	0	0	0	0	0	0	0	0
Single Family Residence - Popper Tree Circle		Davie	FL	02/13/2014	01/16/2014	1,616,515	0	1,562,069	1,575,000	23,076	0	0	(23,076)	0	66,000	27,741
Single Family Residence - Eighth Avenue		Fort Lauderdale	FL	07/02/2014	04/29/2014	950,000	0	911,992	1,000,000	15,395	0	0	(15,395)	0	46,000	15,915
0499999. Properties held for the production of income						2,566,515	0	2,463,731	2,575,000	38,411	0	0	(38,411)	0	116,000	44,860
0699999 - Totals						2,566,515	0	2,463,731	2,575,000	38,411	0	0	(38,411)	0	116,000	44,860

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 1 - Mortgage Loans Owned

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

SCHEDULE BA - PART 1**SCHEDULE BA - PART 1**[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4				Book/ Adjusted Carrying Value Less Encum- brances, Prior Year	9	10	11	12	13	14	Book/ Adjusted Carrying Value Less Encum- brances on Disposal					
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date		Unrealized Valuation Increase (De- crease)	Current Year's (Depre- ciation) or (Amorti- zation)/ Accretion	Current Year's Other- Than- Temporary Impair- ment Recogn- ized	Capita- lized Deferred Interest and Other	Total Change in Book/ Adjusted Carrying Value (9+10- 11+12)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value		Consid- eration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Invest- ment Income
	The Curnan Corporation	Springfield	IL	Direct repayment	12/31/2012	12/30/2016	5,126,639	0	0	0	0	0	0	4,326,512		802,117	0	0	142,860
	Green Oak Re SPC	Grand Cayman	OM	Direct repayment	12/31/2013	12/30/2016	1,511,186	0	0	0	0	0	0	1,242,362		268,823	0	0	16,399
2799999. Non-collateral Loans - Unaffiliated							6,638,814	0	0	0	0	0	0	5,568,874		1,070,940	0	0	159,279
4499999. Total - Unaffiliated							6,638,814	0	0	0	0	0	0	5,568,874		1,070,940	0	0	159,279
4599999. Total - Affiliated							0	0	0	0	0	0	0	0		0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C Code	F Code	B Code	NAIC Des.	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization) Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912828-03-5	UNITED STATES TREASURY NOTE	SD				204,884	100.7970	206,634	205,000	204,845	0	67	0	0	1.625	1.650	NS	651	3,331	04/07/2014	03/31/2019
912828-02-3	UNITED STATES TREASURY NOTE	SD				799,034	100.7820	808,256	800,000	799,538	0	169	0	0	1.625	1.650	NS	8,727	6,500	05/12/2014	04/30/2019
912828-05-1	UNITED STATES TREASURY NOTE	SD				365,339	100.2110	400,844	400,000	398,169	0	809	0	0	1.500	1.600	WH	527	6,000	12/18/2014	11/30/2019
912828-09-7	UNITED STATES TREASURY NOTE	SD				35,149	100.8130	35,772	35,000	35,149	0	0	0	0	2.125	2.090	JD	1,015	0	12/28/2016	12/31/2021
912828-09-5	UNITED STATES TREASURY NOTE	SD				249,591	100.5080	251,270	250,000	249,745	0	82	0	0	1.825	1.650	JD	2,042	2,031	12/31/2014	12/31/2019
912828-04-9	UNITED STATES TREASURY NOTE	SD				373,795	99.8250	368,498	362,000	375,031	0	1,122	0	0	1.875	2.000	AO	21,566	0	11/24/2015	10/31/2022
912828-06-3	UNITED STATES TREASURY NOTE	SD				1,000	99.8210	998	1,000	1,000	0	0	0	0	1.125	1.110	JD	5	0	03/14/2016	01/15/2019
912828-08-3	UNITED STATES TREASURY NOTE	SD				1,104,282	99.8210	1,102,024	1,104,000	1,104,192	0	(70)	0	0	1.125	1.110	JD	5,738	5,210	03/14/2016	01/15/2019
912828-08-9	UNITED STATES TREASURY NOTE	SD				100,802	99.3910	98,391	100,000	100,517	0	(65)	0	0	1.375	1.240	JD	575	688	04/19/2016	01/31/2021
912828-P2-0	UNITED STATES TREASURY NOTE	SD				1,403,231	99.6050	1,397,270	1,400,000	1,402,205	0	(1,027)	0	0	0.750	0.600	JD	4,394	5,250	06/28/2016	01/31/2016
912828-07-8	UNITED STATES TREASURY NOTE	SD				438,059	99.0790	428,844	435,000	437,751	0	(308)	0	0	1.375	1.220	AO	1,024	2,991	07/28/2016	04/30/2021
912828-08-4	UNITED STATES TREASURY NOTE	SD				0	0.0000	0	0	0	0	0	0	0	1.500	0.000	JD	5,625	0	07/18/2011	05/30/2016
912828-08-5	UNITED STATES TREASURY NOTE	SD				1,103,795	100.3910	1,108,321	1,105,000	1,104,559	0	243	0	0	1.375	1.390	NS	3,892	15,194	10/04/2013	09/30/2016
912828-07-7	UNITED STATES TREASURY NOTE	SD				389,596	100.9120	380,049	380,000	359,861	0	287	0	0	0.825	0.700	WH	248	2,200	08/19/2012	05/31/2017
912828-04-0	UNITED STATES TREASURY NOTE	SD				2,837,691	99.6920	2,841,838	2,860,000	2,837,880	0	190	0	0	1.000	1.240	WH	2,330	0	12/20/2016	11/30/2019
912828-08-9	UNITED STATES TREASURY NOTE	SD				1,892,429	99.7580	1,895,180	2,000,000	1,998,236	0	1,534	0	0	0.750	0.820	FA	5,097	15,000	02/07/2013	02/28/2019
912828-02-1	UNITED STATES TREASURY NOTE	SD				898,472	99.5180	885,644	900,000	896,840	0	2,356	0	0	0.625	0.890	AO	963	5,625	05/24/2013	04/30/2016
912828-05-7	UNITED STATES TREASURY NOTE	SD				549,098	99.6990	549,739	550,000	549,736	0	195	0	0	1.000	1.020	WH	7,071	0	06/14/2013	05/31/2016
912828-04-6	UNITED STATES TREASURY NOTE	SD				10,056	100.9540	10,035	10,000	10,040	0	(11)	0	0	1.875	1.750	JD	34	34	06/26/2015	05/30/2020
912828-04-5	UNITED STATES TREASURY NOTE	SD				559,743	100.9540	571,344	555,000	557,651	0	(729)	0	0	1.875	1.750	JD	6,299	11,203	06/26/2015	05/30/2020
912828-05-3	UNITED STATES TREASURY NOTE	SD				549,894	100.4610	552,646	550,000	549,899	0	21	0	0	1.375	1.370	JD	3,832	6,896	07/02/2013	06/30/2016
01999999-Subtotal - Bonds - U.S. Governments - Issuer Obligations						14,825,079	XXXX	14,640,491	14,662,000	14,642,915	0	4,659	0	0	XXXX	XXXX	XXXX	81,845	99,129	XXXX	XXXX
05999999-Subtotal - U.S. Government Bonds						14,825,079	XXXX	14,640,491	14,662,000	14,642,915	0	4,659	0	0	XXXX	XXXX	XXXX	81,845	99,129	XXXX	XXXX
10999999-Subtotal - All Other Government Bonds						0	XXXX	0	0	0	0	0	0	0	XXXX	XXXX	XXXX	0	0	XXXX	XXXX
42152-04-7	ILLINOIS ST				IFE	425,700	108.2140	462,856	400,000	418,545	0	(2,351)	0	0	5.000	4.150	AO	5,000	20,000	01/23/2014	04/01/2027
Illinois Total						425,700	XXXX	462,856	400,000	418,545	0	(2,351)	0	0	XXXX	XXXX	XXXX	5,000	20,000	XXXX	XXXX
57529-01-5	MASSACHUSETTS ST				IFE	179,048	101.3910	182,067	150,000	152,015	0	(6,013)	0	0	5.000	0.950	WH	1,250	7,500	06/30/2012	05/01/2017
Massachusetts Total						179,048	XXXX	182,067	150,000	152,015	0	(6,013)	0	0	XXXX	XXXX	XXXX	1,250	7,500	XXXX	XXXX
60129-02-9	MINNESOTA ST				IFE	0	0.0000	0	0	0	0	0	0	0	5.000	0.000	FA	4,625	0	11/02/2007	06/01/2016
Minnesota Total						0	XXXX	0	0	0	0	0	0	0	XXXX	XXXX	XXXX	4,625	0	XXXX	XXXX
70146-04-9	PENNSYLVANIA ST				IFE	179,312	102.1520	184,726	150,000	154,634	0	(5,492)	0	0	5.000	1.250	WH	1,250	7,500	05/22/2012	11/01/2018
Pennsylvania Total						179,312	XXXX	184,726	150,000	154,634	0	(5,492)	0	0	XXXX	XXXX	XXXX	1,250	7,500	XXXX	XXXX
United States Total						784,060	XXXX	739,871	700,000	725,194	0	(14,063)	0	0	XXXX	XXXX	XXXX	12,125	35,000	XXXX	XXXX
11999999-Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations						784,060	XXXX	739,871	700,000	725,194	0	(14,063)	0	0	XXXX	XXXX	XXXX	12,125	35,000	XXXX	XXXX
17999999-Subtotal - U.S. States, Territories and Possessions Bonds						784,060	XXXX	739,871	700,000	725,194	0	(14,063)	0	0	XXXX	XXXX	XXXX	12,125	35,000	XXXX	XXXX
78541-01-2	RICHMOND VA	SD			IFE	314,415	115.7650	269,330	250,000	267,580	0	(6,332)	0	0	5.000	2.110	JD	12,014	6,250	08/07/2012	07/15/2023
Virginia Total						314,415	XXXX	269,330	250,000	267,580	0	(6,332)	0	0	XXXX	XXXX	XXXX	12,014	6,250	XXXX	XXXX
United States Total						314,415	XXXX	269,330	250,000	267,580	0	(6,332)	0	0	XXXX	XXXX	XXXX	12,014	6,250	XXXX	XXXX
18999999-Subtotal - Bonds - U.S. Political Subdivisions - Issuer Obligations						314,415	XXXX	269,330	250,000	267,580	0	(6,332)	0	0	XXXX	XXXX	XXXX	12,014	6,250	XXXX	XXXX
24999999-Subtotal - U.S. Political Subdivisions Bonds						314,415	XXXX	269,330	250,000	267,580	0	(6,332)	0	0	XXXX	XXXX	XXXX	12,014	6,250	XXXX	XXXX
73736-02-2	SAN DIEGO CITY CA REG. APT. AU				IFE	664,066	110.8210	718,367	650,000	660,265	0	(1,321)	0	0	5.000	4.710	JD	16,250	32,500	12/19/2013	07/01/2030
California Total						664,066	XXXX	718,367	650,000	660,265	0	(1,321)	0	0	XXXX	XXXX	XXXX	16,250	32,500	XXXX	XXXX
196711-04-7	COLORADO ST COPS	SD			IFE	38,395	116.5990	378,914	325,000	367,642	0	(4,741)	0	0	5.000	3.100	WH	2,708	16,250	04/19/2012	11/01/2024
26182-01-5	DENVER CITY & CO. CITY CO. APT. REY				IFE	50,865	109.3910	549,455	500,000	514,720	0	(2,151)	0	0	5.000	4.420	WH	3,194	25,000	12/11/2013	11/15/2027
Colorado Total						909,360	XXXX	928,369	825,000	882,362	0	(6,892)	0	0	XXXX	XXXX	XXXX	5,902	41,250	XXXX	XXXX
25045-04-0	DIST OF COLUMBIA WTR & SRI AUT	SD			IFE	287,075	114.4000	296,000	250,000	277,478	0	(4,391)	0	0	5.000	2.910	AO	15,625	0	03/14/2012	10/01/2025
25045-04-5	DIST OF COLUMBIA WTR & SRI AUT	SD			IFE	287,075	114.4000	296,400	250,000	277,478	0	(4,391)	0	0	5.000	2.910	AO	15,625	0	03/14/2012	10/01/2025
62946-04-5	WEST WASHINGTON DC APTS AUTH A				IFE	498,365	109.7550	492,222	455,000	454,334	0	(10,233)	0	0	5.000	2.380	AO	5,313	21,250	06/05/2012	10/01/2019
District of Columbia Total						1,092,516	XXXX	1,034,682	925,000	1,029,290	0	(19,865)	0	0	XXXX	XXXX	XXXX	36,563	21,250	XXXX	XXXX
59339-03-0	MIAMI-DADE COUNTY FL AVIATION RE				IFE	511,305	110.7540	563,775	500,000	507,962	0	(1,841)	0	0	5.000	4.680	AO	6,250	25,000	01/08/2014	10/01/2028

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	Bond Char	NAIC Des.	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
69543-TY-5	ORLANDO & ORANGE CNTY FL EXPRE			2	IFE	872,419	113.8930	738,810	880,000	866,300	0	(2,111)	0	0	5.000	4.550	J	16,250	32,500	12/12/2013	07/01/2030
Florida Total						1,183,724	XXX	1,292,585	1,150,000	1,174,282	0	(3,295)	0	0	XXX	XXX	XXX	22,500	57,500	XXX	XXX
46129-MU-5	IDAHO ST HSB & FIN ASBN			2	IFE	284,480	110.7380	278,945	280,000	280,599	0	(1,379)	0	0	5.000	4.250	J	5,754	12,500	01/15/2014	07/15/2031
Idaho Total						284,480	XXX	278,945	280,000	280,599	0	(1,379)	0	0	XXX	XXX	XXX	5,754	12,500	XXX	XXX
16758-KY-7	CHICAGO IL CHARE INSURATIONA			2	IFE	566,198	107.1430	723,215	875,000	867,375	0	404	0	0	5.000	5.120	J	16,875	33,750	12/17/2013	01/01/2030
Illinois Total						566,198	XXX	723,215	875,000	867,375	0	404	0	0	XXX	XXX	XXX	16,875	33,750	XXX	XXX
385137-AS-9	FRANKLIN TWP IN MULTI-SCH BLDG				IFE	176,101	106.4460	158,172	150,000	156,841	0	(4,377)	0	0	5.000	1.850	J	3,563	7,500	12/08/2011	07/10/2018
Indiana Total						176,101	XXX	158,172	150,000	156,841	0	(4,377)	0	0	XXX	XXX	XXX	3,563	7,500	XXX	XXX
46261-16-5	IOWA ST FIN AUTH REVENUE				IFE	671,938	102.3650	742,291	725,000	740,747	0	(26,740)	0	0	5.000	1.250	FA	15,104	36,250	12/08/2011	08/01/2017
Iowa Total						671,938	XXX	742,291	725,000	740,747	0	(26,740)	0	0	XXX	XXX	XXX	15,104	36,250	XXX	XXX
465420-LE-2	KANSAS ST DEV FIN AUTH REVENUE				IFE	949,481	103.1380	830,245	805,000	826,231	0	(24,915)	0	0	5.000	1.610	J	3,354	40,250	12/08/2011	12/01/2017
Kansas Total						949,481	XXX	830,245	805,000	826,231	0	(24,915)	0	0	XXX	XXX	XXX	3,354	40,250	XXX	XXX
57830U-16-5	MASSACHUSETTS ST DEV FIN AGY R			2	IFE	516,810	112.9130	584,585	500,000	512,867	0	(1,463)	0	0	5.000	4.580	MS	8,333	25,000	01/10/2014	03/01/2034
57830U-12-9	MASSACHUSETTS ST DEV FIN AGY R				IFE	177,287	105.8890	156,829	150,000	156,617	0	(4,303)	0	0	5.000	2.000	J	3,750	7,500	12/09/2011	07/01/2018
Massachusetts Total						694,077	XXX	723,394	650,000	669,284	0	(5,766)	0	0	XXX	XXX	XXX	12,083	32,500	XXX	XXX
88538-02-4	MICHIGAN MI UNIV			2	IFE	285,313	105.1000	282,750	280,000	289,048	0	(5,691)	0	0	5.000	2.580	MM	1,697	12,500	12/12/2011	11/15/2019
Michigan Total						285,313	XXX	282,750	280,000	289,048	0	(5,691)	0	0	XXX	XXX	XXX	1,697	12,500	XXX	XXX
88481-FJ-9	MET SAINT LOUIS MO SWR DIST MS			2	IFE	202,158	117.2310	235,154	175,000	194,187	0	(2,705)	0	0	5.000	3.080	MM	1,458	8,750	12/06/2013	05/01/2024
88481-FX-6	MET SAINT LOUIS MO SWR DIST MS			2	IFE	228,588	117.5980	235,386	200,000	220,236	0	(2,838)	0	0	5.000	3.220	MM	1,867	10,000	12/08/2013	05/01/2025
Missouri Total						430,746	XXX	440,580	375,000	414,423	0	(5,543)	0	0	XXX	XXX	XXX	3,125	18,750	XXX	XXX
91451-19-0	UNIV OF NEBRASKA NE			4	IFE	206,800	105.6270	179,586	170,000	179,340	0	(6,127)	0	0	5.000	1.290	J	4,250	8,500	05/17/2012	07/01/2018
Nebraska Total						206,800	XXX	179,586	170,000	179,340	0	(6,127)	0	0	XXX	XXX	XXX	4,250	8,500	XXX	XXX
84493-KI-6	NEW HAMPSHIRE ST TURNPIKE SYS				IFE	176,073	101.0790	151,619	150,000	151,390	0	(5,525)	0	0	5.000	1.270	AD	1,675	7,500	08/01/2012	04/01/2017
New Hampshire Total						176,073	XXX	151,619	150,000	151,390	0	(5,525)	0	0	XXX	XXX	XXX	1,675	7,500	XXX	XXX
646135-09-9	NEW JERSEY ST TRANSPORT TRUST			2	IFE	672,600	104.8220	655,144	625,000	655,115	0	(6,010)	0	0	5.000	4.300	J	1,528	34,375	12/13/2013	06/15/2031
New Jersey Total						672,600	XXX	655,144	625,000	655,115	0	(6,010)	0	0	XXX	XXX	XXX	1,528	34,375	XXX	XXX
59763-AT-4	MADISON CNTY NY CAPITAL RESOUR				IFE	251,258	108.7480	222,929	205,000	222,014	0	(6,618)	0	0	5.000	1.600	J	5,125	10,250	06/01/2012	07/01/2018
59259Y-L3-8	MET TRANSPORT AUTH NY REVENUE			2	IFE	341,948	114.9680	373,737	325,000	337,430	0	(1,522)	0	0	5.000	4.350	MM	2,076	16,250	12/19/2013	11/15/2029
64972H-S2-6	NEW YORK CITY NY TRANSITIONAL				IFE	784,820	102.1180	653,749	650,000	651,561	0	(21,687)	0	0	5.000	1.680	J	14,866	32,500	12/07/2011	07/15/2017
64982E-JG-7	NEW YORK ST DOWN ALIN ST PERSD	SD			IFE	308,445	100.5270	301,581	300,000	300,533	0	(4,308)	0	0	5.000	3.510	FA	7,792	12,875	06/26/2009	02/15/2017
73358-EI-9	PORT AUTH OF NEW YORK & NEW J			2	IFE	276,018	113.4750	283,888	280,000	286,738	0	(3,161)	0	0	5.000	3.470	AD	2,639	12,500	12/11/2013	10/15/2023
69652H-2F-4	TRISBOROUGH NY BRIDGE & TUNNEL	SD			IFE	309,910	115.9470	289,670	280,000	286,127	0	(5,674)	0	0	5.000	2.350	MM	14,097	0	08/03/2012	11/15/2024
91802H-AJ-6	UTILITY DEBT SECURITIZATION AU			2	IFE	1,080,300	116.9180	1,169,180	1,000,000	1,066,773	0	(6,211)	0	0	5.000	3.690	J	2,222	50,000	12/12/2013	12/15/2030
New York Total						3,369,897	XXX	3,304,733	2,980,000	3,141,177	0	(50,681)	0	0	XXX	XXX	XXX	48,337	134,375	XXX	XXX
12025-DT-4	BUCAMBE CNTY NC LTD DBLG			2	IFE	37,035	113.5100	30,630	30,000	30,612	0	(3,261)	0	0	5.000	3.550	J	1,250	15,000	03/04/2014	08/01/2031
North Carolina Total						37,035	XXX	30,630	30,000	30,612	0	(3,261)	0	0	XXX	XXX	XXX	1,250	15,000	XXX	XXX
407267-KH-0	HAMILTON CNTY OH SALES TAX				IFE	321,978	106.8310	294,050	275,000	288,882	0	(6,803)	0	0	5.000	2.390	J	1,148	13,750	12/07/2011	12/01/2018
Ohio Total						321,978	XXX	294,050	275,000	288,882	0	(6,803)	0	0	XXX	XXX	XXX	1,148	13,750	XXX	XXX
91478-LA-4	UNIV OK REVENUES			2	IFE	182,512	113.5610	198,732	175,000	187,386	0	(2,004)	0	0	5.000	3.570	J	4,375	8,750	04/04/2014	07/01/2031
Okahoma Total						182,512	XXX	198,732	175,000	187,386	0	(2,004)	0	0	XXX	XXX	XXX	4,375	8,750	XXX	XXX
70917H-JE-0	PENNSYLVANIA ST HQR EDUCNL FA				IFE	191,400	102.3490	163,752	160,000	163,428	0	(5,818)	0	0	5.000	1.300	FA	3,333	8,000	01/29/2012	08/01/2017
70924-CH-7	PENNSYLVANIA ST TURNPIKE COMM			2	IFE	648,482	112.1330	672,780	600,000	638,717	0	(4,078)	0	0	5.000	4.030	J	2,500	30,000	03/28/2014	12/01/2031
Pennsylvania Total						840,882	XXX	838,532	760,000	802,145	0	(9,894)	0	0	XXX	XXX	XXX	5,833	38,000	XXX	XXX
23038-RH-5	DALLAS-FORT WORTH TX INTERSTAT			2	IFE	680,051	108.8690	748,881	700,000	682,837	0	652	0	0	5.000	5.400	MM	5,533	35,000	12/19/2013	11/01/2038
76623-20-4	SAN ANTONIO TX ELEC & GAS REVE			2	IFE	382,738	111.2260	405,898	385,000	377,758	0	(1,786)	0	0	5.000	4.340	FA	7,824	19,250	01/01/2014	02/01/2043
Texas Total						1,062,819	XXX	1,154,849	1,085,000	1,040,593	0	(844)	0	0	XXX	XXX	XXX	13,437	53,250	XXX	XXX
48844-WF-9	INTERMOUNTAIN PWR AGY UT PWR S	SD			IFE	151,597	102.9430	153,853	150,000	150,772	0	(1,500)	0	0	5.000	3.950	J	5,500	5,750	09/12/2009	07/01/2017
Utah Total						151,597	XXX	153,853	150,000	150,772	0	(1,500)	0	0	XXX	XXX	XXX	5,500	5,750	XXX	XXX
76388-SH-1	PORT OF SEATTLE WA REVENUE				IFE	468,042	111.8680	533,862	460,000	466,573	0	(5,263)	0	0	5.000	3.540	J	11,250	22,500	12/11/2013	07/01/2022
76388-SH-0	PORT OF SEATTLE WA REVENUE			2	IFE	210,788	110.8110	211,622	200,000	207,870	0	(1,029)	0	0	5.000	4.290	J	5,000	10,000	01/09/2014	07/01/2027

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description		F o r e i g n	Bond Char	NAIC Des.	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
Washington Total						708,828	XXX	725,604	659,000	650,443	0	(6,305)	0	0	XXX	XXX	XXX	16,280	32,500	XXX	XXX
27712-21-1	WISCONSIN ST TRANSPTN REVENUE	SD			IFE	720,229	113.8270	654,505	575,000	652,077	0	(16,265)	0	0	5.000	1.870	J	26,750	14,375	08/29/2012	07/01/2021
Wisconsin Total						720,229	XXX	654,505	575,000	652,077	0	(16,265)	0	0	XXX	XXX	XXX	26,750	14,375	XXX	XXX
United States Total						16,855,060	XXX	16,780,422	15,305,000	15,888,968	0	(219,702)	0	0	XXX	XXX	XXX	275,811	712,625	XXX	XXX
25999999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations																					
						16,855,060	XXX	16,780,422	15,305,000	15,888,968	0	(219,702)	0	0	XXX	XXX	XXX	275,811	712,625	XXX	XXX
312844-RZ-8	FEDERAL HOME LN MFG CORP 4016503				IFE	778,553	104.5140	777,555	743,354	773,855	0	(8,059)	0	0	3.500	2.320	NOV	2,168	25,017	04/01/2014	02/01/2029
312844-US-0	FEDERAL HOME LN MFG CORP 4016502				IFE	921,054	103.0170	909,185	882,285	919,942	0	(5,688)	0	0	3.000	2.000	NOV	2,206	19,559	03/21/2016	03/01/2021
31307F-FY-2	FEDERAL HOME LN MFG CORP 4129483				IFE	555,198	102.8100	557,485	539,510	552,028	0	(3,113)	0	0	3.000	2.450	NOV	1,599	19,195	12/06/2013	11/01/2028
313210-Q0-7	FEDERAL HOME LN MFG CORP 4022307				IFE	554,318	105.3250	557,571	533,819	549,763	0	(6,355)	0	0	4.000	3.280	NOV	2,113	25,353	12/06/2013	11/01/2045
313210-Q0-4	FEDERAL HOME LN MFG CORP 4022308				IFE	880,934	102.7420	884,679	861,066	886,117	0	(4,300)	0	0	3.500	2.880	NOV	2,511	30,137	11/23/2015	11/01/2045
313242-Q5-6	FANNIE MAE 11 132 A				IFE	564,030	101.9200	562,023	539,740	555,693	0	(10,479)	0	0	3.000	1.610	NOV	1,599	19,192	06/24/2014	03/25/2030
313247-QM-6	FANNIE MAE 12 87 KA				IFE	780,907	102.1430	757,409	741,514	773,909	0	(8,919)	0	0	3.500	2.180	NOV	2,163	25,953	10/29/2014	05/25/2041
313247-QM-7	FANNIE MAE 14 27 KW				IFE	654,510	101.2200	636,511	626,327	649,715	0	(4,510)	0	0	3.000	2.390	NOV	2,056	24,796	10/28/2014	06/25/2027
313247-Q5-3	FANNIE MAE 14 52 QH				IFE	1,205,080	98.5180	1,232,725	1,250,000	1,213,750	0	3,948	0	0	3.000	3.340	NOV	3,125	37,500	05/19/2014	09/25/2034
313247-Q5-2	FANNIE MAE 14 56 VH				IFE	1,418,156	102.2780	1,431,882	1,400,000	1,413,918	0	(1,873)	0	0	3.500	3.320	NOV	4,063	49,000	09/19/2014	09/25/2034
313748-Q5-5	FREDDIE MAC 3870 ME				IFE	536,563	104.3320	504,409	502,635	536,563	0	(9,163)	0	0	4.000	2.230	NOV	1,675	20,105	07/15/2014	01/15/2040
313748-Q5-6	FREDDIE MAC 3861 ME				IFE	264,853	105.0880	265,170	250,000	263,153	0	(810)	0	0	4.000	3.480	NOV	833	10,000	09/26/2014	11/15/2041
313754-FF-6	FREDDIE MAC 4238 UA				IFE	739,100	101.5510	721,378	710,353	722,657	0	(11,598)	0	0	3.000	1.480	NOV	1,776	21,311	07/10/2014	06/15/2029
313756-SH-1	FREDDIE MAC 4257 A				IFE	150,874	101.3070	149,898	147,735	149,652	0	(979)	0	0	2.500	1.800	NOV	308	3,693	07/11/2014	10/15/2027
313756-PB-1	FREDDIE MAC 4261 UA				IFE	655,116	103.5230	614,111	765,644	621,520	0	(15,224)	0	0	4.000	2.400	NOV	2,618	31,426	03/31/2014	01/15/2043
313757-10-4	FEDERAL NATIONAL MFG ASSOC 4016285				IFE	857,884	102.5290	834,095	811,141	835,448	0	(3,729)	0	0	3.500	2.890	NOV	2,365	29,300	05/16/2015	05/01/2045
313757-10-7	FEDERAL NATIONAL MFG ASSOC 4016283				IFE	500,358	102.8460	486,638	473,152	500,146	0	(1,642)	0	0	3.500	2.470	NOV	1,390	9,280	06/04/2016	05/01/2046
313758-Q3-7	FEDERAL NATIONAL MFG ASSOC 4016287				IFE	785,755	99.5510	734,520	737,930	785,755	0	(324)	0	0	3.000	2.270	NOV	1,845	5,534	06/16/2016	04/01/2046
314031-4L-0	FEDERAL NATIONAL MFG ASSOC 4027626				IFE	1,022,860	105.7980	1,007,581	952,645	1,018,420	0	(7,698)	0	0	4.000	2,380	NOV	3,175	19,053	06/02/2016	04/01/2046
314188-87-0	FEDERAL NATIONAL MFG ASSOC 4016161				IFE	809,114	104.3930	803,928	770,091	802,014	0	(6,710)	0	0	3.500	2,290	NOV	2,245	26,953	04/01/2014	04/01/2029
United States Total						15,287,406	XXX	15,148,130	14,759,424	15,210,458	0	(110,244)	0	0	XXX	XXX	XXX	41,855	451,736	XXX	XXX
26999999. Subtotal - Bonds - U.S. Special Revenues - Residential Mortgage-Backed Securities																					
						15,287,406	XXX	15,148,130	14,759,424	15,210,458	0	(110,244)	0	0	XXX	XXX	XXX	41,855	451,736	XXX	XXX
31999999. Total - U.S. Special Revenues Bonds																					
						32,222,486	XXX	31,929,552	30,084,424	31,099,417	0	(229,948)	0	0	XXX	XXX	XXX	317,667	1,184,361	XXX	XXX
002824-12-3	ABBOTT LABORATORIES				IFE	462,695	95.9530	445,424	450,000	451,759	0	(531)	0	0	2.000	1.870	MS	2,850	9,000	03/24/2015	03/15/2020
002830-QH-6	AMERION EXPRESS CREDIT				IFE	250,000	100.0780	250,196	250,000	250,000	0	0	0	0	1,211	1,210	KLSD	2,227	2,326	06/02/2014	06/05/2017
00301F-AN-5	BBT CORPORATION				IFE	448,532	98.1430	441,548	430,000	449,598	0	57	0	0	2.050	2.070	NOV	1,307	4,515	05/05/2016	05/10/2021
00403H-QF-3	BANK OF NY MELLON CORP				IFE	357,578	100.0360	350,125	350,000	355,405	0	(1,727)	0	0	2.450	1.950	NOV	810	9,575	04/04/2016	11/27/2020
007245-AD-5	BAYER US FINANCE LLC				IFE	458,380	100.1770	450,797	450,000	455,410	0	(1,864)	0	0	2.375	1.920	AD	2,484	10,689	03/25/2015	10/06/2019
107278-4S-1	CISCO SYSTEMS INC				IFE	251,155	100.0460	250,115	250,000	250,113	0	(429)	0	0	1,121	0,950	KLSD	245	2,357	06/04/2014	03/03/2017
191216-8T-6	COCA-COLA CO/RE				IFE	346,384	99.1500	347,025	350,000	346,524	0	(118)	0	0	1,875	1,910	AD	1,167	6,963	10/22/2015	10/27/2020
20622F-1E-6	CONOCOPHILLIPS COMPANY				IFE	551,513	100.7820	554,191	550,000	551,238	0	(240)	0	0	2,675	2,620	NOV	2,020	15,813	10/30/2015	11/15/2021
25468P-DC-7	WALT DISNEY COMPANY/RE				IFE	500,000	99.9900	499,952	500,000	500,000	0	0	0	0	1,246	1,240	FWAN	538	4,820	05/28/2014	05/30/2019
25301-1C-4	DUKE ENERGY INDIANA INC				IFE	257,605	104.8300	252,325	250,000	253,175	0	(3,542)	0	0	3,750	2,190	J	4,323	9,375	06/24/2015	07/15/2020
37659-88-6	GILEAD SCIENCES INC				IFE	535,015	101.0530	535,285	530,000	533,863	0	(996)	0	0	2,850	2,330	MS	4,250	12,290	10/29/2015	09/01/2020
48825H-AJ-7	JPMORGAN CHASE & CO				IFE	258,230	105.6220	254,557	250,000	253,987	0	(961)	0	0	4,350	3,790	AD	2,243	10,825	03/06/2012	10/15/2020
57633H-8Y-6	MASSMutual GLOBAL FUNDN				IFE	499,880	97.4800	487,400	500,000	499,879	0	19	0	0	2,000	2,000	AD	2,111	5,000	04/12/2016	04/15/2021
582555-EE-5	MEDTRONIC INC				IFE	499,875	99.9690	499,948	500,000	500,000	0	0	0	0	1,027	0,980	FWAN	498	3,883	06/04/2014	02/27/2017
64952H-BK-6	NEW YORK LIFE GLOBAL FDS				IFE	389,388	100.0610	400,248	400,000	399,848	0	180	0	0	1,300	1,340	AD	881	5,200	06/03/2014	10/30/2017
66669H-1D-0	NOVARTIS CAPITAL CORP				IFE	420,115	107.2940	422,240	375,000	404,907	0	(8,653)	0	0	4,400	1,900	AD	3,071	15,500	03/20/2015	04/24/2020
88283P-AD-0	ONE GAS INC				IFE	176,880	100.2320	175,354	175,000	175,015	0	(484)	0	0	2,070	1,770	FA	1,508	3,023	03/20/2015	02/01/2019
93533P-C3-1	PNC BANK NA				IFE	250,420	100.0370	250,018	250,000	250,000	0	1,689	0	0	1,125	1,050	J	1,203	2,815	06/20/2014	01/27/2017
74026P-AF-0	PRAXAIR INC				IFE	37,825	106.3010	35,753	250,000	283,973	0	(3,102)	0	0	4,650	2,630	MS	2,961	10,125	06/16/2015	03/15/2021
74026P-8P-8	PRAXAIR INC				IFE	199,812	98.7720	199,544	200,000	199,658	0	36	0	0	2,250	2,270	NOV	1,213	4,500	09/21/2015	09/24/2020
744690-8G-0	PUBLIC SERVICE ELECTRIC				IFE	292,642	96.8880	291,720	250,000	251,550	0	(647)	0	0	1,800	1,520	J	375	4,500	04/15/2015	06/01/2019
957477-AN-3	STATE STREET CORP				IFE	349,510	94.9420	331,947	350,000	349,537	0	27	0	0	2,650	2,660	NOV	1,092	4,638	05/16/2018	05/19/

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

Showing All Long-Term BONDS Owned December 31 of Current Year																						
		Codes					Fair Value				Change in Book/Adjusted Carrying Value				Interest		Dates					
CUSIP	Description	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Identification		C	F		Bond Char	NAIC Des.	Actual Cost	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date	
978828-BJ-5	WISCONSIN POWER & LIGHT	D			1	IFE	469,430	467,245	500,000	465,948	0	2,175	0	0	2.250	2.770	WH	1,438	11,250	10/30/2015	11/15/2022	
048353-WF-5	ASTORZENECIA PLC	D				IFE	339,732	300,420	300,000	302,314	0	(827)	0	0	1.850	1.850	WS	1,874	5,850	04/07/2015	09/18/2019	
05574L-WG-8	BNP PARIBAS	D				IFE	150,308	150,022	150,000	150,028	0	(122)	0	0	1.375	1.290	WS	598	2,093	05/21/2014	03/17/2017	
216882-AD-2	COOPERATIEVE RABOBANK UA	D				IFE	284,510	250,228	250,000	250,266	0	(5,696)	0	0	3.375	1.070	UI	3,797	8,438	08/20/2014	01/19/2017	
225460-AL-1	CREDIT SUISSE NEW YORK	D				IFE	250,543	250,029	250,000	250,077	0	(190)	0	0	1.375	1.290	UI	334	3,438	07/02/2014	05/28/2017	
251509-AZ-2	DEUTSCHE BANK AG LONDON	D				2FE	175,000	169,628	175,000	175,000	0	0	0	0	1.405	1.400	FWAN	212	1,972	05/22/2014	05/30/2017	
404280-WG-5	HSC HOLDINGS PLC	SD				IFE	550,115	508,070	540,350	525,894	0	(5,453)	0	0	5.100	3.780	NO	16,392	15,300	03/06/2012	04/05/2021	
655577-AB-2	NRDEA BANK AG	D				IFE	282,470	251,135	250,000	251,015	0	(4,596)	0	0	3.125	1.260	WS	2,192	7,813	06/20/2014	03/20/2017	
830510-AD-0	SKODINAVISKA ENSKILDA	D				IFE	332,428	348,603	350,000	352,008	0	(417)	0	0	2.460	2.270	WH	610	8,575	03/28/2016	05/27/2020	
870229-AZ-2	SWEDEBANK AS	D				IFE	355,236	349,920	350,000	354,547	0	(748)	0	0	2.850	2.320	WS	2,880	4,538	04/04/2016	03/10/2021	
32999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																						
09054M-AE-3	BANK OF AMERICA COMM MCR 16-UB10 M	A				IFM	875,442	839,245	850,000	874,088	0	(1,344)	0	0	3.170	2.800	MON	2,245	13,473	05/20/2016	07/15/2049	
12515A-RE-9	CD COMMERCIAL MORTGAGE TRUST 16-032 M	A				IFM	360,480	358,971	350,000	360,431	0	(59)	0	0	3.508	3.180	MON	1,028	0	11/18/2016	11/10/2049	
282820-AB-1	CITIGROUP COMMERCIAL MORT 16 P8 A2	A				IFM	514,589	507,655	500,000	512,732	0	(2,267)	0	0	2.748	2.050	MON	1,143	9,143	03/28/2016	04/15/2049	
36251A-AB-9	CS MORTGAGE SECURITIES TRUST 16-054 M	A				IFM	350,480	351,640	350,000	350,419	0	(80)	0	0	3.442	3.070	MON	1,004	1,204	11/18/2016	11/10/2049	
9000L-AV-1	WELLS FARGO COMMERCIAL MORT 16 C33 A2	A				IFM	514,361	508,380	500,000	512,884	0	(2,317)	0	0	2.785	2.100	MON	1,180	10,444	03/18/2016	02/15/2059	
34999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																						
04014J-AZ-2	ARES CLO LTD 13 1A A	A				IFE	246,750	246,548	250,000	248,888	0	789	0	0	2.128	2.390	JUD	1,070	4,280	04/10/2014	04/15/2025	
04594R-AA-4	ATRIUM CDO CORP - 10A A	A				IFE	1,722,144	1,742,643	1,750,000	1,740,110	0	5,294	0	0	2.148	2.450	JUD	7,476	29,360	01/29/2014	07/18/2025	
095650-AZ-2	BLUE HILL CLO LTD 13 1A A	A				IFE	1,747,222	1,749,020	1,750,000	1,750,000	0	528	0	0	2.503	2.530	JUD	8,929	36,548	01/29/2014	01/15/2025	
12823P-AD-8	OH EQUIPMENT TRUST 14 B M	A				IFE	499,827	500,640	500,000	499,929	0	31	0	0	1.610	1.610	MON	358	8,050	05/03/2014	05/17/2021	
128502-CE-5	CABELAS MASTER CREDIT PRD TR 12 2A A1	A				IFE	478,785	475,548	475,000	475,524	0	(1,141)	0	0	1.460	1.200	MON	306	5,838	02/05/2014	06/15/2020	
13879K-AE-8	CAPITAL AUTO RECEIVABLES ASSET 15 1 B	A				IFE	228,530	225,397	225,000	224,864	0	16	0	0	2.100	2.100	MON	144	4,725	01/22/2015	01/21/2020	
14312D-AZ-8	CARMAX 2015-4 M	A				IFE	1,599,892	1,571,216	1,600,000	1,589,950	0	1	0	0	1.800	1.800	MON	1,138	3,484	10/18/2016	06/15/2022	
14313J-AZ-8	CARMAX AUTO OWNER TRUST 14 4 M	A				IFE	398,898	401,078	400,000	399,834	0	29	0	0	1.810	1.810	MON	322	7,240	11/05/2014	07/15/2020	
17302E-FH-0	CITIBANK CREDIT CARD ISSUANCE 14 A2 A2	A				IFE	1,745,362	1,749,930	1,750,000	1,749,719	0	1,974	0	0	1.020	1.130	FA	8,396	17,850	10/27/2014	02/22/2019	
254883-BQ-9	DISCOVER CARD EXERCUTION NOTE 14 A1 A1	A				IFE	1,753,488	1,755,528	1,750,000	1,751,526	0	(474)	0	0	1.198	1.160	MON	937	15,824	01/31/2014	07/15/2021	
26202E-AA-3	DROWN SENIOR LOAN FUND 14 31A A	A				IFE	1,469,200	1,502,760	1,500,000	1,486,422	0	2,547	0	0	2.373	2.480	JUD	5,874	29,071	01/31/2014	04/18/2026	
34630K-AC-7	FORD CREDIT AUTO OWNER TRUST 14 B M	A				IFE	299,855	300,294	300,000	299,988	0	11	0	0	1.460	1.420	MON	169	4,280	05/17/2014	08/15/2019	
44809R-AD-3	HANSON AUTO RECEIVABLES TRUST 14 A M	A				IFE	149,867	150,172	150,000	149,983	0	8	0	0	1.320	1.320	MON	58	1,860	01/28/2014	08/15/2019	
6292J-AA-5	SIERRA RECEIVABLES FUNDING CO 15 3A A	A				IFE	177,519	175,635	175,000	177,519	0	(125)	0	0	2.580	2.580	MON	140	4,591	10/14/2015	08/20/2032	
86231R-AD-6	TOYOTA AUTO RECEIVABLES OWNER 14 B M	A				IFE	649,382	650,527	650,000	649,372	0	29	0	0	1.310	1.310	MON	376	8,515	05/10/2014	08/15/2019	
89473L-AZ-9	TRIMARK CLO LTD 15-1A AR	A				IFE	500,000	500,000	500,000	500,000	0	0	0	0	2.530	2.560	JUD	2,396	0	12/08/2016	04/20/2027	
92947J-AA-4	VERIZON OWNER TRUST 15-1A A	A				IFE	349,941	347,564	350,000	349,852	0	11	0	0	1.420	1.420	MON	352	2,071	07/12/2016	01/20/2021	
35999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Other																						
Loan-Backed and Structured Securities																						
14,034,798							XXXX	14,049,886	14,077,553	14,054,401	0	10,457	0	0	XXXX	XXXX	XXXX	37,393	185,297	XXXX	XXXX	
38999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds																						
020002-8B-6	ALLSTATE CORP	A			2FE		979,875	980,510	900,000	965,418	0	(8,319)	0	0	5.750	4.480	FA	19,550	51,750	03/18/2015	08/15/2059	
060505-0T-6	BANK OF AMERICA CORP	A			3FE		331,500	311,825	300,000	311,825	14,725	(8,350)	0	0	8.125	5.030	WH	3,115	26,375	08/01/2014	12/28/2049	
060505-EL-4	BANK OF AMERICA CORP	A			3FE		322,950	313,500	300,000	313,500	(655)	(1,970)	0	0	8.500	5.450	AD	3,883	19,500	04/10/2015	10/28/2049	
172897-AC-7	CITIGROUP INC	A			3FE		296,250	304,125	300,000	296,271	7	0	0	0	5.850	5.990	UI	7,487	17,850	08/01/2015	07/29/2049	
172907-AC-7	CITIGROUP INC	A			3FE		308,850	302,625	300,000	302,625	5,266	(91)	0	0	5.800	5.500	WH	2,223	17,400	04/10/2015	11/28/2049	
316773-CH-0	FIFTH THIRD BANKCORP	A			2FE		364,000	373,000	400,000	373,000	13,089	1,547	0	0	5.100	5.690	D	10,257	10,200	08/21/2014	12/28/2049	
381427-AA-1	GOLDMAN SACHS CAPITAL II	A			2FE		31,231	31,338	43,000	34,387	3,961	90	0	0	4.000	5.350	MSD	148	1,749	04/10/2015	12/28/2049	
48822H-WV-1	JPMORGAN CHASE & CO	A			2FE		545,823	537,365	440,000	508,910	0	(19,451)	0	0	7.900	4.880	AD	8,559	38,710	08/01/2014	12/28/2049	
48128B-AC-9	JPMORGAN CHASE & CO	A			2FE		287,573	286,484	310,000	293,825	0	(2,450)	0	0	5.150	6.190	WH	2,861	15,955	11/15/2013	12/28/2049	
61761J-AC-8	MORGAN STANLEY	A			2FE		288,470	297,000	300,000	297,000	3,628	297	0	0	5.450	5.680	UI	7,539	16,350	08/01/2014	07/28/2049	
94746E-FH-7	WELLS FARGO & COMPANY	A			2FE		335,505	304,500	280,150	270,000	280,515	0	(8,965)	0	0	7.980	4.590	WS	5,344	21,548	11/15/2013	03/28/2049
94746E-FH-3	WELLS FARGO & COMPANY	A			2FE		322,550	314,990	330,000	319,483	0	(1,818)	0	0	5.875	4.920	D	785	17,625	04/10/2015	12/28/2049	
42999999. Subtotal - Bonds - Hybrid Securities - Issuer Obligations																						
4,421,327							XXXX	4,288,322	4,213,000	4,289,859	46,812	(38,413)	0	0	XXXX	XXXX	XXXX	70,348	253,020	XXXX	XXXX	
48999999. Total - Hybrid Securities																						
4,421,327							XXXX	4,288,322	4,213,000	4,289,859	46,812	(38,413)	0	0	XXXX	XXXX	XXXX	70,348	253,020	XXXX	XXXX	
55999999. Total - Parent, Subsidiaries and Affiliates Bonds																						
0							XXXX	0	0	0	0	0	0	0	XXXX	XXXX	XXXX	0	0	XXXX	XXXX	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP	Description	C o d e	F o r e i g n	B o n d C h a r	NAIC Des.	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization) Accretion	Current Year's Other- Than- Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
6099999 - Subtotal - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7799999 - Total - Issuer Obligations						46,189,838	XXX	46,955,687	47,055,000	47,955,332	46,812	(311,831)	0	0	XXX	XXX	XXX	528,471	1,335,988	XXX	XXX
7899999 - Total - Residential Mortgage-Backed Securities						15,287,408	XXX	15,149,130	14,759,424	15,210,458	0	(110,244)	0	0	XXX	XXX	XXX	41,888	451,735	XXX	XXX
7999999 - Total - Commercial Mortgage-Backed Securities						2,825,411	XXX	2,558,125	2,520,000	2,620,344	0	(5,057)	0	0	XXX	XXX	XXX	6,590	34,054	XXX	XXX
8099999 - Total - Other Loan-Backed and Structured Securities						14,034,798	XXX	14,049,888	14,077,563	14,064,401	0	10,467	0	0	XXX	XXX	XXX	37,393	165,297	XXX	XXX
8199999 - Total - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999 - Total Bonds						81,138,453	XXX	80,433,638	78,441,977	79,851,535	46,812	(417,675)	0	0	XXX	XXX	XXX	614,300	2,008,065	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					20	21
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value Per Share	Rate Per Share	Book/Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (15 + 16 - 17)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	NAIC Designation	Date Acquired
17267-35-8	CITIGROUP INC 7.125000%			9,600,000	25.00	25.965	249,264	27.960	268,608	269,264	0	17,100	0	0	0	0	0	0	PLFE	11/15/2013
3814X-60-9	GOLDMAN SACHS GROUP INC FLT			15,200,000	25.00	20.725	315,020	21.770	330,304	332,965	0	15,464	0	5,240	0	0	5,240	0	PLFE	11/18/2013
38146-30-8	GOLDMAN SACHS GROUP INC 5.500000%			11,500,000	25.00	23.833	271,778	25.360	291,640	271,778	0	15,813	0	0	0	0	0	0	PLFE	11/15/2013
61749-60-4	MORGAN STANLEY			14,300,000	25.00	20.407	291,816	23.000	328,900	291,816	3,555	14,539	0	5,484	0	0	5,484	0	PLFE	11/15/2013
61762-20-0	MORGAN STANLEY 7.125%			9,600,000	25.00	26.025	249,835	28.130	270,948	249,835	4,275	17,100	0	0	0	0	0	0	PLFE	11/15/2013
93373-83-3	US SAVCORP 8.5%			9,700,000	25.00	9.000	274,413	25.220	274,413	253,658	3,941	15,783	0	(4,171)	0	0	(4,171)	0	PLFE	11/15/2013
8499999	Subtotal - Preferred Stock - Industrial and Miscellaneous (Unaffiliated)						1,652,126	XXX	1,784,513	1,659,317	11,871	55,789	0	8,553	0	0	8,553	0	XXX	XXX
8999999	Total Preferred Stocks						1,652,126	XXX	1,784,513	1,659,317	11,871	55,789	0	8,553	0	0	8,553	0	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 2 - SECTION 2

Showing All COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Book/Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (13 - 14)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	NAIC Market Indicator (a)	Date Acquired
372470-10-6	GENMORPH FINANCIAL INC			55,000,000	209,550	3.810	209,550	737,740	0	0	0	4,400	0	4,400	0	U	09/22/2014
361419-10-4	GOLDMAN SACHS GROUP INC			2,500,000	596,625	239,450	596,625	303,756	0	6,500	0	146,050	0	146,050	0	U	08/19/2015
427093-11-7	HERCULES OFFSHORE INC - WARRANTS			2,017,000	0	0.000	0	0	0	0	0	0	0	0	0	U	04/08/2016
427093-30-6	HERCULES OFFSHORE INC			396,000	0	0.000	0	0	0	0	0	750,148	750,694	(646)	0	U	04/08/2016
535020-10-0	LIANN BERRY LLC-UNITS			10,000,000	1,012	0.101	1,012	297,903	0	0	0	(11,888)	0	(11,888)	0	U	03/11/2014
535334-10-1	LIQUID HOLDINGS GROUP INC			2,117,897,000	1,906	0.001	1,906	0	0	0	0	2,625,990	2,647,371	(21,381)	0	U	05/22/2014
617446-44-6	MORGAN STANLEY			13,300,000	561,825	42,250	561,825	500,654	0	3,310	0	138,892	0	138,892	0	U	06/19/2015
718382-10-6	PETMED EXPRESS INC			30,000,000	662,100	23,070	662,100	480,520	0	22,500	0	177,900	0	177,900	0	U	06/29/2015
90999999	Subtotal - Common Stock - Industrial and Miscellaneous (Unaffiliated)				2,065,116	XXXX	2,065,116	2,300,592	0	38,310	0	3,835,442	3,328,355	455,077	0	XXXX	XXXX
703391-10-2	PATRIOT NATIONAL INC			1,936,535,000	9,004,888	4,650	9,004,888	19,928,765	0	0	0	(3,512,996)	0	(3,512,996)	0	XXXX	03/24/2016
91999999	Subtotal - Common Stock - Parent, Subsidiaries and Affiliates				9,004,888	XXXX	9,004,888	19,928,765	0	0	0	(3,512,996)	0	(3,512,996)	0	XXXX	XXXX
97999999	Total Common Stocks				11,070,006	XXXX	11,070,006	22,449,357	0	38,310	0	320,446	3,328,355	(3,077,919)	0	XXXX	XXXX
98999999	Total Preferred and Common Stocks				12,722,132	XXXX	12,834,519	24,108,674	11,871	134,079	0	328,999	3,328,355	(3,069,356)	0	XXXX	XXXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues _____, the total \$ value (included in Column 8) of all such issues \$ _____, 2,916

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
912828-05-7	UNITED STATES TREASURY NOTE		12/28/2016	BANK OF AMERICA		96,149	96,000	596
912828-16-3	UNITED STATES TREASURY NOTE		03/14/2016	BARCLAYS CAPITAL		1,105,283	1,105,000	2,048
912828-18-9	UNITED STATES TREASURY NOTE		04/19/2016	NOMURA SECURITIES INTL		100,602	100,000	302
912828-P2-0	UNITED STATES TREASURY NOTE		06/28/2016	JEFFERIES & COMPANY INC.		1,403,231	1,400,000	4,302
912828-07-6	UNITED STATES TREASURY NOTE		07/20/2016	NOMURA SECURITIES INTL		438,059	438,000	970
912828-14-0	UNITED STATES TREASURY NOTE		12/20/2016	CITIGROUP GLOBAL MARKETS		2,837,591	2,850,000	1,529
05999999	Subtotal - Bonds - U.S. Governments					5,779,935	5,785,000	10,175
312844-US-0	FEDERAL HOME LN MTG CORP 4616592		03/21/2016	SANTRUST CAPITAL MARKETS		1,043,638	1,000,000	1,917
3138ET-M7-7	FEDERAL NATIONAL MTG ASSOC 4418513		06/09/2016	SANTRUST CAPITAL MARKETS		527,499	498,817	582
3138WH-S3-7	FEDERAL NATIONAL MTG ASSOC 4457737		06/30/2016	CANTOR FITZGERALD LLC		775,369	748,246	808
3140EU-4L-0	FEDERAL NATIONAL MTG ASSOC 4902826		06/02/2016	SANTRUST CAPITAL MARKETS		1,070,828	997,299	1,330
31999999	Subtotal - Bonds - U.S. Special Revenues					3,417,439	3,242,364	4,637
06531F-AY-5	BBST CORPORATION		06/06/2016	DEUTSCHE BANK		448,532	450,000	0
06054M-AE-3	BANC OF AMERICA COMM MORT 16-UB10 A4		06/20/2016	BANK OF AMERICA		875,442	850,000	448
06406H-HF-3	BANK OF NY MELLON CORP		04/04/2016	KEY BANK CAPITAL MARKETS		357,578	350,000	3,097
125154-SE-9	CD COMMERCIAL MORTGAGE TRUST 16-02 A4		11/18/2016	DEUTSCHE BANK		360,460	350,000	240
143120-AD-8	CIRK 2016-4 A4		10/18/2016	BANK OF AMERICA		1,590,950	1,600,000	0
204230-AB-1	CITIGROUP COMMERCIAL MORT 16-R3 A2		03/29/2016	CITIGROUP GLOBAL MARKETS		514,948	500,000	457
36251X-AB-8	GS MORTGAGE SECURITIES TRUST 16-09A A4		11/16/2016	GOLDMAN SACHS		360,488	350,000	970
57633N-BY-5	MASSTRUK GLOBAL FUNDIN		04/12/2016	BANK OF AMERICA		489,880	500,000	0
857477-AN-3	STATE STREET CORP		05/18/2016	BANK OF AMERICA		348,510	350,000	0
89473L-AG-9	TRENN PARK CLO LTD 15-1A AR		12/08/2016	GOLDMAN SACHS		500,000	500,000	2,084
911584-HN-3	US BANKCORP		07/19/2016	US BANKCORP		397,072	400,000	0
924771-44-4	VERIZON OWNER TRUST 16-1A A		07/12/2016	BANK OF AMERICA		348,941	350,000	0
946746-FW-3	WELLS FARGO & COMPANY		04/28/2016	J.P. MORGAN SECURITIES INC.		347,165	350,000	321
9500L-AX-1	WELLS FARGO COMMERCIAL MORT 16 C33 A2		03/18/2016	WELLS FARGO FINANCIAL		514,861	500,000	1,160
930516-AD-0	SKANDINAVISKA ENKILDA		03/29/2016	WELLS FARGO FINANCIAL		352,426	350,000	2,954
97020P-AG-2	SIEBENBANK AG		04/04/2016	CREDIT SUISSE FIRST BOSTON		355,236	350,000	896
38999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					8,194,758	8,100,000	12,428
83999997	Total - Bonds - Part 3					17,382,207	17,127,364	27,240
83999998	Total - Bonds - Part 5					4,918,800	4,701,000	59,776
83999999	Total - Bonds					22,301,107	21,828,364	87,016
89999997	Total - Preferred Stocks - Part 3					0	XXX	0
89999998	Total - Preferred Stocks - Part 5					0	XXX	0
89999999	Total - Preferred Stocks					0	XXX	0
427063-11-7	HERCULES OFFSHORE INC - WARRANTS		04/08/2016	STOCK DIVIDEND	66,000	0	0	0
427063-30-6	HERCULES OFFSHORE INC		04/08/2016	SPINOFF	6,000	0	0	0
90999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					0	XXX	0
7038T-10-2	PATRIOT NATIONAL INC		03/24/2016	VARIOUS	821,828,000	5,709,871	0	0
91999999	Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates					5,709,871	XXX	0
97999997	Total - Common Stocks - Part 3					5,709,871	XXX	0
97999998	Total - Common Stocks - Part 5					0	XXX	0
97999999	Total - Common Stocks					5,709,871	XXX	0
98999999	Total - Preferred and Common Stocks					5,709,871	XXX	0
99999999	Totals					28,010,978	XXX	87,016

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con- sideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ Decrease	12 Current Year's Amor- tization/ Accretion	13 Current Year's Other- Than- Temporary Impairment Recognized	14 Total Change in Book/ Adjusted Carrying Value (11+12+13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date
912628-GE-1	UNITED STATES TREASURY NOTE		02/10/2016	BMO CAPITAL MARKETS		2,540,226	2,500,000	2,491,317	2,485,066	0	192	0	192	0	2,485,260	0	46,946	46,946	7,460	11/30/2016
912628-M7-2	UNITED STATES TREASURY NOTE		01/19/2016	BARCLAYS CAPITAL		500,057	500,000	499,084	499,065	0	24	0	24	0	499,120	0	87	87	810	11/30/2017
912628-OF-0	UNITED STATES TREASURY NOTE		04/30/2016	VARIOUS		100,000	100,000	102,000	100,139	0	(139)	0	(139)	0	100,000	0	0	0	1,000	04/30/2016
912628-GR-4	UNITED STATES TREASURY NOTE		06/30/2016	MATURITY		1,110,000	1,110,000	1,114,817	1,110,500	0	(500)	0	(500)	0	1,110,000	0	0	0	10,200	06/30/2016
912628-UE-3	UNITED STATES TREASURY NOTE		01/15/2016	MATURITY		400,000	400,000	400,392	400,010	0	(10)	0	(10)	0	400,000	0	0	0	750	01/15/2016
912628-UE-7	UNITED STATES TREASURY NOTE		03/15/2016	VARIOUS		1,000,000	1,000,000	1,000,472	1,000,025	0	(39)	0	(39)	0	1,000,000	0	1,876	1,876	0	03/15/2016
912628-W7-4	UNITED STATES TREASURY NOTE		02/10/2016	BARCLAYS CAPITAL		1,500,405	1,500,000	1,500,296	1,500,067	0	(17)	0	(17)	0	1,500,271	0	334	334	3,977	07/01/2016
05999999-Subtotal - Bonds - U.S. Governments						7,100,666	7,110,000	7,102,360	7,102,662	0	(693)	0	(693)	0	7,102,471	0	48,217	48,217	25,882	XXX
62163-MH-9	ILLINOIS ST		02/17/2016	BARCLAYS CAPITAL		216,369	200,000	210,430	210,764	0	(324)	0	(324)	0	210,440	0	5,698	5,698	6,417	06/01/2025
90423-ET-0	MINNESOTA ST		06/01/2016	MATURITY		260,000	260,000	264,606	261,623	0	(1,623)	0	(1,623)	0	260,000	0	0	0	8,375	06/01/2016
1799999-Subtotal - Bonds - U.S. States, Territories and Possessions						476,369	460,000	468,038	472,667	0	(2,226)	0	(2,226)	0	470,440	0	5,928	5,928	14,792	XXX
83221-W4-4	SICHUANSHI CITY WA SCH DIST 420		12/01/2016	MATURITY		275,000	275,000	324,511	284,444	0	(9,444)	0	(9,444)	0	275,000	0	0	0	13,750	12/01/2016
2499999-Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						275,000	275,000	324,511	284,444	0	(9,444)	0	(9,444)	0	275,000	0	0	0	13,750	XXX
31284-RZ-8	FEDERAL HOME LN MTO CORP 4516503		12/01/2016	PAYDOWN		195,299	195,299	204,576	195,189	0	(880)	0	(880)	0	195,299	0	0	0	3,803	02/01/2029
31284-UE-0	FEDERAL HOME LN MTO CORP 4516592		12/01/2016	PAYDOWN		117,444	117,444	122,569	117,444	0	(349)	0	(349)	0	117,444	0	0	0	1,729	09/01/2029
31307-FY-2	FEDERAL HOME LN MTO CORP 425463		12/01/2016	PAYDOWN		137,741	137,741	141,119	138,043	0	(302)	0	(302)	0	137,741	0	0	0	2,459	11/01/2028
31320-Q7-7	FEDERAL HOME LN MTO CORP 4022207		12/01/2016	PAYDOWN		175,852	175,852	181,540	176,346	0	(486)	0	(486)	0	175,852	0	0	0	4,971	11/01/2043
31320-Q7-8	FEDERAL HOME LN MTO CORP 4022209		12/01/2016	PAYDOWN		53,363	53,363	56,254	53,604	0	(241)	0	(241)	0	53,363	0	0	0	1,886	11/01/2046
31362-05-5	FANNIE MAE 11 32 A		12/01/2016	PAYDOWN		228,049	228,049	238,807	230,125	0	(2,078)	0	(2,078)	0	228,049	0	0	0	5,285	05/25/2030
31367-07-7	FANNIE MAE 12 27 1A		12/01/2016	PAYDOWN		127,803	127,803	134,503	128,513	0	(709)	0	(709)	0	127,803	0	0	0	3,993	05/25/2033
31367-07-8	FANNIE MAE 12 27 1A		12/01/2016	PAYDOWN		86,822	86,822	88,964	86,544	0	(1,622)	0	(1,622)	0	86,822	0	0	0	1,089	06/25/2027
31376-35-6	FREDDIE MAC 3670 ME		12/01/2016	PAYDOWN		172,846	172,846	184,514	174,518	0	(1,672)	0	(1,672)	0	172,846	0	0	0	3,995	01/15/2040
31376-FF-8	FREDDIE MAC 4238 UA		12/01/2016	PAYDOWN		260,395	260,395	260,519	262,015	0	(1,630)	0	(1,630)	0	260,395	0	0	0	4,376	06/15/2029
31376-6H-1	FREDDIE MAC 4257 A		12/01/2016	PAYDOWN		39,135	39,135	39,967	39,286	0	(1,022)	0	(1,022)	0	39,135	0	0	0	555	10/15/2027
31376-PB-1	FREDDIE MAC 4261 UA		12/01/2016	PAYDOWN		158,246	158,246	166,210	159,466	0	(1,222)	0	(1,222)	0	158,246	0	0	0	3,803	01/15/2031
3138P-UE-4	FEDERAL NATIONAL MTO ASSOC 44L206		12/01/2016	PAYDOWN		101,801	101,801	104,961	101,800	0	(229)	0	(229)	0	101,801	0	0	0	2,163	05/01/2046
3138P-W7-7	FEDERAL NATIONAL MTO ASSOC 44L2813		12/01/2016	PAYDOWN		25,655	25,655	27,131	25,655	0	(59)	0	(59)	0	25,655	0	0	0	346	05/01/2046
3138P-S3-7	FEDERAL NATIONAL MTO ASSOC 44S7737		12/01/2016	PAYDOWN		8,318	8,318	8,843	8,318	0	(11)	0	(11)	0	8,318	0	0	0	46	06/01/2046
31403-4L-0	FEDERAL NATIONAL MTO ASSOC 46C02826		12/01/2016	PAYDOWN		44,652	44,652	47,946	44,652	0	(156)	0	(156)	0	44,652	0	0	0	625	04/01/2046
3141B-87-0	FEDERAL NATIONAL MTO ASSOC 46A1861		12/01/2016	PAYDOWN		159,978	159,978	167,877	160,740	0	(762)	0	(762)	0	159,978	0	0	0	3,539	04/01/2029
54652-UE-0	LOS ANGELES CA HARBOR DEPT		06/03/2016	US WAREHOUSE		506,625	500,000	547,820	506,561	0	(8,581)	0	(8,581)	0	510,000	0	(1,046)	(1,046)	28,206	06/01/2024
60005-W4-3	NEW YORK ST URBAN DEV CORP REY		03/10/2016	MORGAN STANLEY & CO		461,456	400,000	450,254	446,647	0	(1,408)	0	(1,408)	0	445,238	0	8,217	8,217	10,000	03/15/2032
67764-W4-7	OHIO ST VINTAGE AUM VINT POLL		06/01/2016	MATURITY		1,150,000	1,150,000	1,086,378	1,144,789	0	5,247	0	5,247	0	1,150,000	0	0	0	0	06/01/2016
91461-W7-4	UNIV OF NEBRASKA INC		07/01/2016	MATURITY		150,000	150,000	174,749	153,075	0	(3,075)	0	(3,075)	0	150,000	0	0	0	7,500	07/01/2016
3190999-Subtotal - Bonds - U.S. Special Revenues						4,403,469	4,343,048	4,507,120	4,220,531	0	(18,875)	0	(18,875)	0	4,388,267	0	5,172	5,172	85,673	XXX
02315-W4-6	AMAZON COM INC		03/10/2016	MORGAN STANLEY & CO		60,384	400,000	408,046	407,400	0	(240)	0	(240)	0	407,160	0	12,304	12,304	3,667	12/05/2021
02560-UE-5	AMERICAN EXPRESS CREDIT		03/10/2016	MORGAN STANLEY & CO		403,200	400,000	407,072	405,803	0	(391)	0	(391)	0	405,412	0	(2,212)	(2,212)	5,195	07/27/2018
06016-UE-1	BANK OF AMERICA CORP		02/22/2016	MORGAN STANLEY & CO		404,044	400,000	410,560	405,863	0	(1,548)	0	(1,548)	0	404,035	0	9	9	9,250	07/12/2016
06429-W7-4	BANK OF NEW YORK MELLON		03/10/2016	MORGAN STANLEY & CO		421,280	400,000	419,952	418,259	0	(817)	0	(817)	0	417,872	0	3,908	3,908	6,794	03/23/2021
12581-UE-4	CIT GROUP INC		03/23/2016	US WAREHOUSE		509,170	500,000	537,305	515,000	367	(2,696)	0	(2,329)	0	512,661	0	(3,491)	(3,491)	9,305	05/15/2017
14043-UE-3	CAPITAL ONE FINANCIAL CO		02/22/2016	MORGAN STANLEY & CO		403,000	400,000	408,504	404,265	0	(1,161)	0	(1,161)	0	403,044	0	(94)	(94)	7,885	07/15/2016
17356-UE-6	CITIBANK CREDIT CARD ISSUANCE 05 A7 A7		12/15/2016	PAYDOWN		1,250,000	1,250,000	1,245,894	1,249,479	0	521	0	521	0	1,250,000	0	0	0	3,178	12/17/2016
24425-W7-2	JOHN DEERE CAPITAL CORP		03/10/2016	MORGAN STANLEY & CO		404,520	400,000	407,240	405,198	0	(378)	0	(378)	0	405,817	0	(1,397)	(1,397)	3,700	04/17/2019
2448P-UE-8	WALT DISNEY COMPANY/RE		02/22/2016	MORGAN STANLEY & CO		400,500	400,000	398,964	399,166	0	62	0	62	0	399,250	0	1,250	1,250	1,014	12/01/2017
22490-W4-8	DRIVEN SENIOR LOAN FUND 14 33A A		11/22/2016	ISSUER AT 100,000		1,750,000	1,750,000	1,750,000	1,750,000	0	0	0	0	0	1,750,000	0	0	0	40,878	07/15/2028
23334-UE-3	E.I. DU PONT DE NEMOURS		03/10/2016	MORGAN STANLEY & CO		40,460	400,000	418,344	417,532	0	(672)	0	(672)	0	416,860	0	3,600	3,600	9,667	01/15/2021
29760-UE-7	ORSH OHS CORP		02/01/2016	MATURITY		500,000	500,000	505,005	501,560	715	(2,775)	0	(2,060)	0	500,000	0	0	0	17,813	02/01/2016
31850-W4-1	FRAN BLAINE CLO LTD 12 1A A1		04/24/2016	PAYDOWN		1,750,000	1,750,000	1,742,475	1,750,000	0	0	0	0	0	1,750,000	0	0	0	27,981	12/24/2023
46525-W4-9	JPMORGAN CHASE & CO		07/05/2016	MATURITY		200,000	200,000	205,904	202,220	0	(2,220)	0	(2,220)	0	200,000	0	0	0	8,300	07/05/2016
46525-W4-9	JPMORGAN CHASE & CO		03/10/2016	MORGAN STANLEY & CO		302,544	300,000	299,698	299,719	0	12	0	12	0	299,731	0	2,813	2,813	1,879	06/23/2020
46438-W4-4	KIMBERLY-CLARK CORP		05/19/2016	MATURITY		250,000	250,000	250,000	250,000	0	0	0	0	0	250,000	0	0	0	685	05/19/2016
52170-W4-4	MET LIFE GLOB FUNDING I		06/23/2016	MATURITY		250,000	250,000	250,000	250,000	0	0	0	0	0	250,000	0	0	0	939	06/23/2016
53460-W4-6	NECUNIVERSAL ENTERPRISE		04/15/2016	MATURITY		250,000	250,000	251,630	250,289	0	(263)	0	(263)	0	250,000	0	0	0	1,280	04/15/2016
69476-W4-4	PNC FUNDING CORP		02/22/2016	MORGAN STANLEY & CO		405,668	400,000	407,408	404,024	0	(932)	0	(932)	0	403,692	0	176	176	4,650	08/18/2016
77491-W4-3	ROOSEVELT COLLINS INC		12/15/2016	MATURITY		250,000	250,000	251,040	250,439	0	(439)	0	(439)	0	250,000	0	0	0	2,572	12/15/2016

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value				15	16	17	18	19	20	21
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11+12+13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contract Maturity Date
82852J-AA-6	SIERRA RECEIVABLES FUNDING CO 15 3A A		12/20/2016	PAYDOWN		140,647	140,647	143,619	143,496	0	192	0	192	0	143,647	0	0	0	1,791	08/20/2032
83031H-MH-3	US BANK NA CINCINNATI		02/18/2016	MORGAN STANLEY & CO		400,784	400,000	400,396	400,792	0	(87)	0	(87)	0	400,885	0	79	79	2,475	08/11/2017
83242H-BN-3	VERIZON COMMUNICATIONS		02/22/2016	MORGAN STANLEY & CO		403,036	400,000	407,068	403,265	0	(824)	0	(824)	0	403,141	0	(105)	(105)	4,417	08/15/2016
84574B-FH-6	WELLS FARGO WFO INC SEC 25 TR 05 1 A3		08/10/2016	MORGAN STANLEY & CO		409,344	400,000	407,468	406,774	0	(259)	0	(259)	0	406,515	0	2,729	2,729	7,767	01/22/2021
84925F-12-4	WELLS FARGO WFO INC SEC 25 TR 05 1 A3		08/20/2016	SETTLEMENTS		15	0	0	0	0	0	0	0	0	0	0	15	15	0	08/25/2021
3999999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)										12,280,752	12,330,547	12,399,399	12,291,923	1,070	12,278,772	0	19,864	19,864	185,691	XXXX
06025F-DT-6	BANK OF AMERICA CORP		03/23/2016	US WAREBURG		338,745	200,000	277,110	228,000	0	1,755	0	1,755	0	233,755	0	(17,014)	(17,014)	8,049	12/29/2048
06025F-EL-4	BANK OF AMERICA CORP		03/23/2016	US WAREBURG		307,120	300,000	302,855	316,125	0	5,486	0	5,486	0	321,150	0	(14,000)	(14,000)	8,459	10/29/2049
17267F-QD-7	CITIGROUP INC		03/23/2016	US WAREBURG		190,559	200,000	199,505	195,700	0	3,814	1	3,815	0	199,515	0	(8,957)	(8,957)	7,900	07/29/2048
17267F-QZ-7	CITIGROUP INC		03/23/2016	US WAREBURG		190,455	200,000	205,804	193,300	0	7,576	(14)	7,562	0	205,811	0	(15,367)	(15,367)	4,318	11/29/2048
316773-04-0	FIFTH THIRD BANCORP		03/23/2016	US WAREBURG		452,465	500,000	480,005	446,875	0	35,808	465	36,074	0	482,949	0	(30,454)	(30,454)	6,304	12/29/2048
31427F-AA-1	GOLDMAN SACHS CAPITAL II		08/18/2016	VARIOUS		816,940	1,057,000	833,305	745,185	0	89,877	854	90,731	0	836,916	0	(16,976)	(16,976)	20,782	12/29/2049
48024H-AA-1	JPMORGAN CHASE & CO		08/22/2016	US WAREBURG		232,455	200,000	220,755	213,394	0	(2,827)	0	(2,827)	0	210,767	0	(8,273)	(8,273)	10,226	12/29/2049
59475F-AK-1	PNC FINANCIAL SERVICES		08/22/2016	US WAREBURG		553,745	500,000	563,191	552,377	0	(3,982)	0	(3,982)	0	548,395	0	5,349	5,349	30,169	07/29/2048
84574B-FH-3	WELLS FARGO & COMPANY		08/22/2016	US WAREBURG		317,245	300,000	322,505	321,309	0	(857)	0	(857)	0	321,449	0	(3,204)	(3,204)	9,304	10/29/2049
4899999 Subtotal - Bonds - Hybrid Securities										3,228,639	3,457,000	3,371,559	3,182,762	154,125	3,338,761	0	(108,925)	(108,925)	103,421	XXXX
8399997 Total - Bonds - Part 4										27,834,110	27,838,695	28,196,085	27,565,279	155,195	27,863,731	0	(29,625)	(29,625)	429,219	XXXX
8399998 Total - Bonds - Part 5										4,947,215	4,701,000	4,919,900	0	0	4,914,359	0	32,655	32,655	80,474	XXXX
8399999 Total - Bonds										32,781,325	32,539,695	33,115,985	27,565,279	155,195	32,778,090	0	3,261	3,261	509,693	XXXX
07859F-DI-4	CITIGROUP CAPITAL XIII 7.62% 10/30/40		02/04/2016	US WAREBURG		12,000,000		326,745	311,890	0	16,655	0	16,655	0	326,745	0	(23,041)	(23,041)	5,075	
81559F-DI-4	WELLS FARGO		03/23/2016	US WAREBURG		7,900,000		188,080	170,221	0	(17,859)	0	(17,859)	0	170,221	0	17,859	17,859	1,886	
8499999 Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)										463,793	XXX	468,955	469,735	(789)	468,955	0	(5,172)	(5,172)	6,971	XXXX
8999997 Total - Preferred Stocks - Part 4										463,793	XXX	468,955	469,735	(789)	468,955	0	(5,172)	(5,172)	6,971	XXXX
8999998 Total - Preferred Stocks - Part 5										0	XXX	0	0	0	0	0	0	0	0	XXXX
8999999 Total - Preferred Stocks										463,793	XXX	468,955	469,735	(789)	468,955	0	(5,172)	(5,172)	6,971	XXXX
03761U-10-6	ARCOL INVESTMENT CORP		03/23/2016	VARIOUS		32,000,000		171,497	270,524	0	157,040	0	157,040	0	157,040	0	(98,137)	(98,137)	12,800	
04015L-10-3	ARCOL CAPITAL CORP		03/23/2016	MORGAN STANLEY & CO		227,043		277,110	228,000	0	49,110	0	49,110	0	277,110	0	(50,067)	(50,067)	6,000	
06953D-10-3	BP PRUDENCE BAY INT RTY		12/2/2016	US WAREBURG		5,960,000		136,094	173,339	0	159,754	0	159,754	0	159,754	0	(189,994)	(189,994)	8,504	
20850D-10-4	CONOCOPHILLIPS		09/21/2016	US WAREBURG		7,500,000		224,033	300,175	0	259,453	0	259,453	0	259,453	0	(284,595)	(284,595)	4,125	
31359D-10-9	FANNIE MAE		04/25/2016	US WAREBURG		220,000,000		375,911	1,025,764	0	664,864	0	664,864	0	1,025,764	0	(649,863)	(649,863)	0	
35571D-85-7	FREEMONT-MORGAN INC		04/25/2016	MORGAN STANLEY & CO		7,400,000		84,346	271,939	0	221,841	0	221,841	0	271,939	0	(187,593)	(187,593)	0	
405216-10-1	HALLIBURTON COMPANY		08/09/2016	WELLS FARGO FINANCIAL		7,300,000		316,616	506,513	0	251,213	0	251,213	0	506,513	0	(189,897)	(189,897)	2,700	
43709D-11-7	HEXCELER OFFSHORE INC - WARWICK		12/31/2016	EXPIRATION		1,200,000		0	0	0	0	0	0	0	0	0	0	0	0	
45127B-39-6	JPMORGAN CHASE - TRIGGER DIX 02/20/20		08/18/2016	US WAREBURG		35,000,000		322,590	279,300	0	70,700	0	70,700	0	350,000	0	(27,410)	(27,410)	16,539	
45127B-41-2	JPMORGAN CHASE - TRIGGER DIX 02/20/20		08/19/2016	US WAREBURG		35,000,000		226,230	263,200	0	86,800	0	86,800	0	350,000	0	(83,770)	(83,770)	14,005	
49159D-10-1	KINDER MORGAN INC		09/21/2016	US WAREBURG		3,000,000		66,291	119,570	0	64,780	0	64,780	0	119,570	0	(53,278)	(53,278)	1,125	
57331-10-5	MARTIN MIDSTREAM PARTNERS LP		09/23/2016	US WAREBURG		5,700,000		114,504	267,765	0	144,076	0	144,076	0	267,765	0	(153,262)	(153,262)	4,631	
61759D-40-1	MORGAN STANLEY - TRIGGER QW 02/21/19		08/19/2016	US WAREBURG		120,000,000		327,855	1,200,000	0	877,800	0	877,800	0	1,200,000	0	(872,045)	(872,045)	0	
61759D-75-2	MORGAN STANLEY - TRIGGER QW 01/29/20		02/25/2016	REDEMPTION		140,000,000		1,400,000	1,400,000	0	1,400,000	0	1,400,000	0	1,400,000	0	0	0	18,673	
65922-10-4	BP PLC-SPOKS ADR		12/22/2016	US WAREBURG		51,500,000		1,726,137	2,396,846	0	1,609,890	0	1,609,890	0	2,396,846	0	(670,510)	(670,510)	73,153	
69826D-10-6	BP BILLITON LTD-SPOK ADR		12/22/2016	US WAREBURG		9,000,000		286,025	598,388	0	291,940	0	291,940	0	598,388	0	(300,373)	(300,373)	9,440	
72477-12-3	CREDIT SUISSE AG TRIGGER OTH 11/29/19		04/25/2016	US WAREBURG		300,000,000		2,073,895	3,000,000	0	1,926,105	0	1,926,105	0	3,000,000	0	(926,105)	(926,105)	0	
75159F-25-2	DEUTSCHE BANK AG - TRIGGER YOD 03/13/19		08/12/2016	US WAREBURG		50,000,000		401,465	500,000	0	414,850	0	414,850	0	500,000	0	(98,535)	(98,535)	26,890	
78029D-20-6	ROYAL DUTCH SHELL PLC - ADR A		12/22/2016	US WAREBURG		11,750,000		585,219	852,766	0	314,734	0	314,734	0	852,766	0	(267,548)	(267,548)	24,910	
80857-10-6	SCHLUMBERGER LTD		09/09/2016	US WAREBURG		4,700,000		370,067	500,891	0	327,825	0	327,825	0	500,891	0	(130,804)	(130,804)	7,050	
84473L-10-6	SOURCE - ADR		08/09/2016	US WAREBURG		3,600,000		23,247	13,738	0	18,696	0	18,696	0	32,400	0	(19,159)	(19,159)	0	
8571P-10-2	STANTIN ADR-SPOK ADR		08/02/2016	US WAREBURG		26,300,000		430,556	754,807	0	327,149	0	327,149	0	754,807	0	(324,250)	(324,250)	7,728	
85155-10-9	TOTAL FINA ELF SA - ADR		08/02/2016	US WAREBURG		9,500,000		455,590	827,867	0	200,842	0	200,842	0	827,867	0	(162,063)	(162,063)	14,241	
9021H-74-0	US AG - TRIGGER OTH 10/17/18		08/12/2016	US WAREBURG		50,000,000		426,945	367,000	0	133,000	0	133,000	0	500,000	0	(74,055)	(74,055)	20,010	
9023L-20-3	US AG - TRIGGER OTH 08/12/19		04/19/2016	REDEMPTION		30,000,000		300,000	275,700	0	24,300	0	24,300	0	300,000	0	0	0	8,004	
9765E-10-5	SEABOARD LTD		04/25/2016	MORGAN STANLEY & CO		12,800,000		51,036	43,362	0	478,355	0	478,355	0	521,777	0	(40,741)	(40,741)	0	
10817H-10-0	TRAWEGOAN LTD		04/25/2016	MORGAN STANLEY & CO		5,000,000		57,069	68,090	0	199,662	0	199,662	0	257,762	0	(210,663)	(210,663)	0	
16169D-10-6	STEALTHUS INC		04/25/2016	MORGAN STANLEY & CO		10,000,000		40,199	115,789	0	34,300	0	34,300	0	115,789	0	(75,570)	(75,570)	0	
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)										11,364,922	XXX	17,940,774	10,675,223	7,264,952	17,940,774	0	(6,975,254)	(6,975,254)	274,196	XXXX
91399F-80-5 FINANCIAL SELECT SECTOR SPOR										19,900,000	US WAREBURG		902,713	28,496	502,713	0	(62,428)	(62,428)	2,448	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Year's (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
9299999	Subtotal - Common Stocks - Mutual Funds					440,290	XXX	502,713	474,217	28,496	0	0	28,496	0	502,713	0	(82,423)	(82,423)	2,448	XXX
9799997	Total - Common Stocks - Part 4					11,805,212	XXX	18,442,887	11,148,440	7,293,448	0	0	7,293,448	0	18,442,887	0	(6,637,677)	(6,637,677)	276,644	XXX
9799998	Total - Common Stocks - Part 5					1	XXX	0	0	0	0	0	0	0	0	0	1	1	0	XXX
9799999	Total - Common Stocks					11,805,213	XXX	18,442,887	11,148,440	7,293,448	0	0	7,293,448	0	18,442,887	0	(6,637,676)	(6,637,676)	276,644	XXX
9899999	Total - Preferred and Common Stocks					12,299,008	XXX	18,941,853	11,649,195	7,292,659	0	0	7,292,659	0	18,941,853	0	(8,642,848)	(8,642,848)	283,615	XXX
9999999	Totals					45,080,332	XXX	52,058,638	39,214,474	7,447,854	(57,915)	0	7,389,939	0	51,719,943	0	(8,639,817)	(8,639,817)	793,308	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE D - PART 5

Showing All Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other-Than-Temporary Impairment Recognized	15 Total Change in Book/Adjusted Carrying Value (12 + 13 + 14)	16 Total Foreign Exchange Change in Book/Adjusted Carrying Value	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends
064670-B0-1	BERKSHIRE HATHAWAY INC		01/26/2016	MORGAN STANLEY & CO	02/19/2016	MORGAN STANLEY & CO	851,000	915,460	919,548	914,728	0	(753)	0	(753)	0	0	4,820	4,820	16,754	14,538
14912L-BH-6	CATERPILLAR FINL SERVICE		01/20/2016	MORGAN STANLEY & CO	03/10/2016	MORGAN STANLEY & CO	500,000	504,135	505,825	504,025	0	(110)	0	(110)	0	0	1,800	1,800	4,286	2,500
36141E-12-5	GOLDMAN SACHS GROUP INC		01/21/2016	MORGAN STANLEY & CO	02/18/2016	MORGAN STANLEY & CO	800,000	912,392	910,808	909,752	0	(2,640)	0	(2,640)	0	0	1,056	1,056	31,333	26,833
48203R-AH-7	JUNIPER NETWORKS INC		02/03/2016	MORGAN STANLEY & CO	03/10/2016	MORGAN STANLEY & CO	600,000	403,615	400,755	403,732	0	(84)	0	(84)	0	0	(2,954)	(2,954)	3,300	1,943
95359L-BA-2	ORACLE CORP		01/26/2016	MORGAN STANLEY & CO	02/19/2016	MORGAN STANLEY & CO	300,000	917,343	927,512	917,136	0	(207)	0	(207)	0	0	10,476	10,476	3,220	1,470
71639L-AJ-4	QUEST DIAGNOSTICS INC		01/22/2016	MORGAN STANLEY & CO	02/18/2016	MORGAN STANLEY & CO	300,000	504,151	505,281	504,047	0	(84)	0	(84)	0	0	5,214	5,214	9,585	7,330
53444Y-AH-2	LLOYDS BANK PLC		03/25/2016	KEY SEC CAPITAL MARKETS	11/09/2016	TECHS OFFER	350,000	351,503	373,584	360,359	0	(653)	0	(653)	0	0	12,554	12,554	12,046	4,692
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						4,701,000	4,918,300	4,947,215	4,914,359	0	(4,541)	0	(4,541)	0	0	32,855	32,855	80,474	59,775
8399998	Total - Bonds						4,701,000	4,918,300	4,947,215	4,914,359	0	(4,541)	0	(4,541)	0	0	32,855	32,855	80,474	59,775
9999998	Total - Preferred Stocks						0	0	0	0	0	0	0	0	0	0	0	0	0	0
42023-11-7	HERCULES OFFSHORE INC - WARRANTS		04/08/2016	STOCK DIVIDED	12/31/2016	VARIOUS	40,250	0	1	0	0	0	0	0	0	0	0	0	0	0
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						0	0	1	0	0	0	0	0	0	0	1	1	0	0
9799998	Total - Common Stocks						0	0	1	0	0	0	0	0	0	0	1	1	0	0
9899999	Total - Preferred and Common Stocks						0	0	1	0	0	0	0	0	0	0	1	1	0	0
9999999	Totals						4,918,300	4,947,217	4,914,359	0	(4,541)	0	(4,541)	0	0	0	32,857	32,857	80,474	59,775

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1999-999 - Totals

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ _____

2. Total amount of intangible assets nonadmitted \$ _____

NONE

1	2	3	4	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
CUSIP Identification	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	5 Number of Shares	6 % of Outstanding
NONE					
0399999 - Total				xxx	xxx

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE DA - PART 1

Showing All SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest						21
		3	4					9	10	11	12			15	16	17	18	19	20	
CUSIP Identification	Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bonds not in Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
0599999	Total - U.S. Government Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1099999	Total - All Other Government Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1799999	Total - U.S. States, Territories and Possessions Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2499999	Total - U.S. Political Subdivisions Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
3199999	Total - U.S. Special Revenues Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
3899999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
4899999	Total - Hybrid Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
5599999	Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
6099999	Subtotal - SVO Identified Funds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
7799999	Total - Issuer Obligations						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
7899999	Total - Residential Mortgage-Backed Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
7999999	Total - Commercial Mortgage-Backed Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8099999	Total - Other Loan-Backed and Structured Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8199999	Total - SVO Identified Funds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8399999	Total Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8699999	Total - Parent, Subsidiaries and Affiliates						0	0	0	0	0	XXX	0	0	0	XXX	XXX	XXX	0	0
SHORT-TERM MORTGAGE LOAN							450,000	0	0	0	0	0	450,000	0	0	10,500	10,500	MON	47,250	0
8799999	Subtotal - Mortgage Loans						450,000	0	0	0	0	XXX	450,000	0	0	XXX	XXX	XXX	47,250	0
26106-10-7	BREXIT TR & AG CASH MGMT-INS			11/21/2016	DIRECT	XXX	1,851,443	0	0	0	0	0	1,851,443	0	0	0.000	0.000	MON	267	0
316175-10-8	FIDELITY GOVERNMENT FORT-1			11/07/2016	DIRECT	XXX	26,288	0	0	0	0	0	26,288	0	0	0.000	0.000	MON	92	0
8899999	Subtotal - Exempt Money Market Mutual Funds - as identified by the SVO						1,877,711	0	0	0	0	XXX	1,877,711	0	0	XXX	XXX	XXX	359	0
00508-10-5	ACTIVE ASSETS INSTL GOVT TR			11/30/2016	DIRECT	XXX	7,257	0	0	0	0	0	7,257	0	0	0.000	0.000	MON	16	0
90227-77-8	USS SELECT GOVERNMENT CAPITAL FUND			12/01/2016	DIRECT	XXX	5,531	0	0	0	0	0	5,531	0	0	0.000	0.000	MON	2	0
8999999	Subtotal - All Other Money Market Mutual Funds						12,788	0	0	0	0	XXX	12,788	0	0	XXX	XXX	XXX	18	0
9199999	Totals						2,340,499	0	0	0	0	XXX	2,340,499	0	0	XXX	XXX	XXX	47,847	0

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
WELLS FARGO INST MONEY MARKET NEW YORK, FL		0.000	42,067	0	19,235,762	XXX
WELLS FARGO SECURED INST MONEY MKT NEW YORK, FL		0.000	355	0	236,722	XXX
FIFTH THIRD BANK FORT LAUDERDALE, FL		0.000	0	0	333,600	XXX
BANK OF AMERICA FORT LAUDERDALE, FL		0.000	0	0	(15,216,269)	XXX
MORGAN STANLEY BANK N.A. FORT LAUDERDALE, FL		0.000	0	0	1,420	XXX
NOCI BOCA RATON, FL		0.000	0	0	1,176,175	XXX
INTEREST RECEIVED DURING YEAR ON DISPOSE		0.000	1,199	0	0	XXX
0199998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See Instructions) - open depositories	XXX	XXX	0	0	0	XXX
0199999 Totals - Open Depositories	XXX	XXX	43,621	0	5,769,419	XXX
0299998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	XXX	XXX	0	0	0	XXX
0299999 Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999 Total Cash on Deposit	XXX	XXX	43,621	0	5,769,419	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	0	XXX
0599999 Total - Cash	XXX	XXX	43,621	0	5,769,419	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January...	19,849,642	4. April...	20,121,977	7. July...	20,206,336	10. October...	10,073,515
2. February...	24,782,180	5. May...	20,439,413	8. August...	21,491,729	11. November...	6,955,572
3. March...	20,225,205	6. June...	19,439,506	9. September...	20,440,405	12. December...	5,769,419

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
NONE							
8899999 - Total Cash Equivalents							

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL		0	0	0	0
2. Alaska	AK		0	0	0	0
3. Arizona	AZ		0	0	0	0
4. Arkansas	AR		0	0	0	0
5. California	CA	B STATUTORY REQUIREMENT	0	0	28,005	27,950
6. Colorado	CO		0	0	0	0
7. Connecticut	CT		0	0	0	0
8. Delaware	DE	B LETTER OF CREDIT COLLATERAL	0	0	1,244,643	1,248,248
9. District of Columbia	DC		0	0	0	0
10. Florida	FL	D FLORIDA, NCCI COLLATERAL, STATUTORY REQUIREMENT	2,279,813	2,313,412	5,189,771	5,217,227
11. Georgia	GA	B STATUTORY REQUIREMENT	84,995	85,409	0	0
12. Hawaii	HI		0	0	0	0
13. Idaho	ID	B STATUTORY REQUIREMENT	0	0	251,409	245,198
14. Illinois	IL		0	0	0	0
15. Indiana	IN	B STATUTORY REQUIREMENT	0	0	100,517	98,391
16. Iowa	IA		0	0	0	0
17. Kansas	KS		0	0	0	0
18. Kentucky	KY		0	0	0	0
19. Louisiana	LA		0	0	0	0
20. Maine	ME		0	0	0	0
21. Maryland	MD		0	0	0	0
22. Massachusetts	MA	B STATUTORY REQUIREMENT	0	0	100,017	99,821
23. Michigan	MI		0	0	0	0
24. Minnesota	MN		0	0	0	0
25. Mississippi	MS		0	0	0	0
26. Missouri	MO	B WORKERS COMP REQUIREMENT	1,200,684	1,205,364	0	0
27. Montana	MT	B WORKERS COMP, WORKERS COMP REQUIREMENT	50,098	50,359	0	0
28. Nebraska	NE		0	0	0	0
29. Nevada	NV	B STATUTORY REQUIREMENT	298,627	300,633	0	0
30. New Hampshire	NH		0	0	0	0
31. New Jersey	NJ		0	0	0	0
32. New Mexico	NM	B STATUTORY REQUIREMENT	105,419	106,002	0	0
33. New York	NY		0	0	0	0
34. North Carolina	NC	B STATUTORY REQUIREMENT	299,982	301,443	0	0
35. North Dakota	ND		0	0	0	0
36. Ohio	OH		0	0	0	0
37. Oklahoma	OK		0	0	0	0
38. Oregon	OR	B WORKERS COMP REQUIREMENT, WORKERS COMP	274,818	276,908	350,662	347,457
39. Pennsylvania	PA		0	0	0	0
40. Rhode Island	RI		0	0	0	0
41. South Carolina	SC	B STATUTORY REQUIREMENT	0	0	315,389	324,210
42. South Dakota	SD		0	0	0	0
43. Tennessee	TN	B STATUTORY REQUIREMENT	0	0	120,213	120,632
44. Texas	TX	B STATUTORY REQUIREMENT	0	0	2,101,174	2,098,172
45. Utah	UT		0	0	0	0
46. Vermont	VT		0	0	0	0
47. Virginia	VA	B STATUTORY REQUIREMENT	0	0	510,089	509,087
48. Washington	WA		0	0	0	0
49. West Virginia	WV		0	0	0	0
50. Wisconsin	WI		0	0	0	0
51. Wyoming	WY		0	0	0	0
52. American Samoa	AS		0	0	0	0
53. Guam	GU		0	0	0	0
54. Puerto Rico	PR		0	0	0	0
55. U.S. Virgin Islands	VI		0	0	0	0
56. Northern Mariana Islands	MP		0	0	0	0
57. Canada	CAN		0	0	0	0
58. Aggregate Alien and Other	DT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	4,594,436	4,638,530	10,311,899	10,336,393
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0

ALPHABETICAL INDEX

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PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENTFOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE**Guarantee Insurance Company**

NAIC Group Code 3493 0000 NAIC Company Code 11398 Employer's ID Number 22-2222789
(Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry FL
Country of Domicile United States of America

Incorporated/Organized 01/25/1965 Commenced Business 04/01/1965

Statutory Home Office 401 E. Las Olas Blvd., Suite 1540 Fort Lauderdale, FL, US 33301
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 401 E. Las Olas Blvd., Suite 1540
(Street and Number)
Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 401 E. Las Olas Blvd., Suite 1540 Fort Lauderdale, FL, US 33301
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 401 E. Las Olas Blvd., Suite 1540
(Street and Number)
Fort Lauderdale, FL, US 33301 954-556-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.guaranteegins.com

Statutory Statement Contact Michael John Sluka 954-556-1600
(Name) (Area Code) (Telephone Number)
mjsluka@guaranteegins.com 954-333-6840
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Michael John Sluka # Secretary Eric Stephen Dawson #
Chief Financial Officer David Alan Skup

OTHER**DIRECTORS OR TRUSTEES**

Michael John Sluka David Alan Skup # Richard Franklin Allen
Joseph Edward Babin # Charles Timothy Morris #

State of Florida SS:
County of Broward

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Sluka
President & Chief Executive Officer

David Alan Skup
Chief Financial Officer & Treasurer

Eric Stephen Dawson
Secretary

Subscribed and sworn to before me this _____ day of _____

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

Yes [X] No []

Jessica V. Naulty-Wills
Comm # FF 898518
October 31, 2019



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1. Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2. Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3. Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5. Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1. Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2. Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1. Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2. Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3. Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4. Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5. Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6. Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7. All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8. Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,701,982	1,690,928	0	501,373	741,065	585,823	1,734,226	231,403	75,267	500,318	159,061	58,072
17.1. Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2. Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3. Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1. Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2. Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3. Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4. Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1. Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2. Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,701,982	1,690,928	0	501,373	741,065	585,823	1,734,226	231,403	75,267	500,318	159,061	58,072
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3406.												
3409.												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 thru 3403 plus 3406 thru 3409)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1. Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2. Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3. Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5. Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1. Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2. Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1. Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2. Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3. Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4. Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5. Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6. Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7. All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8. Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	5,094,682	5,094,014	0	1,886,895	1,896,087	1,146,848	3,635,702	471,788	586,316	1,140,052	473,323	231,838
17.1. Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2. Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3. Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1. Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2. Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3. Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4. Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1. Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2. Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins to other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	5,094,682	5,094,014	0	1,886,895	1,896,087	1,146,848	3,635,702	471,788	586,316	1,140,052	473,323	231,838
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF California

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 All fire lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence	0	0	0	0	11,825	(9,645)	172,470	40,333	56,883	87,446	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	0	0	0	0	11,825	(9,645)	172,470	40,333	56,883	87,446	0	0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2016

NAIC Company Code 11398

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
	1	2										
	Direct Premiums Written	Direct Premiums Earned	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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,943,563	1,603,494	0	772,461	740,955	943,201	1,210,945	257,805	254,675	320,133	172,301	105,235
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,943,563	1,603,494	0	772,461	740,955	943,201	1,210,945	257,805	254,675	320,133	172,301	105,235
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5 Private flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	1,301,745	2,215,994	.0	676,615	752,507	1,555,422	1,588,535	232,311	404,913	429,870	121,655	75,010
17.1 Other Liability - occurrence	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability - claims made	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3 Excess workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	1,301,745	2,215,994	.0	676,615	752,507	1,555,422	1,588,535	232,311	404,913	429,870	121,655	75,010
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3499. Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3499)(Line 34 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	2,184,488	2,100,490	0	1,152,633	524,181	775,227	760,887	282,426	363,788	320,627	204,151	125,874
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	2,184,488	2,100,490	0	1,152,633	524,181	775,227	760,887	282,426	363,788	320,627	204,151	125,874
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financiel guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	61,028,121	57,559,947	68,347	29,544,716	35,339,327	31,930,165	65,612,051	12,399,008	12,265,356	18,175,524	5,703,448	3,516,591
17.1 Other Liability - occurrence	0	0	0	0	0	(31,685)	1,428,323	254,862	123,605	125,132	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	61,028,121	57,559,947	68,347	29,544,716	35,339,327	31,958,500	67,038,374	12,652,570	12,389,161	18,300,656	5,703,448	3,516,591
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	19,800,885	19,469,430	0	9,978,340	9,362,857	5,848,616	15,990,179	3,584,723	3,190,389	5,957,881	1,850,922	1,140,982
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	19,800,885	19,469,430	0	9,978,340	9,362,857	5,848,616	15,990,179	3,584,723	3,190,389	5,957,881	1,850,922	1,140,982
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498/Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2016

NAIC Company Code 11398

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
	1	2										
	Direct Premiums Written	Direct Premiums Earned	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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1. Allied lines												
2.2. Multiple peril crop												
2.3. Federal flood												
2.4. Private crop												
2.5. Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
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 (b)												
14. Credit accident and health (group and individual)												
15.1. Collectively renewable accident and health (b)												
15.2. Non-cancelable accident and health (b)												
15.3. Guaranteed renewable accident and health (b)												
15.4. Non-renewable for stated reasons only (b)												
15.5. Other accident only												
15.6. Medicare Title XVIII exempt from state taxes or fees												
15.7. All other accident and health (b)												
15.8. Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1. Other Liability - occurrence												
17.2. Other Liability - claims made												
17.3. Excess workers' compensation												
18. Products liability												
19.1. Private passenger auto no-fault (personal injury protection)												
19.2. Other private passenger auto liability												
19.3. Commercial auto no-fault (personal injury protection)												
19.4. Other commercial auto liability												
21.1. Private passenger auto physical damage												
21.2. Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3408.												
3499.												
Summary of remaining write-ins for Line 34 from overflow page												
Totals (Lines 3401 thru 3403 plus 3499/Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal food.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private food.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-renewable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	334,473	375,627	0	97,992	123,974	1,378	115,803	7,402	9,594	15,855	31,288	19,273
17.1 Other Liability - occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	334,473	375,627	0	97,992	123,974	1,378	115,803	7,402	9,594	15,855	31,288	19,273
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	9,280,808	9,188,955	0	4,199,782	3,997,171	1,834,348	7,474,919	1,411,633	822,857	1,697,067	865,478	533,631
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	9,280,808	9,188,955	0	4,199,782	3,997,171	1,834,348	7,474,919	1,411,633	822,857	1,697,067	865,478	533,631
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2016

NAIC Company Code 11398

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
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1. Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2. Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3. Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4. Private crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5. Private flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1. Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2. Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1. Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2. Non-cancelable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3. Guaranteed renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4. Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5. Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6. Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7. All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8. Federal employees health benefits plan premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	2,303,755	1,777,572	.0	1,214,192	952,159	854,084	3,031,357	347,201	314,077	591,059	215,300	132,748
17.1. Other Liability - occurrence	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2. Other Liability - claims made	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3. Excess workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1. Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2. Other private passenger auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.3. Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4. Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1. Private passenger auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2. Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	2,303,755	1,777,572	.0	1,214,192	952,159	854,084	3,031,357	347,201	314,077	591,059	215,300	132,748
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$.0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	4,282,170	3,777,591	0	2,614,160	1,943,954	2,338,781	2,020,975	531,081	774,345	704,994	400,195	246,749
17.1 Other Liability - occurrence	0	0	0	0	0	0	15	0	0	14,047	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	4,282,170	3,777,591	0	2,614,160	1,943,954	2,338,781	2,020,994	531,081	774,345	719,041	400,195	246,749
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1	2										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	136,731	181,436	0	18,604	138,465	(385,261)	153,088	34,086	(22,365)	88,018	12,778	7,879
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	136,731	181,436	0	18,604	138,465	(385,261)	153,088	34,086	(22,365)	88,018	12,778	7,879
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1. Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2. Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3. Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5. Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1. Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2. Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1. Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2. Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3. Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4. Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5. Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6. Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7. All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8. Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	4,050,649	3,788,145	0	2,120,700	1,137,326	2,168,171	2,192,431	366,190	714,304	779,680	378,558	233,408
17.1. Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2. Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3. Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1. Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2. Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3. Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4. Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1. Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2. Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	4,050,649	3,788,145	0	2,120,700	1,137,326	2,168,171	2,192,431	366,190	714,304	779,680	378,558	233,408
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2016

NAIC Company Code 11398

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
	1	2										
	Direct Premiums Written	Direct Premiums Earned	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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
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 (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health (b)												
15.3 Guaranteed renewable accident and health (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401. _____												
3402. _____												
3403. _____												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1. Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2. Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3. Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5. Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1. Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2. Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1. Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2. Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3. Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4. Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5. Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6. Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7. All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8. Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	5,047,987	5,094,689	0	2,609,697	2,377,481	5,390,525	5,246,382	894,173	1,894,489	1,647,785	555,222	348,501
17.1. Other liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2. Other liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3. Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1. Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2. Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3. Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4. Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1. Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2. Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	5,047,987	5,094,689	0	2,609,697	2,377,481	5,390,525	5,246,382	894,173	1,894,489	1,647,785	555,222	348,501
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2016

NAIC Company Code 11398

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
	1	2										
	Direct Premiums Written	Direct Premiums Earned	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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
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 (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	3,571,315	3,569,139	0	1,455,812	2,630,624	4,903,220	5,504,474	857,587	1,545,033	1,862,698	333,761	205,788
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	3,571,315	3,569,139	0	1,455,812	2,630,624	4,903,220	5,504,474	857,587	1,545,033	1,862,698	333,761	205,788
3401. DETAILS OF WRITE-INS												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	1 Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1. Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2. Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3. Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.5. Private flood.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1. Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2. Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1. Collectively renewable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2. Non-cancelable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3. Guaranteed renewable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4. Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5. Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6. Medicare Title XVII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7. All other accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8. Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	7,319,811	6,832,755	0	3,219,482	4,652,415	3,026,275	9,456,146	1,171,016	803,066	1,276,937	694,061	421,786
17.1. Other Liability - occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2. Other Liability - claims made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3. Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1. Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2. Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3. Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4. Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1. Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2. Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	7,319,811	6,832,755	0	3,219,482	4,652,415	3,026,275	9,456,146	1,171,016	803,066	1,276,937	694,061	421,786
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	223,179	135,787	0	119,698	57,416	84,383	148,227	14,357	18,818	17,093	20,657	12,860
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	223,179	135,787	0	119,698	57,416	84,383	148,227	14,357	18,818	17,093	20,657	12,860
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	1 Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal food	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private food	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	4,335,035	4,224,370	0	1,905,635	2,355,593	2,191,954	3,782,393	555,600	572,555	915,064	405,229	249,853
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	4,335,035	4,224,370	0	1,905,635	2,355,593	2,191,954	3,782,393	555,600	572,555	915,064	405,229	249,853
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expense	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5 Private flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	1,884,305	1,798,808	.0	955,777	733,021	241,274	945,021	381,009	358,216	378,494	178,100	106,578
17.1 Other Liability - occurrence	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability - claims made	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3 Excess workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	1,884,305	1,798,808	.0	955,777	733,021	241,274	945,021	381,009	358,216	378,494	178,100	106,578
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$.0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1	2										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
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 (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health (b)												
15.3 Guaranteed renewable accident and health (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401. _____												
3402. _____												
3403. _____												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	32,022,515	29,916,266	0	14,603,789	17,150,441	16,699,570	37,966,071	7,436,589	7,473,280	9,401,320	2,992,696	1,945,217
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	415,200	39,699	45,904	52,635	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	32,022,515	29,916,266	0	14,603,789	17,150,441	16,699,570	38,401,280	7,536,436	7,516,794	9,493,955	2,992,696	1,945,217
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498/Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,189,170	942,999	0	42,016	357,560	396,699	554,517	105,067	80,126	111,804	111,135	68,523
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,189,170	942,999	0	42,016	357,560	396,699	554,517	105,067	80,126	111,804	111,135	68,523
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal food	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private food	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	35,785,643	35,918,404	0	15,123,035	15,993,707	18,832,802	31,339,579	5,594,546	3,937,242	6,356,921	3,436,095	2,118,585
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	35,785,643	35,918,404	0	15,123,035	15,993,707	18,785,478	31,791,277	5,608,285	3,938,295	6,418,472	3,436,095	2,118,585
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal food	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private food	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	10,337,622	11,031,304	0	4,305,880	4,515,342	5,431,214	7,155,573	1,291,929	1,259,211	1,888,860	965,114	595,679
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins to other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	10,337,622	11,031,304	0	4,305,880	4,515,342	5,431,214	7,155,573	1,291,929	1,259,211	1,888,860	965,114	595,679
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3485. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3485) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
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 (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health (b)												
15.3 Guaranteed renewable accident and health (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	8,200,375	8,789,189	0	2,955,315	3,091,896	1,124,430	6,363,827	1,039,706	510,574	1,634,149	786,375	472,526
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	8,200,375	8,789,189	0	2,955,315	3,091,896	1,124,430	6,363,827	1,039,706	510,574	1,634,149	786,375	472,526
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	1 Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,124,627	1,049,920	0	344,405	187,934	144,754	251,363	43,974	41,240	66,848	105,103	64,804
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,124,627	1,049,920	0	344,405	187,934	144,754	251,363	43,974	41,240	66,848	105,103	64,804
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	15,630,015	14,341,670	0	7,740,088	11,003,494	10,554,157	23,722,338	3,312,982	2,976,670	3,664,880	1,480,720	900,640
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	15,630,015	14,341,670	0	7,740,088	11,003,494	10,554,157	23,722,338	3,312,982	2,976,670	3,664,880	1,480,720	900,640
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	1 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal food	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private food	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	10,957,346	9,998,242	0	4,798,820	5,485,645	8,642,622	11,508,226	1,842,819	2,130,358	3,108,994	1,024,030	531,389
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	10,957,346	9,998,242	0	4,798,820	5,485,645	8,642,622	11,508,226	1,842,819	2,130,358	3,108,994	1,024,030	531,389
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire.....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines.....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal food.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private food.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine.....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	260,888	214,480	0	110,016	80,827	195,072	208,164	12,172	25,608	54,674	24,382	15,033
17.1 Other Liability - occurrence.....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	260,888	214,480	0	110,016	80,827	195,072	208,164	12,172	25,608	54,674	24,382	15,033
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2016

NAIC Company Code 11398

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	2,185,788	2,575,706	0	1,050,880	622,170	828,012	1,165,695	292,293	408,980	282,778	204,275	125,951
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	2,185,788	2,575,706	0	1,050,880	622,170	828,012	1,165,695	292,293	408,980	282,778	204,275	125,951
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2016

NAIC Company Code 11398

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
	1	2										
	Direct Premiums Written	Direct Premiums Earned	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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
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 (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health (b)												
15.3 Guaranteed renewable accident and health (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1. Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2. Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3. Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5. Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1. Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2. Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1. Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2. Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3. Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4. Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5. Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6. Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7. All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8. Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	9,050,371	8,745,937	0	3,914,827	8,632,506	9,432,167	15,610,912	1,906,125	1,432,703	2,344,451	845,812	521,505
17.1. Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2. Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3. Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1. Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2. Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3. Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4. Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1. Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2. Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	9,050,371	8,745,937	0	3,914,827	8,632,506	9,432,167	15,610,912	1,906,125	1,432,703	2,344,451	845,812	521,505
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence	0	0	0	0	0	7,297	7,297	12,490	20,000	7,510	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	0	0	0	0	0	7,297	7,297	12,490	20,000	7,510	0	0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	1 Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	271,180	480,047	0	140,935	658,025	(401,434)	1,317,145	123,895	62,995	51,938	25,342	15,625
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	271,180	480,047	0	140,935	658,025	(401,434)	1,317,145	123,895	62,995	51,938	25,342	15,625
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498/Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	(22,365)	(22,431)	0	0	43,807	(195,433)	42,982	16,028	4,375	13,403	(2,090)	(1,269)
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	(22,365)	(22,431)	0	0	43,807	(195,433)	42,982	16,028	4,375	13,403	(2,090)	(1,269)
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3466. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3469. Totals (Lines 3401 thru 3403 plus 3466/Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2016

NAIC Company Code 11398

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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 and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expense	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	268,233,724	259,484,955	58,347	123,380,378	142,230,971	144,197,276	274,717,093	45,141,425	45,091,225	67,301,522	25,088,068	15,455,290
17.1 Other Liability - occurrence	0	0	0	0	11,825	(90,555)	2,473,012	351,091	247,245	386,721	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	268,233,724	259,484,955	58,347	123,380,378	142,242,796	144,105,721	277,190,025	45,502,517	45,338,471	67,690,243	25,088,068	15,455,290
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 1

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

1	2	3	4	5	Reinsurance On		8	9	10	11	12	13	14	15
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
0499999	Total - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0
0799999	Total - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0
0899999	Total - Affiliates			0	0	0	0	0	0	0	0	0	0	0
13-630310	19399	All Insurance Company	NY	0	30	135	165	0	0	0	0	0	0	0
35-0719585	9232	Allstate Insurance Company/Northbrook Indemnity	IL	0	93	417	510	0	0	0	0	0	0	0
47-040411	31127	Columbia Casualty Company	IL	0	47	209	256	0	0	0	0	0	0	0
35-2114545	20443	Continental Casualty Company	IL	0	159	715	874	0	0	0	0	0	0	0
13-501040	35299	Continental Insurance Co	PA	0	57	433	530	0	0	0	0	0	0	0
22-0005057	26521	Everest Reinsurance Company/Prudco Syndicate	DE	0	31	138	169	0	0	0	0	0	0	0
22-1526365	11594	Integrity Insurance Company	NJ	0	45	204	249	0	0	0	0	0	0	0
13-1916583	23493	Midland Insurance Co	NY	0	61	274	335	0	0	0	0	0	0	0
35-1475332	22451	Midstates Re/Lead Reinsurance Corp	IL	0	177	794	971	0	0	0	0	0	0	0
13-1975535	25364	Swiss Re America Corp/Northern Transport Insurance Co	NY	0	129	577	706	0	0	0	0	0	0	0
75-0784127	33014	Transport Insurance Co	OK	0	57	255	312	0	0	0	0	0	0	0
15-0478880	25275	Utica Mutual Insurance Co	NY	0	77	346	423	0	0	0	0	0	0	0
38-0254050	21458	Kansas Int'l Underwriters Inc	WI	0	37	168	205	0	0	0	0	0	0	0
13-2988046	37893	Ullico Casualty Co	DE	0	0	0	0	0	7,498	0	0	0	0	0
35-423458	16535	Zurich Insurance Company	NY	26	(550)	5,481	4,931	0	34	0	23,311	0	0	8,251
31-1024978	41257	Scottsdale Insurance Company	OK	4,830	0	8,043	8,043	0	(14,164)	0	0	0	0	19,235
20-0326583	11828	Stonecoast Insurance Company	NC	0	0	0	0	0	53	0	500	0	0	0
0999998	Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000			0	247	1,059	1,346	0	0	0	2,368	0	0	0
0999999	Total Other U.S. Unaffiliated Insurers			4,866	737	19,288	20,025	0	3,421	0	26,179	850	0	27,486
MA-9992118	00000	National Workers' Comp Reins Pools	NY	5,772	0	5,942	5,942	0	29	2,270	0	0	0	5,190
1099998	Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools			0	0	0	0	0	0	0	0	0	0	0
1099999	Total Pools, Associations or Other Similar Facilities - Mandatory Pools			6,772	0	5,942	6,942	0	29	2,270	0	0	0	5,190
MA-9995022	00000	Excess and Casualty Reins Association	NY	0	34	887	921	0	0	0	0	0	0	0
1199998	Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools			0	0	0	0	0	0	0	0	0	0	0
1199999	Total Pools, Associations or Other Similar Facilities - Voluntary Pools			0	34	887	921	0	0	0	0	0	0	0
1299999	Total - Pools and Associations			6,772	34	7,829	7,863	0	29	2,270	0	0	0	5,190
00-000000	00000	Mutual Marine Office	272	0	40	151	221	0	0	0	0	0	0	0
1399998	Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000			0	6	26	32	0	0	0	0	0	0	0
1399999	Total Other Non-U.S. Insurers			0	46	207	253	0	0	0	0	0	0	0
9999999	Totals			11,638	817	27,324	28,141	0	3,450	2,270	26,179	850	0	32,676

SCHEDULE F - PART 2

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - (16 + 17)	Funds Held By Company Under Reinsurance Treaties	
0499999. Total Authorized - Affiliates - U.S. Non-Pool						0	0	0	0	0	0	0	0	0	0	0	0	0	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)						0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. Total Authorized - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0	0
47-036679	20007	National Indemnity Co.	NE		3,859	128	2,400	523	13,799	3,144	0	0	0	23,853	0	0	23,853	0	
31-118435	23612	Midwest Employers	DE		0	685	0	140	31	9,003	801	0	0	10,570	100	0	10,570	0	
08-1481194	10829	Market Global Reinsurance Company	DE		144	0	0	0	0	116	4	55	0	165	530	0	1,345	0	
13-1230712	20593	XL Reinsurance America	NY		844	0	0	0	0	147	13	360	0	540	0	0	540	0	
13-6106721	26433	Harco National Insurance Company	IL		0	19	5	381	77	1,900	750	0	0	3,133	0	0	3,133	0	
04-1508440	11835	Paris Re America Insurance Company	DE		0	0	36	300	40	1,464	750	0	0	2,590	0	0	2,590	0	
13-3029255	38322	General Security National Insurance Company/Sorens	NY		0	3	10	1	1	100	0	0	0	115	0	0	115	0	
13-3531373	10006	Partner Insurance Company of New York	NY		0	0	0	37	1	178	0	0	0	214	0	0	214	0	
75-1570124	38318	Starr Indemnity & Liability Co.	TX		0	44	13	58	1	554	0	0	0	770	0	0	770	0	
02-0537812	38987	Sompo Japan Fire & Marine Insurance Co. of America	NY		0	250	0	174	0	165	0	0	0	589	0	0	589	74	
13-1575335	23364	Swiss Reinsurance America Corporation	NY		0	1,330	480	1,523	322	7,732	2,247	0	0	13,694	0	0	13,694	0	
13-5458190	21113	United States Fire Insurance Company / Q&F Riverstone	DE		0	10	0	81	0	876	0	0	0	957	0	0	957	0	
43-0727872	15105	Safety National Casualty Corporation	MD		2,041	107	0	2,435	188	8,324	2,172	956	0	14,183	1,380	0	12,803	0	
13-1598482	11957	General Star National Insurance Co.	DE		0	1	36	40	5	1,009	30	0	0	1,121	0	0	1,121	0	
22-2005057	26521	Everest Re Group Ltd.	DE		0	0	91	215	25	846	250	0	0	1,427	0	0	1,427	0	
00-0000000	00000	National Casualty Company	WI		0	0	0	11	1	102	0	0	0	114	0	0	114	0	
06-128276	38153	Aetna Insurance Company	CT		0	1	29	28	3	506	0	0	0	558	0	0	558	0	
16-038830	22314	RSU Indemnity Company	NH		0	27	80	20	2	704	0	0	0	833	0	0	833	0	
06-1059432	41629	New England Reinsurance Corporation	CT		0	14	47	15	1	253	0	0	0	330	0	0	330	0	
25-0885539	81445	National Union Fire Insurance Company of Pittsburgh, PA	PA		0	4	56	175	15	937	150	0	0	1,347	0	0	1,347	0	
23-1642882	12262	Pennsylvania Manufacturers Assoc Ins Co	PA		0	2	39	31	3	307	0	0	0	382	0	0	382	0	
00-0000000	00000	OneBeacon Insurance Group	MA		0	0	0	40	3	408	0	0	0	451	0	0	451	0	
13-3054070	38946	Paladin Reinsurance Corporation	NY		0	0	0	25	2	255	0	0	0	282	0	0	282	0	
00-0000000	00000	Pruco Syndicate Inc	DE		0	0	0	20	2	204	0	0	0	225	0	0	225	0	
00-0000000	00000	Essex Syndicate Inc	NY		0	0	0	10	1	102	0	0	0	113	0	0	113	0	
00-0000000	00000	Golden Hill Syndicate Inc	NY		0	0	0	10	1	102	0	0	0	113	0	0	113	0	
00-0000000	00000	NRG American Syndicate Inc	DE		0	0	0	40	3	408	0	0	0	451	0	0	451	0	
00-0000000	00000	AIG Multi-line Syndicate Inc	NY		0	0	0	10	1	102	0	0	0	113	0	0	113	0	
00-0000000	00000	ANEX Syndicate Inc	NY		0	0	0	10	1	102	0	0	0	113	0	0	113	0	
00-0000000	00000	International American Syndicate	NY		0	0	0	10	1	102	0	0	0	113	0	0	113	0	
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)						0	8	16	1	2	1	0	0	28	2	0	26	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers						3,009	6,334	1,058	8,242	1,256	50,805	10,311	1,401	0	79,418	2,012	0	77,406	74
1099999. Total Authorized - Pools - Mandatory Pools						0	0	0	0	0	0	0	0	0	0	0	0	0	0
JA-1120337	00000	Aspen Insurance UK Ltd	GBR		1,694	52	0	1,328	220	6,752	1,418	728	0	10,498	1,045	0	9,453	0	
JA-1125760	00000	Advent Syndicate 780	GBR		238	0	0	156	7	1,288	13	112	0	1,587	138	0	1,448	0	
JA-1127414	00000	Ascot Syndicate 1414	GBR		406	0	0	101	7	1,223	28	191	0	1,550	238	0	1,252	0	
JA-1128006	00000	Liberty Syndicate 4472	GBR		781	21	0	1,328	212	5,745	1,276	330	0	9,912	513	0	9,399	0	
JA-1128687	00000	Lloyd's Syndicate Brit 2367	GBR		2,550	37	0	1,822	305	6,726	1,219	1,82	0	11,231	1,764	0	9,527	0	
JA-1128003	00000	Catlin U S Syndicate 2003	GBR		(36)	2,000	0	1,515	262	6,503	1,057	0	0	11,337	0	0	11,337	0	
JA-1127084	00000	Chester Syndicate 1064	GBR		0	8	0	140	32	1,526	45	416	0	2,170	661	0	1,508	0	
JA-1128001	00000	Anlin Syndicate 2001	GBR		1,275	165	0	2,332	261	9,216	122	586	0	12,693	826	0	11,867	0	
00-0000000	00000	Barbican Syndicate 1695	GBR		35	135	0	1,120	131	5,843	1,020	0	0	8,249	(55)	0	8,305	0	
JA-1340125	00000	Hannover RK	GBR		2,402	130	0	3,882	416	16,485	2,023	1,108	0	24,044	1,548	0	22,496	0	
JA-1125004	00000	Lloyds Syndicate 4444	GBR		368	0	0	2	0	341	19	82	0	544	287	0	257	0	
JA-1129773	00000	Metro Rein Co (UK) Ltd	GBR		0	0	0	82	5	913	0	0	0	990	0	0	990	0	
JA-1130001	00000	CAN AM Underwriters LTD	CAN		0	0	0	4	0	101	0	0	0	105	0	0	105	0	
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)						371	0	0	1	1	92	7	167	228	205	0	22	0	
1299999. Total Authorized - Other Non-U.S. Insurers						11,023	2,549	0	13,753	1,859	63,725	8,247	5,015	0	95,188	7,230	0	87,958	0
1399999. Total Authorized						14,052	8,883	1,068	22,035	3,115	114,531	18,558	6,416	0	174,606	9,242	0	165,364	74

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - (16 + 17)	Funds Held By Company Under Reinsurance Treaties	
1499999		Total Unauthorized - Affiliates - U.S. Intercompany Pooling			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1799999		Total Unauthorized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2099999		Total Unauthorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999		Total Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
36-147332	20451	Midstates Reins Corp	IL		0	5	0	85	0	81	0	0	0	172	0	0	172	30	
27-03540	13855	Koehnle Reins Corp	MT		0	0	0	1,695	259	83	82	0	0	2,139	(212)	0	2,351	(3,886)	
2299999		Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	25	43	107	4	109	0	0	0	288	0	0	288	125	
2299999		Total Unauthorized - Other U.S. Unaffiliated Insurers			0	31	43	1,887	303	273	62	0	0	2,599	(212)	0	2,811	(3,730)	
2399999		Total Unauthorized - Pools - Mandatory Pools			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-9895022	1-00000	Excess and Casualty Reins Assoc	NY		0	1	57	83	14	15	0	0	0	183	0	0	183	0	
2499999		Total Unauthorized - Pools - Voluntary Pools			0	1	57	83	14	15	0	0	0	183	0	0	183	0	
AA-3193829	00000	Alterra Bermuda	BMU		117	318	0	1,908	156	3,902	27	0	0	6,311	0	0	6,311	0	
00-0000000	00000	Tokio Millennium	BMU		108	50	20	1,600	118	3,085	18	52	0	5,574	(30)	0	5,574	0	
AA-1580015	00000	AIG Insurance Company Ltd.	JPN		0	25	0	202	0	191	0	0	0	419	0	0	419	102	
AA-1220030	00000	Generall Holding	NLD		0	8	0	33	0	88	0	0	0	129	0	0	129	50	
AA-1900090	00000	Kyoei Mutual Fire & Marine Insurance Company	JPN		0	14	0	100	0	94	0	0	0	208	0	0	208	48	
AA-1380156	00000	Milli RI Gruppo Rassicurativo	ITA		0	51	0	331	0	313	0	0	0	705	0	0	705	148	
AA-5340680	00000	New India Assurance Company Ltd.	IND		0	21	0	59	0	55	0	0	0	136	0	0	136	30	
AA-9240100	00000	People's Insurance Company of China	CHN		0	190	0	161	0	192	0	0	0	503	0	0	503	280	
AA-1588750	00000	Scottish & York Holdings Ltd.	CAN		0	104	0	498	0	477	0	0	0	1,079	0	0	1,079	0	
AA-1420110	00000	Sparebank 1 Skadeforsikring Aktieselskab / Samvirke	NOR		0	0	0	51	0	48	0	0	0	99	0	0	99	117	
AA-1564019	00000	Traders General Insurance Company	CAN		0	165	0	445	0	421	0	0	0	1,032	0	0	1,032	83	
AA-1420080	00000	Uni Mutual General Insurance Company	NOR		0	39	0	51	0	48	0	0	0	138	0	0	138	30	
AA-0052747	00000	Victoria Reins Ltd	CAN		0	17	0	108	0	103	0	0	0	228	0	0	228	38	
AA-3190642	00000	IAT Reins Syndicate LTD	BMU		0	27	5	323	58	0	0	0	0	414	0	0	414	0	
AA-3190580	00000	Universal Reinsurance Company	BMU		0	32	100	27	3	5	0	0	0	168	0	0	168	0	
AA-370382	00000	Alpine	CYM		426	0	0	3,861	1,451	385	145	2	0	5,856	(48)	0	5,905	5,322	
AA-370382	00000	Alpine SPC 108	CYM		(90)	32	0	0	0	9	10	0	0	111	(40)	0	151	(68)	
AA-370342	00000	Ancora Re	CYM		15,996	84	28	23,082	9,032	2,621	976	19	0	35,842	2,575	0	33,267	23,408	
AA-370342	00000	Ancora Re SPC 102	CYM		0	19	0	31	17	14	12	0	0	63	4	0	149	0	
AA-370342	00000	Ancora Re SPC 107	CYM		816	0	0	1,317	370	632	241	683	0	3,223	707	0	2,516	2,518	
AA-370403	00000	Atlas Re	CYM		14,004	0	0	3,695	1,745	2,070	1,689	8	0	9,178	961	0	8,217	9,175	
AA-3704125	00000	Caledonian SPC 104 - Active	CYM		1,076	0	0	1,417	414	150	41	468	0	2,460	592	0	1,868	1,212	
AA-3704125	00000	Caledonian SPC 104 - Run Off	CYM		0	0	0	141	64	15	3	0	0	230	0	0	230	55	
AA-3704125	00000	Caledonian SPC 113	CYM		840	0	0	298	111	347	498	0	0	1,212	88	0	1,144	1,203	
AA-3704125	00000	Caledonian SPC 115	CYM		0	0	0	388	34	110	50	0	0	582	57	0	515	463	
AA-3704125	00000	Caledonian SPC 123	CYM		0	361	0	5	0	15	7	0	0	389	(18)	0	408	(200)	
AA-3704125	00000	Caledonian SPC 125	CYM		(123)	613	0	231	69	30	19	0	0	1,052	2	0	1,050	354	
AA-3704125	00000	Caledonian SPC 127	CYM		0	0	0	251	28	(57)	5	0	0	228	4	0	224	438	
AA-3704125	00000	Caledonian SPC 141	CYM		15	82	0	294	54	28	5	0	0	454	25	0	429	0	
AA-3704125	00000	Caledonian SPC 145	CYM		927	0	0	292	83	35	51	0	0	521	47	0	474	1,170	
AA-3704125	00000	Caledonian SPC 149	CYM		0	215	0	107	18	(4)	16	0	0	352	92	0	260	0	
AA-3704125	00000	Caledonian SPC 152	CYM		174	247	0	80	14	(8)	8	28	0	369	(53)	0	422	0	
AA-3704125	00000	Caledonian SPC 155	CYM		0	585	0	11	(11)	(1)	1	0	0	865	0	0	865	11	
00-0000000	00000	Cherokee Re	CYM		243	0	0	861	222	(83)	0	0	0	1,020	215	0	805	1,711	
AA-3703916	00000	Endeavor Re	CYM		14,288	0	0	3,431	1,551	1,830	995	7,038	0	14,845	2,627	0	12,218	12,218	
00-0000000	00000	GOM Insurance Company Ltd.	CYM		95	0	0	130	42	137	47	0	0	356	34	0	322	102	
AA-3703556	00000	Green Oak SPC 107	CYM		0	410	0	0	5	49	21	0	0	495	42	0	443	158	
AA-3703556	00000	Green Oak SPC 109	CYM		558	308	0	373	111	(19)	1	248	0	1,023	260	0	763	0	
AA-3703556	00000	Green Oak Investors	CYM		12,774	0	0	2,902	1,121	2,418	908	0	0	7,350	875	0	6,475	9,455	
AA-3704002	00000	Hankayo Re	CYM		(2,039)	0	0	1,998	952	343	1,088	1	0	4,393	(2,354)	0	5,737	5,748	
AA-3703904	00000	Intrepid Re	CYM		36,748	0	0	8,045	3,340	2,432	3,784	10,895	0	28,498	4,771	0	23,727	23,820	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - (16 + 17)	Funds Held By Company Under Reinsurance Treaties	
AA-370421	00000	00 102	CYR		92	0	0	240	101	285	87	0	0	713	5	0	707	(375)	
AA-370421	00000	00 103	CYR		1,042	0	0	124	43	178	83	0	0	428	112	0	316	249	
AA-370421	00000	Old Dominion Re SPC	CYR		6,131	0	0	1,701	742	261	450	3,435	0	6,589	1,329	0	5,260	5,292	
AA-319155	00000	Tiberius Re	CYR		0	30	0	73	(1)	0	0	0	0	102	(21)	0	123	0	
AA-370423	00000	TW 11 102	CYR		291	0	0	1,385	585	(1)	1	1	0	1,952	(107)	0	2,059	1,333	
AA-370435	00000	Triple M III Re SPC 101	CYR		1,945	0	0	82	206	882	286	156	0	2,132	188	0	2,024	2,804	
AA-370435	00000	Triple M III Re	CYR		9,000	0	0	2,102	858	1,124	593	4,004	0	8,681	1,874	0	6,807	6,809	
AA-370423	00000	Triple M II Re	CYR		8,613	0	0	2,457	1,132	356	1,087	3,745	0	8,777	1,826	0	7,149	7,151	
AA-370413	00000	Triple M Re	CYR		12,817	0	0	3,187	1,175	463	648	6,232	0	11,766	2,945	0	8,820	8,830	
AA-370415	00000	Virginia Re SPC VA 101	CYR		1,886	0	0	105	32	313	90	894	0	1,394	105	0	1,289	1,878	
AA-370415	00000	Virginia Re	CYR		10,576	0	0	1,705	732	822	572	4,549	0	8,360	1,956	0	6,404	5,426	
00-000000	00000	Vestlake Re	CYR		7,494	0	0	1,225	535	280	295	3,278	0	5,613	1,373	0	4,240	4,243	
2599999. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)					1,470	165	0	603	112	435	137	340	0	1,792	(8)	0	1,800	3,274	
2599999. Total Unauthorized - Other Non-U.S. Insurers					82,432	4,345	154	74,811	27,515	28,583	14,934	46,107	0	196,429	22,784	0	173,645	148,247	
2699999. Total Unauthorized					82,432	4,377	264	76,781	27,832	28,854	14,986	46,107	0	199,211	22,572	0	176,639	144,517	
2799999. Total Certified - Affiliates - U.S. Intercompany Pooling					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3099999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3399999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-319039 [00000] Renaissance Reinsurance					0	2,964	0	811	51	0	0	0	0	3,826	0	0	3,826	0	0
3899999. Total Certified - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3899999. Total Certified - Other Non-U.S. Insurers					0	2,964	0	811	51	0	0	0	0	3,826	0	0	3,826	0	0
3999999. Total Certified					0	2,964	0	811	51	0	0	0	0	3,826	0	0	3,826	0	0
4099999. Total Authorized, Unauthorized and Certified					175,484	16,224	1,332	99,627	30,988	143,385	33,554	52,523	0	377,643	31,814	0	345,829	144,591	
4199999. Total Protected Cells					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					175,484	16,224	1,332	99,627	30,988	143,385	33,554	52,523	0	377,643	31,814	0	345,829	144,591	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1.	0.000	0
2.	0.000	0
3.	0.000	0
4.	0.000	0
5.	0.000	0

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

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1. Ancora Re	35,942	16,996	Yes [] No [X]
2. Intrepid Re	28,497	39,749	Yes [] No [X]
3. National Indemnity	23,652	0	Yes [] No [X]
4. Hemover RK	23,021	2,402	Yes [] No [X]
5. Endeavor Re	14,945	14,288	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				6 Current	7 1 to 29 Days	8 30 to 90 Days	9 91 to 120 Days	10 Over 120 Days	11 Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10		
0499999		Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0.0	0.0
0799999		Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0.0	0.0
0899999		Total Authorized - Affiliates		0	0	0	0	0	0	0	0.0	0.0
03-353373	0000	Partners Ins. Co. of NY	NY	0	0	0	0	0	0	0	0.0	0.0
04-153040	11935	Paris Re America Insurance Company	DE	36	0	0	0	0	36	0	0.0	0.0
13-302255	30322	General Security National Insurance Company/Sorensen	NY	13	0	0	0	0	13	0	0.0	0.0
47-035979	20087	National Ind. Co.	NE	3,787	0	0	0	0	3,787	0	0.0	0.0
10-545190	21113	United States Fire Ins. Co.	DE	9	0	0	0	0	9	0	0.0	0.0
75-167014	38318	Starr Indemnity & Liability Co.	TX	22	0	0	0	0	22	0	10.0	10.0
02-037812	38957	Sompo Japan Fire & Marine Ins. Co. Amer.	NY	37	0	0	0	0	37	0	86.0	86.0
31-1169455	23612	Midwest Employers Casualty Co.	DE	695	0	0	0	216	911	251	33.2	86.1
13-167535	25364	Swiss Reins America Corp.	DE	1,870	0	0	0	0	1,870	0	0.0	0.0
13-6106721	26433	Harco	IL	25	0	0	0	0	25	1,870	0.0	0.0
43-072772	15105	Safety National	MD	107	0	0	0	0	107	25	0.0	0.0
13-1598462	11957	General Star National Insurance Co.	DE	37	0	0	0	0	37	107	0.0	0.0
22-200507	26821	Everest Re Group Ltd.	DE	91	0	0	0	0	91	37	0.0	0.0
00-000000	00000	Mutual Fire, Marine & Inland Insurance Co.	DE	21	0	0	0	0	21	91	0.0	0.0
06-128276	36153	Aetna Insurance Company	CT	21	0	0	0	0	21	21	0.0	0.0
16-093830	22314	RSUI Indemnity Company	CT	68	0	0	0	0	68	0	0.0	0.0
06-1053492	41628	New England Reinsurance Corporation	CT	0	0	0	0	0	0	68	0.0	0.0
25-0565530	19445	National Union Fire Insurance Company of Pittsburgh, PA	PA	70	0	0	0	0	70	0	0.0	0.0
20-1642962	12282	Pennsylvania Manufacturers Association Insurance Company	PA	42	0	0	0	0	42	70	0.0	0.0
36-807400	28247	American Guarantee (Stella)	NY	22	0	0	0	0	22	42	0.0	0.0
0999999		Total Authorized - Other U.S. Unaffiliated Insurers		7,054	0	0	18	352	7,424	370	5.0	4.7
AA-895422	00000	Excess and Casualty Reins Assoc	NY	68	0	0	0	0	68	0	0.0	0.0
1199999		Total Authorized - Pools - Voluntary Pools		68	0	0	0	0	68	0	0.0	0.0
AA-180019	00000	Ani in Bermuda	ONE	49	0	0	0	0	49	0	0.0	0.0
AA-1128091	00000	Ani in Syndicate 2001	GBR	166	0	0	0	0	166	0	0.0	0.0
AA-1123337	00000	Aspen Insurance UK Ltd	GBR	52	0	0	0	0	52	0	0.0	0.0
00-000000	00000	Barbican Syndicate 1955	GBR	135	0	0	0	0	135	0	0.0	0.0
AA-1128887	00000	Brit Syndicate 2987	GBR	37	0	0	0	0	37	0	0.0	0.0
AA-1127094	00000	Chaucer Syndicate 1064	GBR	8	0	0	0	0	8	0	0.0	0.0
AA-1126006	00000	Lloyd's Syndicate 4472	GBR	11	0	0	0	0	11	0	0.0	0.0
AA-1340125	00000	Hannover RK	GBR	130	0	0	0	0	130	0	0.0	0.0
AA-1126006	00000	Liberty Syndicate	GBR	10	0	0	0	0	10	0	0.0	0.0
00-000000	00000	Tokio Mifflin	BMJ	49	0	0	0	0	49	0	0.0	0.0
AA-3190829	00000	Alterra Bermuda	BMJ	3,282	0	0	0	0	3,282	0	0.0	0.0
AA-1128003	00000	Catlin U.S. Syndicate 2003	GBR	2,000	0	0	0	0	2,000	0	0.0	0.0
1299999		Total Authorized - Other Non-U.S. Insurers		5,929	0	0	0	0	5,929	0	0.0	0.0
1399999		Total Authorized		13,051	0	0	18	352	13,421	370	2.8	2.8
1799999		Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0.0	0.0
2099999		Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0.0	0.0
2199999		Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0.0	0.0
05-0204430	24295	Providence Washington Ins Co	RI	2	0	0	0	20	22	22	90.9	50.9
00-000000	00000	Unione Italiana Reins Co. of Amer.	NY	2	0	0	0	1	3	3	33.3	33.3
35-1475332	20451	Midstates Reins Corp	IL	7	0	0	0	(1)	6	(1)	(16.7)	(16.7)
94-1032558	21040	Fremont Indemnity Company	CA	22	0	0	0	0	22	0	0.0	0.0
2299999		Total Unauthorized - Other U.S. Unaffiliated Insurers		33	0	0	0	20	53	22	37.7	37.7
AA-3190642	00000	IAT Reins Syndicate LTD	BMJ	34	0	0	0	0	34	0	0.0	0.0
AA-3770342	00000	Ancora Re	CYM	112	0	0	0	0	112	0	0.0	0.0
AA-1580015	00000	AIOL Ins. Co. Ltd.	JPN	8	0	0	0	0	8	26	30.8	0.0
AA-1801656	00000	Mill Ri Gruppo Riassicurativo	ITA	26	0	0	33	0	59	62	53.2	0.0
AA-5340660	00000	New India Assur Co. Ltd.	IND	4	0	0	2	15	21	21	81.0	71.4
AA-1220030	00000	Generali Holding	AUT	5	0	0	3	0	8	8	37.5	0.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiliary Jurisdiction	5 Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				6 Current	7 1 to 29 Days	8 30 to 90 Days	9 91 to 120 Days	10 Over 120 Days	11 Total Overdue Cols. 6 + 7 + 8 + 9	12 Total Due Cols. 5 + 10		
JA-1500430	00000	Temple Ins. Co.	CAN	0	0	0	0	24	24	24	100.0	100.0
JA-1500090	00000	Kyoei Mut Fire and Marine Ins. Co.	JPN	10	0	0	4	0	4	14	28.6	0.0
JA-1420110	00000	Sparebank 1 Skadeforsikring Aktieselskab (Samvirke)	NOR	0	0	0	0	0	0	0	0.0	0.0
JA-0052747	00000	Victoria Reins Ltd	TCA	2	0	0	4	11	15	17	88.2	84.7
JA-0240100	00000	Peoples Ins. Co. of China	CHN	23	0	0	9	158	167	160	87.9	83.2
JA-1501010	00000	Traders Gen Ins Co	CAN	41	0	0	37	88	125	166	75.3	53.0
JA-1420080	00000	Uni Mutual General Insurance Company	NOR	1	0	0	2	35	37	38	87.4	82.1
JA-1220035	00000	Gen Rückversicherung AG	AUT	1	0	0	1	0	1	2	50.0	0.0
JA-1500750	00000	Scottish and York Holdings LTD	CAN	32	0	0	17	54	71	103	68.9	52.4
JA-3700382	00000	Alpine SPC 108	CYN	92	0	0	0	0	0	92	0.0	0.0
JA-3700342	00000	Ancora Re SPC 102	CYN	19	0	0	0	0	0	19	0.0	0.0
JA-3700342	00000	Ancora Re SPC 106	CYN	40	0	0	0	0	0	40	0.0	0.0
JA-3700366	00000	Endeavor Re SPC 103	CYN	14	0	0	0	0	0	14	0.0	0.0
JA-3700356	00000	Green Oaks SPC 101	CYN	1	0	0	0	0	0	1	0.0	0.0
JA-3700356	00000	Green Oaks SPC 107	CYN	410	0	0	0	0	0	410	0.0	0.0
JA-3700356	00000	Green Oaks SPC 109	CYN	308	0	0	0	0	0	308	0.0	0.0
JA-3700356	00000	Green Oaks SPC 114	CYN	1	0	0	0	0	0	1	0.0	0.0
JA-3700356	00000	Green Oaks SPC 119	CYN	5	0	0	0	0	0	5	0.0	0.0
00-0000000	00000	Northwestern Indemnity Company LLC	CYN	1	0	0	0	0	0	1	0.0	0.0
JA-374125	00000	Caledonian SPC 123	CYN	361	0	0	0	0	0	361	0.0	0.0
JA-374125	00000	Caledonian SPC 125	CYN	813	0	0	0	0	0	813	0.0	0.0
JA-374125	00000	Caledonian SPC 141	CYN	62	0	0	0	0	0	62	0.0	0.0
JA-374125	00000	Caledonian SPC 149	CYN	215	0	0	0	0	0	215	0.0	0.0
JA-374125	00000	Caledonian SPC 160	CYN	28	0	0	0	0	0	28	0.0	0.0
JA-374125	00000	Caledonian SPC 162	CYN	247	0	0	0	0	0	247	0.0	0.0
JA-374125	00000	Caledonian SPC 166	CYN	865	0	0	0	0	0	865	0.0	0.0
JA-3191155	00000	Tiberius Re	CYN	30	0	0	0	0	0	30	0.0	0.0
JA-3180580	00000	Universal Reinsurance Company	BMU	132	0	0	0	0	0	132	0.0	0.0
00-0000000	00000	Tokio Re Corporation	JPN	21	0	0	0	0	0	21	0.0	0.0
JA-3130001	00000	CAN AM Underwriters LTD	CAN	6	0	0	0	0	0	6	0.0	0.0
2599999		Total Unauthorized - Other Non-U.S. Insurers		3,584	0	0	120	385	505	4,089	12.4	9.4
2699999		Total Unauthorized		3,617	0	0	120	405	525	4,142	12.7	9.8
3099999		Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0.0	0.0
3399999		Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0.0	0.0
3499999		Total Certified - Affiliates		0	0	0	0	0	0	0	0.0	0.0
3999999		Total Certified		0	0	0	0	0	0	0	0.0	0.0
4099999		Total Authorized, Unauthorized and Certified		16,858	0	0	136	757	865	17,553	5.1	4.3
4199999		Total Protected Cells		0	0	0	0	0	0	0	0.0	0.0
9999999		Totals		16,858	0	0	136	757	865	17,553	5.1	4.3

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Col. 15	20% of Amount in Dispute Included in Column 6	Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
0499999		Total - U.S. Non-Pool			0	0	0	XXX	0	0	0	0	0	0	0	0	0	0
0799999		Total - Other (Non-U.S.)			0	0	0	XXX	0	0	0	0	0	0	0	0	0	0
0899999		Total - Affiliates			0	0	0	XXX	0	0	0	0	0	0	0	0	0	0
05-020460	24235	Providence Washington Ins Co	RI		41	125	0		0	0	0	41	0	20	4	0	4	4
00-000000	00000	Unione Italiana Reinsurance Company of America	NY		22	0	0		0	0	0	22	0	1	0	0	0	22
35-1475332	20451	Midstates Reins Corp	IL		91	30	0		0	0	0	30	0	(1)	0	0	0	61
27-0354015	13655	Kootenai Reins Corp	MT		2,140	(3,886)	0		(212)	0	6,238	2,140	0	0	0	0	0	0
61-0654823	10887	Delta America (Elkhorn)	KY		17	0	0		0	0	0	17	0	0	0	0	0	17
62-0363335	12602	Southern American	UT		17	0	0		0	0	0	17	0	0	0	0	0	17
00-000000	00000	Mutual Fire, Marine & Inland Insurance Co.	DE		41	0	0		0	0	0	41	0	0	0	0	0	41
94-1032358	21040	Foremost Indemnity Company	CA		72	0	0		0	0	0	72	0	0	0	0	0	72
0999999		Total Other U.S. Unaffiliated Insurers			2,441	(3,730)	0	XXX	(212)	0	6,238	2,211	230	20	4	0	4	234
AA-895022	00000	Excess and Casualty Reins Assoc	NY		164	0	0		0	0	0	164	0	0	0	0	0	164
1199999		Total Pools and Associations - Voluntary			164	0	0	XXX	0	0	0	164	0	0	0	0	0	164
AA-3190829	00000	Alterra Bermuda	BML		5,311	0	5,284	0001	0	0	0	5,284	0	0	0	0	0	0
AA-3190838	00000	Tokio Millennium	BML		5,542	0	5,560	0002	(30)	0	0	5,542	0	0	0	0	0	0
AA-1460019	00000	Anlin Bermuda	CNE		1,388	0	3,553	0003	(95)	0	0	1,388	0	0	0	0	0	0
AA-1580015	00000	AIG Insurance Company Ltd.	JPN		228	102	57	0004	0	0	0	228	0	8	2	0	2	2
AA-1220030	00000	Generali Holding	NLD		101	50	44	0005	0	0	0	94	0	3	1	0	0	0
AA-1220035	00000	Gen Rückversicherung	AUT		35	20	19	0006	0	0	0	35	0	0	0	0	0	0
AA-1580050	00000	Kyoei Mutual Fire & Marine Insurance Company	JPN		114	48	75	0008	0	0	0	114	0	4	1	0	1	1
AA-1380155	00000	Milli Ri Gruppo Riassicorailvo	ITA		393	148	438	0009	0	0	0	393	0	33	7	0	7	7
AA-5340350	00000	New India Assurance Company Ltd.	IND		80	30	39	0010	0	0	0	59	0	11	4	0	4	15
AA-9240100	00000	People's Insurance Company of China	CHN		352	280	0	0011	0	72	0	352	0	157	33	0	33	33
AA-1589750	00000	Scottish & York Holdings Ltd.	CAN		602	0	478	0011	0	0	0	478	0	124	14	0	14	138
AA-1420110	00000	Sparbank 1 Skadeforsikring Aktieselskab / Sanvirke	NOR		51	117	25	0012	0	0	0	51	0	0	0	0	0	0
AA-1580450	00000	Temple Insurance Company Ltd.	CAN		46	0	0	0013	0	0	0	46	0	24	5	0	5	49
AA-1581019	00000	Traders General Insurance Company	CAN		511	63	856	0013	0	0	0	511	0	125	25	0	25	25
AA-1420080	00000	Uni Mutual General Insurance Company	NOR		90	30	87	0014	0	0	0	90	0	37	7	0	7	7
AA-0052747	00000	Victoria Reins Ltd	CAN		125	38	105	0015	0	0	0	125	0	15	3	0	3	3
AA-3190642	00000	IAT Reins Syndicate LTD	BML		415	0	0	0015	0	1,500	0	415	0	0	0	0	0	0
AA-0056148	00000	Central National	TCA		8	0	0	0015	0	0	0	8	0	0	0	0	0	8
AA-3190380	00000	Universal Reinsurance Company	TCA		162	0	0	0015	0	0	0	162	0	0	0	0	0	162
AA-3770382	00000	Alpine	CYN		5,855	5,322	0	0016	(48)	0	0	5,273	592	0	0	0	0	592
AA-3770382	00000	Alpine SPC 108	CYN		110	(189)	576	0016	(40)	0	0	110	0	0	0	0	0	0
AA-3770382	00000	AL 500	CYN		0	0	0	0016	0	0	0	0	0	0	0	0	0	0
AA-3770382	00000	AL 501	CYN		18	(145)	0	0016	12	0	0	(134)	52	0	0	0	0	0
AA-3770342	00000	Ancora Re	CYN		35,842	23,408	0	0016	2,575	0	5,600	32,583	3,259	0	0	0	0	3,259
AA-3770342	00000	Ancora Re SPC 102	CYN		153	0	0	0016	4	0	0	4	146	0	0	0	146	0
AA-3770342	00000	Ancora Re SPC 105	CYN		55	87	0	0016	3	0	0	55	0	0	0	0	0	0
AA-3770342	00000	Ancora Re SPC 107	CYN		3,223	2,518	0	0016	707	0	0	3,223	0	0	0	0	0	0
AA-3770342	00000	Ancora Re SPC 108	CYN		82	0	0	0016	22	0	0	82	0	0	0	0	0	50
AA-3770403	00000	Atlas Re	CYN		9,177	9,175	0	0017	961	0	0	9,177	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 104 - Active	CYN		2,490	1,212	553	0017	582	0	0	2,357	133	0	0	0	133	133
AA-3774125	00000	Caledonian SPC 104 - Run Off	CYN		230	55	0	0017	0	0	0	55	175	0	0	0	175	0
AA-3774125	00000	Caledonian SPC 113	CYN		1,213	1,203	0	0017	66	0	0	1,213	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 114	CYN		0	438	0	0017	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Col. 15	20% of Amount in Dispute Included in Column 6	Provision for Overdue Reinsurance (Col 16 plus Col. 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
AA-3774125	00000	Caledonian SPC 115	CYN		582	493	0		67	0	0	580	22	0	0	0	0	22
AA-3774125	00000	Caledonian SPC 123	CYN		389	(200)	200	0018	(18)	0	0	(19)	408	0	0	0	0	389
AA-3774125	00000	Caledonian SPC 125	CYN		1,082	354	0		2	0	0	356	706	0	0	0	0	706
AA-3774125	00000	Caledonian SPC 127	CYN		227	438	0		4	0	0	227	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 133	CYN		0	0	0		0	0	0	0	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 140	CYN		70	13	0		(5)	0	0	8	62	0	0	0	0	62
AA-3774125	00000	Caledonian SPC 141	CYN		455	0	0		25	0	0	25	430	0	0	0	0	430
AA-3774125	00000	Caledonian SPC 144	CYN		0	0	0		0	0	0	0	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 145	CYN		521	1,170	0		48	0	0	521	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 149	CYN		353	0	0		92	0	0	92	261	0	0	0	0	261
AA-3774125	00000	Caledonian SPC 159	CYN		(15)	158	0		(11)	0	0	(15)	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 160	CYN		96	0	0		(83)	0	0	(83)	173	0	0	0	0	96
AA-3774125	00000	Caledonian SPC 162	CYN		369	0	0		(53)	0	0	(53)	422	0	0	0	0	369
AA-3774125	00000	Caledonian SPC 163	CYN		0	10	0		0	0	0	0	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 165	CYN		655	11	0		0	0	0	11	654	0	0	0	0	654
AA-3774125	00000	Caledonian SPC 173	CYN		0	0	0		0	0	0	0	0	0	0	0	0	0
AA-3774125	00000	Caledonian SPC 174	CYN		0	0	0		0	0	0	0	0	0	0	0	0	0
00-000000	00000	Cherokee Re	CYN		1,020	1,711	0		215	0	0	1,020	0	0	0	0	0	0
AA-3770385	00000	Edgewater Re SPC 102	CYN		0	0	0		0	0	0	0	0	0	0	0	0	0
AA-3770385	00000	Edgewater Re SPC 104	CYN		0	0	0		(12)	0	0	(12)	0	0	0	0	0	0
AA-3770386	00000	Endeavor Re	CYN		14,845	12,213	0		2,827	0	0	14,840	5	0	0	0	0	5
AA-3770386	00000	Endeavor Re SPC 103	CYN		0	0	0		47	0	0	14	0	0	0	0	0	0
00-000000	00000	GOM Insurance Company Ltd.	CYN		355	102	500	0019	34	0	0	355	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 101	CYN		1	0	0		3	0	0	1	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 105	CYN		25	252	0		0	0	0	25	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 107	CYN		485	368	240	0020	42	0	0	480	5	0	0	0	0	5
AA-3770356	00000	Green Oaks SPC 108	CYN		(24)	0	0		(2)	0	0	(24)	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 109	CYN		1,023	0	0		250	0	0	250	763	0	0	0	0	763
AA-3770356	00000	Green Oaks SPC 112	CYN		0	0	0		0	0	0	0	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 114	CYN		2	0	0		0	0	0	0	2	0	0	0	0	2
AA-3770356	00000	Green Oaks SPC 119	CYN		(680)	0	0		(1)	0	0	(680)	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 120	CYN		0	0	0		1	0	0	0	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 121	CYN		0	14	0		0	0	0	0	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 121	CYN		0	0	0		0	0	0	0	0	0	0	0	0	0
AA-3770356	00000	Green Oaks SPC 129	CYN		7,350	5,455	0		875	0	0	7,350	0	0	0	0	0	0
AA-3770402	00000	Hawkeye Re	CYN		4,382	5,745	0		(2,354)	0	0	4,382	0	0	0	0	0	0
AA-3770384	00000	Intrepid Re	CYN		28,437	28,820	0		4,771	0	0	28,467	0	0	0	0	0	0
AA-3770421	00000	00101	CYN		0	445	0		(3)	0	0	0	0	0	0	0	0	0
AA-3770421	00000	00 102	CYN		713	(375)	1,255	0021	6	0	0	713	0	0	0	0	0	0
AA-3770421	00000	00 103	CYN		429	249	0		112	0	0	351	68	0	0	0	0	68
AA-3770421	00000	Old Dominion Re SPC	CYN		6,590	5,292	0		1,329	0	0	6,581	9	0	0	0	0	9
00-000000	00000	Preferred Commercial Insurance SPC	CYN		88	250	0		21	0	0	88	0	0	0	0	0	0
AA-3191155	00000	Tiberius Re	CYN		102	0	0		(21)	0	0	(21)	123	0	0	0	0	102
AA-3770413	00000	TN 101	CYN		92	585	0		25	0	0	92	0	0	0	0	0	0
AA-3770413	00000	TN 103	CYN		0	2	0		(1)	0	0	0	0	0	0	0	0	0
AA-3770423	00000	TN1 102	CYN		1,951	1,333	0		(107)	0	0	1,225	725	0	0	0	0	725
AA-3770435	00000	Triple M III Re SPC 101	CYN		2,193	2,804	0		68	0	0	2,193	0	0	0	0	0	0
AA-3770435	00000	Triple M III Re	CYN		8,682	6,808	0		1,874	0	0	8,682	0	0	0	0	0	0
AA-3770423	00000	Triple M II Re	CYN		8,778	7,151	0		1,628	0	0	8,778	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Col. 15	20% of Amount in Dispute Included in Column 6	Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
AA-3770413	.00000	Triple M Re	CYN		11,767	9,830	0		2,946	0	0	11,767	0	0	0	0	0	0
AA-3194166	.00000	Überlinne Fidei Insurance Co. Ltd.	BMU		0	157	0		10	0	0	0	0	0	0	0	0	0
AA-3770415	.00000	Virginia Re SPC YA 101	CYN		1,394	1,878	0		105	0	0	1,394	0	0	0	0	0	0
AA-3770415	.00000	Virginia Re SPC YA 102	CYN		0	343	0		11	0	0	0	0	0	0	0	0	0
AA-3770415	.00000	Virginia Re SPC YA 103	CYN		421	546	0		57	0	0	421	0	0	0	0	0	0
AA-3770415	.00000	Virginia Re	CYN		8,380	5,426	0		1,957	0	0	8,380	0	0	0	0	0	0
00-000000	.00000	Westlake Re	CYN		5,613	4,243	0		1,374	0	0	5,613	0	0	0	0	0	0
1299999. Total Other Non-U.S. Insurers					184,358	148,245	22,264	XXX	22,786	0	8,172	184,724	9,644	506	101	0	101	9,516
1399999. Total Affiliates and Others					195,973	144,516	22,264	XXX	22,574	0	14,410	186,935	10,038	526	105	0	105	9,916
1499999. Total Protected Cells					0	0	0	XXX	0	0	0	0	0	0	0	0	0	0
9999999 Totals					195,973	144,516	22,264	XXX	22,574	0	14,410	186,935	10,038	526	105	0	105	9,916

1. Amounts in dispute totaling \$ _____ are included in Column 6.
 2. Amounts in dispute totaling \$ _____ are excluded from Column 15.

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0001	1	011002357	Bank of America	5,294
0002	1	026004307	Mizuho Corporate Bank, LTD	6,580
0003	1	026008980	Royal Bank of Scotland	3,653
0004	1	026999982	Citibank NA	157
0005	1	026999982	Citibank NA	44
0006	1	026999982	Citibank NA	18
0008	1	026999982	Citibank NA	75
0009	1	026999982	Citibank NA	438
0010	1	026999982	Citibank NA	38
0011	1	026004083	Royal Bank of Canada	478
0012	1	021002338	J P Morgan Chase	25
0013	1	026004083	Royal Bank of Canada	866
0014	1	026999982	Citibank NA	87
0015	1	026004083	Royal Bank of Canada	105
0016	1	63107513	Wells Fargo	578
0017	1	63107513	Wells Fargo	533
0018	1	063113824	Stonegate Bank	200
0019	1	021002338	J P Morgan Chase Bank, N.A.	500
0020	1	067012099	Comerice Bank	240
0021	1	63107513	Wells Fargo	1,285

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 6 - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	Collateral Provided						18	19	20	21
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col 8 - Col 9)	Dollar Amount of Collateral Required (Col 10 x Col 7)	Multiple Beneficiary Trust	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Other Allowable Collateral	Total Collateral Provided (Col. 12 + 13 + 14 + 16)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / by Col. 10)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col 18 / Col 7, not to Exceed 100%)	Amount of Credit Allowed for Net Recoverables (Col. 9 + (Col. 10 x Col. 19))	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 8 - Col. 20)
0499999		Total - U.S. Non-Pool					0	0	0	0	0	0	0	XXX	0	0	XXX	XXX	0	0
0799999		Total - Other (Non-U.S.)					0	0	0	0	0	0	0	XXX	0	0	XXX	XXX	0	0
0899999		Total - Affiliates					0	0	0	0	0	0	0	XXX	0	0	XXX	XXX	0	0
00-00000	00000	Renaissance Reinsurance	BML	3	12/31/2015	20.0	3,825	0	3,825	765	0	0	788	0001	0	788	20.6	100.0	3,825	0
1299999		Total Other Non-U.S. Insurers					3,825	0	3,825	765	0	0	788	XXX	0	788	XXX	XXX	3,825	0
1399999		Total Affiliates and Others					3,825	0	3,825	765	0	0	788	XXX	0	788	XXX	XXX	3,825	0
1499999		Total Protected Cells					0	0	0	0	0	0	0	XXX	0	0	XXX	XXX	0	0
9999999		Total					3,825	0	3,825	765	0	0	788	XXX	0	788	XXX	XXX	3,825	0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	0001	3	63107513	Wells Fargo	788

SCHEDULE F - PART 6 - SECTION 2

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

[illegible]

(a) From Schedule F - Part 4 Columns 8 + 9, total certified, less \$	_____	in dispute.
(b) From Schedule F - Part 3 Columns 7 + 8, total certified, less \$	_____	in dispute.

(a) From Schedule F - Part 4 Columns 8 + 9, total certified, less \$	_____	in dispute.
(b) From Schedule F - Part 3 Columns 7 + 8, total certified, less \$	_____	in dispute.

SCHEDULE F - PART 7

[illegible]

27

SCHEDULE F - PART 8[illegible]28

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	109,926,190	0	109,926,190
2. Premiums and considerations (Line 15)	134,767,668	0	134,767,668
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	17,560,790	(17,560,790)	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	26,179,226	(26,179,226)	0
5. Other assets	129,037,369	0	129,037,369
6. Net amount recoverable from reinsurers	0	217,251,763	217,251,763
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	417,471,243	173,511,747	590,982,990
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	66,792,571	307,562,000	374,354,571
10. Taxes, expenses, and other obligations (Lines 4 through 8)	9,270,812	0	9,270,812
11. Unearned premiums (Line 9)	73,103,787	52,523,000	125,626,787
12. Advance premiums (Line 10)	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	31,814,000	(31,814,000)	0
15. Funds held by company under reinsurance treaties (Line 13)	144,591,000	(144,591,000)	0
16. Amounts withheld or retained by company for account of others (Line 14)	13,961,559	0	13,961,559
17. Provision for reinsurance (Line 16)	10,173,253	(10,168,253)	5,000
18. Other liabilities	16,978,188	0	16,978,188
19. Total liabilities excluding protected cell business (Line 26)	366,685,170	173,511,747	540,196,917
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	50,786,073	XXX	50,786,073
22. Totals (Line 38)	417,471,243	173,511,747	590,982,990

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [] No [X]

If yes, give full explanation:

Schedule H - Part 1

NONE

Schedule H - Part 2 - Reserves and Liabilities

NONE

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule P - Part 1A - Homeowners/Farmowners

NONE

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid Cols (4 + 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior...	XXX	XXX	XXX	3,141	2,513	46	(142)	18	0	0	834	XXX
2. 2007	73,219	49,403	23,816	40,580	22,773	12,426	7,346	3,641	0	0	26,528	4,984
3. 2008	100,070	50,150	49,920	74,262	36,124	18,276	10,995	5,208	0	0	50,627	7,144
4. 2009	105,527	69,820	35,707	76,380	41,548	21,467	14,183	5,251	0	0	47,367	7,326
5. 2010	142,551	90,071	52,480	98,923	65,431	30,252	22,242	8,257	0	0	49,759	12,308
6. 2011	183,043	89,013	94,030	115,482	56,882	36,623	23,591	3,660	0	0	75,292	15,982
7. 2012	208,012	104,161	103,851	104,379	55,279	33,212	22,391	1,922	0	0	61,843	17,419
8. 2013	227,303	154,238	73,065	108,821	71,733	41,816	28,282	1,455	0	0	52,077	17,292
9. 2014	281,362	176,317	105,045	100,367	59,275	34,192	22,120	667	0	0	53,831	16,338
10. 2015	292,356	208,693	83,663	88,175	58,048	26,577	21,088	182	0	0	35,798	14,808
11. 2016	271,023	218,050	52,973	34,062	29,206	8,648	11,066	25	0	0	2,463	12,909
12. Totals	XXX	XXX	XXX	844,572	498,812	263,535	183,162	30,286	0	0	456,419	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	495	181	1,327	1,365	(1,075)	66	(1,207)	125	116	0	0	(2,081)	5
2. 2007.....	1,839	853	953	1,010	(220)	79	(265)	113	62	0	0	314	9
3. 2008.....	4,400	1,738	1,253	1,325	208	429	(772)	229	89	0	0	1,457	28
4. 2009.....	7,806	1,856	1,045	1,749	399	368	(941)	304	92	0	0	4,124	68
5. 2010.....	8,550	2,371	1,130	3,687	(443)	328	(1,798)	569	154	0	0	638	111
6. 2011.....	22,398	15,599	950	4,162	734	2,270	(3,201)	911	200	0	0	(1,861)	159
7. 2012.....	15,394	4,585	2,636	8,502	(325)	744	(2,557)	1,116	218	0	0	419	278
8. 2013.....	18,138	5,116	8,531	13,518	1,516	1,525	531	2,693	217	0	0	6,081	644
9. 2014.....	21,704	9,555	10,578	20,486	3,358	3,422	3,097	6,788	217	0	0	(1,297)	847
10. 2015.....	34,351	20,733	14,367	37,750	8,308	7,306	5,888	13,096	185	0	0	(15,786)	1,459
11. 2016.....	41,424	32,988	86,252	47,438	16,464	14,295	23,435	7,692	162	0	0	65,324	3,904
12. Totals.....	176,499	95,575	129,022	140,992	28,924	30,832	22,210	33,636	1,712	0	0	57,332	7,512

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26		28	29		31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior...	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	276	(2,357)
2. 2007...	59,016	32,174	26,842	80.6	65.1	112.7	0	0	0.0	929	(615)
3. 2008...	102,924	50,840	52,084	102.9	101.4	104.3	0	0	0.0	2,590	(1,133)
4. 2009...	111,499	60,008	51,491	105.7	85.9	144.2	0	0	0.0	5,246	(1,122)
5. 2010...	145,025	94,628	50,397	101.7	105.1	96.0	0	0	0.0	3,622	(2,984)
6. 2011...	176,846	103,415	73,431	96.6	116.2	78.1	0	0	0.0	3,587	(5,448)
7. 2012...	154,879	92,617	62,262	74.5	88.9	60.0	0	0	0.0	4,943	(4,524)
8. 2013...	181,025	122,867	58,158	79.6	79.7	79.6	0	0	0.0	8,035	(1,954)
9. 2014...	174,180	121,646	52,534	61.9	69.0	50.0	0	0	0.0	2,241	(3,538)
10. 2015...	178,033	158,021	20,012	60.9	75.7	23.9	0	0	0.0	(9,765)	(6,021)
11. 2016	210,472	142,685	67,787	77.7	65.4	128.0	0	0	0.0	47,250	18,074
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	68,954	(11,622)

Schedule P - Part 1E - Commercial Multiple Peril

NONE

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

NONE

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

NONE

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$000 OMITTED)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								10	11	12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments						
				4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 + 5 + 6 + 7 + 8 + 9)				Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior.....	XXX	XXX	XXX	946	372	768	395	0	0	0	947	XXX		
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0		
3. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0		
4. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0		
5. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0		
6. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0		
7. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0		
8. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0		
9. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0		
10. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0		
11. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0		
12. Totals.....	XXX	XXX	XXX	946	372	768	395	0	0	0	947	xxx		

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	8,553	4,050	6,804	2,881	389	171	0	0	0	0	0	8,644	28
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	8,553	4,050	6,804	2,881	389	171	0	0	0	0	0	8,644	28

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	8,426	218
2. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	8,426	218

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

NONE

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

NONE

Schedule P - Part 1J - Auto Physical Damage

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

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

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

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

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior.	93	10	22	22	23	22	9	9	9	9	0	0
2. 2007.	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008.	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2009.	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2010.	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2011.	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2012.	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2013.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2014.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2015.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2016.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior.	7,653	6,790	5,390	5,259	5,652	(1,311)	8,210	9,320	10,048	8,178	(1,870)	(1,142)
2. 2007.	17,432	20,052	21,925	21,955	22,236	21,128	23,553	23,427	23,916	24,463	547	1,036
3. 2008.	XXX	29,417	32,318	38,578	41,081	40,208	43,779	45,524	45,901	48,829	2,928	3,305
4. 2009.	XXX	XXX	21,552	27,632	34,981	45,586	44,219	44,694	43,256	50,906	7,650	6,212
5. 2010.	XXX	XXX	XXX	23,958	25,598	53,639	43,675	43,935	42,530	46,498	3,968	2,563
6. 2011.	XXX	XXX	XXX	XXX	46,714	68,979	62,940	69,535	70,122	73,724	3,602	4,189
7. 2012.	XXX	XXX	XXX	XXX	XXX	40,773	37,388	52,495	65,296	69,687	4,391	17,192
8. 2013.	XXX	XXX	XXX	XXX	XXX	XXX	52,053	53,669	71,306	69,386	(1,920)	15,717
9. 2014.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	55,981	58,549	63,917	5,368	7,936
10. 2015.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,907	29,399	8,492	XXX
11. 2016.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62,996	XXX	XXX
12. Totals											33,156	57,008

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

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

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

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

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

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

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

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

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

Years In Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior...	3,978	5,472	5,025	7,295	7,698	7,523	12,964	14,176	14,547	15,071	524	895
2. 2007...	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008...	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009...	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2010...	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2011...	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2012...	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2013...	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2014...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2016...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											524	895

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

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

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 2M - International

NONE

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 2T - Warranty

NONE

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SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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

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

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

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

1. Prior	.000	.4	.7	.9	.10	.9	.9	.9	.9	.9	.0	.0
2. 2007	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2008	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2009	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2010	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2011	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
8. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
9. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
10. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0
11. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0

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

1. Prior	.000	2,176	3,284	3,850	4,652	(3,337)	11,051	8,663	8,814	9,630	10,045	.0
2. 2007	5,397	13,434	18,560	19,987	20,890	20,085	21,624	22,542	22,633	22,887	4,052	923
3. 2008	.XXX	9,343	24,214	32,105	37,673	37,088	40,108	43,610	44,474	45,419	5,903	1,213
4. 2009	.XXX	.XXX	8,584	20,495	29,419	38,048	37,841	41,114	40,059	42,116	6,124	1,134
5. 2010	.XXX	.XXX	.XXX	7,411	18,324	40,638	30,201	39,130	39,079	41,502	9,185	3,012
6. 2011	.XXX	.XXX	.XXX	.XXX	14,921	36,829	48,784	63,394	67,802	71,632	10,484	5,339
7. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	1,414	18,081	38,842	52,963	59,921	11,601	5,540
8. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	9,859	30,691	47,726	50,622	13,144	3,504
9. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	9,871	34,970	53,164	12,689	2,802
10. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	10,043	35,616	10,949	2,400
11. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	2,438	6,815	2,190

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

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

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

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

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

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

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

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

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

1. Prior...	.000	959	1,564	2,139	3,223	2,658	3,436	4,307	5,480	6,427	150	.0
2. 2007...	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2008...	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2009...	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2010...	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2011...	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2012...	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2013...	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2014...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2016...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

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

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

Schedule P - Part 3I - Special Property

NONE

Schedule P - Part 3J - Auto Physical Damage

NONE

Schedule P - Part 3K - Fidelity/Surety

NONE

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 3M - International

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

NONE

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

NONE

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 3T - Warranty

NONE

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SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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

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

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

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

1. Prior	3	0	0	0	1	1	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	3,480	1,864	527	474	318	455	(3,645)	860	1,034	(1,186)
2. 2007	5,007	1,666	733	435	463	292	44	(204)	168	(317)
3. 2008	XXX	9,385	2,254	728	968	1,024	458	(334)	(1,109)	(858)
4. 2009	XXX	XXX	5,192	1,946	834	2,470	825	(920)	(2,063)	(1,523)
5. 2010	XXX	XXX	XXX	11,159	1,274	6,057	4,938	(1,625)	(2,437)	(4,374)
6. 2011	XXX	XXX	XXX	XXX	20,175	18,107	5,614	(1,306)	(4,466)	(7,502)
7. 2012	XXX	XXX	XXX	XXX	XXX	28,225	6,847	1,706	29	(8,469)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	29,626	9,213	7,794	(5,274)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,691	11,947	(13,666)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(26)	(35,696)
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,927

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

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

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

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

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

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

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

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

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

1. Prior	715	649	372	693	634	4,744	4,692	4,406	4,360	3,923
2. 2007	0	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

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

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 4M - International

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

NONE

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SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	1,529	303	2,015	22	5	4,817	23	(884)	3,739	4
2. 2007	883	1,760	2,931	2,987	3,017	6,053	6,067	4,047	4,051	4,052
3. 2008	XXX	1,349	4,409	4,563	4,657	9,357	9,393	5,876	5,886	5,903
4. 2009	XXX	XXX	2,806	4,022	4,287	8,707	9,126	6,093	6,105	6,124
5. 2010	XXX	XXX	XXX	3,882	5,517	11,361	12,863	9,087	9,126	9,185
6. 2011	XXX	XXX	XXX	XXX	4,532	11,232	12,461	10,287	10,392	10,484
7. 2012	XXX	XXX	XXX	XXX	XXX	4,752	7,951	11,093	11,268	11,601
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	5,385	11,708	12,619	13,144
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,187	12,263	12,689
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,210	10,949
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,815

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	310	127	74	39	33	18	17	12	11	5
2. 2007	1,286	314	149	78	46	28	22	15	10	9
3. 2008	XXX	1,745	490	277	177	132	93	54	46	28
4. 2009	XXX	XXX	1,848	745	457	271	145	98	86	68
5. 2010	XXX	XXX	XXX	3,076	1,481	941	317	208	172	111
6. 2011	XXX	XXX	XXX	XXX	4,473	2,175	634	372	265	159
7. 2012	XXX	XXX	XXX	XXX	XXX	4,287	1,580	806	490	278
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	5,945	2,100	1,116	644
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,100	2,034	847
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,601	1,459
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,904

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	156	29	10	2	5	9,214	23	(7,423)	4,637	(1)
2. 2007	4,724	4,946	4,973	4,973	4,975	9,904	9,912	4,984	4,984	4,984
3. 2008	XXX	6,767	7,081	7,109	7,120	14,069	14,085	7,143	7,144	7,144
4. 2009	XXX	XXX	6,415	6,881	6,924	13,390	13,788	7,324	7,325	7,326
5. 2010	XXX	XXX	XXX	9,916	10,626	19,788	21,425	12,301	12,308	12,308
6. 2011	XXX	XXX	XXX	XXX	13,553	23,742	25,029	15,971	15,995	15,982
7. 2012	XXX	XXX	XXX	XXX	XXX	14,628	17,283	17,388	17,248	17,419
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	16,161	17,201	17,145	17,292
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,073	17,292	16,338
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,127	14,808
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,909

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

NONE

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

NONE

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	0	0	16	22	30	21	0	21	40	0
2. 2007	0	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	0	0	28	24	21	0	23	23	26	28
2. 2007	0	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	0	0	45	19	27	18	23	39	70	2
2. 2007	0	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2

NONE

Schedule P - Part 5T - Warranty - Section 3

NONE

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SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

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

SECTION 2

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

SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior	0	0	0	0	0	0	129,188	0	0	0	0
2. 2007	0	0	0	0	0	0	73,219	73,219	73,219	73,219	0
3. 2008	XXX	100,070	100,070	100,070	100,070	100,070	200,140	200,140	200,140	200,140	0
4. 2009	XXX	XXX	105,527	105,527	105,527	105,527	211,054	211,054	211,054	211,054	0
5. 2010	XXX	XXX	XXX	142,551	142,551	142,551	285,102	285,102	285,102	285,102	0
6. 2011	XXX	XXX	XXX	XXX	183,043	183,043	366,086	366,086	366,086	366,086	0
7. 2012	XXX	XXX	XXX	XXX	XXX	208,012	416,024	416,024	416,024	416,024	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	227,303	227,303	227,303	227,303	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	281,362	281,362	281,362	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	292,356	292,356	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	271,023	271,023
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	271,023
13. Earned Premiums (Sch P-Pt. 1)	73,219	100,070	105,527	142,551	183,043	208,012	227,303	281,362	292,356	271,023	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior	0	0	0	0	0	0	83,519	0	0	0	0
2. 2007	0	0	0	0	0	0	49,403	49,403	49,403	49,403	0
3. 2008	XXX	50,150	50,150	50,150	50,150	50,150	100,300	100,300	100,300	100,300	0
4. 2009	XXX	XXX	69,820	69,820	69,820	69,820	139,640	139,640	139,640	139,640	0
5. 2010	XXX	XXX	XXX	90,071	90,071	90,071	180,142	180,142	180,142	180,142	0
6. 2011	XXX	XXX	XXX	XXX	89,013	89,013	178,026	178,026	178,026	178,026	0
7. 2012	XXX	XXX	XXX	XXX	XXX	104,161	208,322	208,322	208,322	208,322	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	154,238	154,238	154,238	154,238	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	176,317	176,317	176,317	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	208,693	208,693	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	218,050	218,050
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	218,050
13. Earned Premiums (Sch P-Pt. 1)	49,403	50,150	69,820	90,071	89,013	104,161	154,238	176,317	208,693	218,050	XXX

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

NONE

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 6M - International - Section 1

NONE

Schedule P - Part 6M - International - Section 2

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	0	0	0.0	0	0	0.0
2. Private Passenger Auto Liability/ Medical	0	0	0.0	0	0	0.0
3. Commercial Auto/Truck Liability/ Medical	0	0	0.0	0	0	0.0
4. Workers' Compensation	57,332	0	0.0	103,388	0	0.0
5. Commercial Multiple Peril	0	0	0.0	0	0	0.0
6. Medical Professional Liability - Occurrence	0	0	0.0	0	0	0.0
7. Medical Professional Liability - Claims - Made	0	0	0.0	0	0	0.0
8. Special Liability	0	0	0.0	0	0	0.0
9. Other Liability - Occurrence	8,644	0	0.0	0	0	0.0
10. Other Liability - Claims-Made	0	0	0.0	0	0	0.0
11. Special Property	0	0	0.0	0	0	0.0
12. Auto Physical Damage	0	0	0.0	0	0	0.0
13. Fidelity/Surety	0	0	0.0	0	0	0.0
14. Other	0	0	0.0	0	0	0.0
15. International	0	0	0.0	0	0	0.0
16. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence	0	0	0.0	0	0	0.0
20. Products Liability - Claims-Made	0	0	0.0	0	0	0.0
21. Financial Guaranty/Mortgage Guaranty	0	0	0.0	0	0	0.0
22. Warranty	0	0	0.0	0	0	0.0
23. Totals	65,976	0	0.0	103,388	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XX							
6. 2011	XXX	XXX	XX	XX						
7. 2012	XXX	XXX	XX	XX	XX					
8. 2013	XXX	XXX	XX	XX	XX	XX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XX							
6. 2011	XXX	XXX	XX	XX						
7. 2012	XXX	XXX	XX	XX	XX					
8. 2013	XXX	XXX	XX	XX	XX	XX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes ☐ No ☒
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes ☐ No ☒
 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes ☐ No ☒
 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes ☐ No ☐ N/A ☒
 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior	0	0
1.602 2007	0	0
1.603 2008	0	0
1.604 2009	0	0
1.605 2010	0	0
1.606 2011	0	0
1.607 2012	0	0
1.608 2013	0	0
1.609 2014	0	0
1.610 2015	0	0
1.611 2016	0	0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes ☒ No ☐
 3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes ☒ No ☐
 4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes ☐ No ☒
 If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
 5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars)
 5.1 Fidelity0
 5.2 Surety0
 6. Claim count information is reported per claim or per claimant (Indicate which).per claimant
 If not the same in all years, explain in Interrogatory 7.
 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes ☒ No ☐
 7.2 (An extended statement may be attached.)
 Please see footnote 25 for a discussion of factors influencing Schedule P Part 2.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
3493	S M MARIANO GP	00000	73-1655480				GUARANTEE INSURANCE GROUP, INC.	DE	UDP	STEVEN MARIANO TRUST	Ownership	96.200	STEVEN M. MARIANO	N	1
		11388	22-2222758				GUARANTEE INSURANCE COMPANY	FL		GUARANTEE INSURANCE GROUP, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	27-4876147				PATRIOT CLAIM SERVICES, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	27-5462041				PATRIOT CAPTIVE MANAGEMENT, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	00-0000000				PATRIOT CAPTIVE MANAGEMENT (CAYMAN ISLANDS), LTD.	CYN	NIA	PATRIOT CAPTIVE MANAGEMENT, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	00-0000000				PATRIOT CAPTIVE MANAGEMENT (BAHAMAS), LTD.	BHR	NIA	PATRIOT CAPTIVE MANAGEMENT, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	20-5642488				GUARANTEE UNDERWRITERS, INC.	DE	NIA	GUARANTEE INSURANCE GROUP, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	46-4151376		1618017	NEW YORK STOCK EXCHANGE	PATRIOT NATIONAL, INC.	DE	NIA	STEVEN M. MARIANO	Ownership	92.500	STEVEN M. MARIANO	N	
		00000	32-0361826				PATRIOT SERVICES, INC.	DE	NIA	PATRIOT NATIONAL, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	20-3377186				PATRIOT RISK SERVICES, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	45-1830312				CONTEGO SERVICES GROUP, LLC	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	45-1830330				CONTEGO INVESTIGATIVE SERVICES, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	45-5577153				FORZA LEIN, INC.	DE	NIA	PATRIOT RISK SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	00-0000000				OLD GUARD RE., SPC	CYN	NIA	SIX POINTS VENTURES III, LLC	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	46-2846855				PATRIOT TECHNOLOGY SOLUTIONS, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	46-3500046				PATRIOT UNDERWRITERS, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	46-0588091				SIX POINTS VENTURES III, LLC	DE	NIA	GUARANTEE INSURANCE GROUP, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	56-2232608				PATRIOT CARE MANAGEMENT, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	49-1616750				CORPORATE CLAIMS MANAGEMENT, INC.	DE	NIA	PATRIOT RISK SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	20-8851182				DECISION UP, LLC	CA	NIA	PATRIOT CARE MANAGEMENT, INC.	Ownership	96.800	STEVEN M. MARIANO	N	
		00000	20-5642501				TRIGEN INSURANCE SOLUTIONS, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	47-4246857				TRIGEN HOSPITALITY GROUP, INC.	DE	NIA	PATRIOT UNDERWRITERS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	00-0000000				PN INDIA HOLDINGS	MUS	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	00-0000000				MEHTA & PAZOL CONSULTING SERVICES PVT. LTD.	IND	NIA	PN INDIA HOLDINGS	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	26-3502048				GOLBAL HR RESEARCH, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	47-5050844				PATRIOT RISK CONSULTANTS, INC.	DE	NIA	PATRIOT UNDERWRITERS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	57-0670204				ONIBENEFITS, INC.	DE	NIA	PATRIOT RISK SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	47-5655793				PATRIOT ADIT SERVICES, INC.	DE	NIA	PATRIOT UNDERWRITERS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	47-4580554				DEERFIELD INSURANCE HOLDINGS, INC.	DE	NIA	STEVEN M. MARIANO	Ownership	49.800	STEVEN M. MARIANO	N	2
		00000	47-4400509				NATIONAL FIDELITY HOLDINGS, INC.	DE	NIA	DEERFIELD INSURANCE HOLDINGS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		40389	47-4581818				NATIONAL FIDELITY INS AGENCY, INC.	DE	NIA	NATIONAL FIDELITY HOLDINGS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	36-3153373				ASHMORE INSURANCE COMPANY	FL	NIA	NATIONAL FIDELITY HOLDINGS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	47-1443861				PATRIOT CARE, INC.	DE	NIA	PATRIOT SERVICES, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	45-0383791				INSURELINK, INC.	DE	NIA	PATRIOT TECHNOLOGY SOLUTIONS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	47-3640535				VILKORVA TECHNOLOGY SOLUTIONS, INC.	DE	NIA	PATRIOT TECHNOLOGY SOLUTIONS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	
		00000	47-4588888				CONFLINK INSURANCE AGENCY, INC.	DE	NIA	PATRIOT UNDERWRITERS, INC.	Ownership	100.000	STEVEN M. MARIANO	N	

Asterisk

Explanation

1	Guarantee Insurance Group, Inc. is owned 96.2% by Steven M. Mariano and 3.8% by other investors.
2	Deerfield Insurance Holdings, Inc. is owned 49.8% by Steven M. Mariano and 50.2% by other investors.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY










SCHEDULE Y

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













[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	SEE EXPLANATION
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
<p>The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the Interrogatory questions.</p>	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	YES
23. Will the Ball Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:	
8. No. Not applicable.	
12. Not applicable.	
13. Not applicable.	
14. Not applicable.	
15. Not applicable.	
16. Not applicable.	
17. Not applicable.	
18. Not applicable.	
19. Not applicable.	
23. Not applicable.	
24. Not applicable.	
25. Not applicable.	
26. Not applicable.	
27. Not applicable.	
28. Not applicable.	
29. Not applicable.	
30. Not applicable.	
31. Not applicable.	
32. Not applicable.	
33. Not applicable.	
34. Not applicable.	
35. Not applicable.	
Bar Codes:	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]	
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
15. Supplement A to Schedule T [Document Identifier 465]	
16. Trusteed Surplus Statement [Document Identifier 490]	
17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	
18. Reinsurance Summary Supplemental Filing [Document Identifier 401]	
19. Medicare Part D Coverage Supplement [Document Identifier 365]	
23. Ball Bond Supplement [Document Identifier 500]	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]	
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
26. Relief from the one-year cooling off period for Independent CPA [Document Identifier 225]	
27. Relief from the Requirements for Audit Committees [Document Identifier 226]	
28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	
29. Credit Insurance Experience Exhibit [Document Identifier 230]	
30. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
31. Accident and Health Policy Experience Exhibit [Document Identifier 210]	
32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	
33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	
34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]	
35. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GUARANTEE INSURANCE COMPANY
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OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

CONSENT TO ORDER OF REHABILITATION OR LIQUIDATION

IT IS HEREBY agreed as follows:

1. GUARANTEE INSURANCE COMPANY (herein after referred to as "RESPONDENT"), is a Florida corporation authorized to transact business as a property and casualty insurance company in the State of Florida.

2. Through the Joint Resolution of RESPONDENT's President, and Directors, attached hereto as Exhibit "A", RESPONDENT admits that grounds exist for the appointment of the Department of Financial Services, Division of Rehabilitation and Liquidation (herein after referred to as the "DEPARTMENT"), as Receiver of RESPONDENT for the purpose of Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.

3. RESPONDENT consents to the entry of an Order appointing the DEPARTMENT as Receiver and acknowledges that the DEPARTMENT may apply to the Court for an Order of Rehabilitation or Liquidation, at the sole discretion of the DEPARTMENT, on the basis that the Respondent has consented to the entry of such an Order. RESPONDENT further agrees that the DEPARTMENT shall have the sole discretion to determine whether RESPONDENT shall be placed into rehabilitation or liquidation. In the event that the DEPARTMENT initially obtains an Order appointing it as Receiver of RESPONDENT for purposes of Rehabilitation, the RESPONDENT further consents to the DEPARTMENT obtaining a subsequent Order appointing the DEPARTMENT as Receiver for

Exhibit 3

the purposes of Liquidation, should the DEPARTMENT, at any time and in its sole discretion, determine that Rehabilitation of Respondent is not feasible.

4. RESPONDENT expressly waives any right to notice, a hearing or further proceedings of any kind and to an appeal in the event that the DEPARTMENT determines that the Rehabilitation of the RESPONDENT is not feasible, and that Liquidation of RESPONDENT is necessary.

5. RESPONDENT acknowledges that it has executed this Consent to Order of Rehabilitation or Liquidation voluntarily and of its own accord, having had the opportunity to consult counsel of its choosing, and has not been threatened or coerced to execute this consent by the Department of Financial Services, Florida Office of Insurance Regulation, or any other individual or entity.

6. The RESPONDENT and its President, Michael John Sluka, further agree that in the event it is deemed necessary by the DEPARTMENT in its sole discretion, Michael John Sluka will voluntarily make a personal appearance, without the necessity of service of a subpoena or any other type of process, in the Circuit Court in and for Leon County, Florida to offer sworn testimony regarding the circumstances surrounding the execution of this Consent to Order of Rehabilitation or Liquidation.

By execution hereof GUARANTEE INSURANCE COMPANY consents to the appointment of DEPARTMENT OF FINANCIAL SERVICES as receiver for purposes of Rehabilitation or Liquidation, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind GUARANTEE INSURANCE COMPANY to the terms and conditions above.

Corporate Seal

GUARANTEE INSURANCE COMPANY

[Signature]

By:

Witness

Michael John Sluka

[Signature]
Witness

Date:

[Signature]

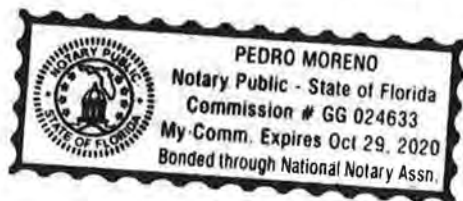
STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 13th day of November, 2017

by Michael Sluka as Officer & Director
(Name of Person) (Type of Authority – e.g. officer, trustee, attorney-in-fact)

For GUARANTEE INSURANCE COMPANY
(Company Name)



[Signature]
(Signature of the Notary)

Pedro Moreno, Jr
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced FL Drivers License

JOINT RESOLUTION OF THE PRESIDENT, DIRECTORS AND
MAJORITY STOCKHOLDERS OF GUARANTEE INSURANCE COMPANY


The undersigned, being the Directors and representing the sole shareholder of Guarantee Insurance Company (the "Company"), hereby certify that the following is a true and correct copy of a resolution adopted at a combined meeting of the Directors and sole shareholder of the company:

RESOLVED, that the Board of Directors and sole shareholder of the Company consent to the entry of an Order Appointing the Florida Department of Financial Services (the "Department") as Receiver and acknowledges that the Department may apply to the Court for an Order of Rehabilitation or Liquidation, at the sole discretion of the Department, on the basis that Company has consented to the entry of such an Order. Company further agrees that the Department shall have the sole discretion to determine whether Company shall be placed into rehabilitation or liquidation. In the event that the Department initially obtains an Order appointing it as Receiver of Company for purposes of Rehabilitation, the Company further consents to the Department obtaining a subsequent Order appointing the Department as Receiver for the purposes of Liquidation, should the Department, at any time and in its sole discretion, determine that Rehabilitation of Company is not feasible.

FURTHER RESOLVED, that the President of Company is hereby authorized to execute any and all consent agreements or other documents on behalf of Guarantee Insurance Company to obtain entry of an Order for Rehabilitation or Liquidation and is authorized to take any and all additional actions deemed necessary or appropriate by the Department to effectuate the forgoing or to comply with such an Order without further approval of the Directors and sole shareholder.


Dated this 13th day of November 2017.

PRESIDENT OF GUARANTEE INSURANCE COMPANY

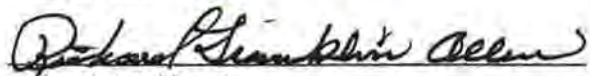


Michael John Sluka

DIRECTORS OF GUARANTEE INSURANCE COMPANY



Michael John Sluka



Richard Franklin Allen

Charles Timothy Morris

Ramsey H. Saffouri, D.O.

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MAJORITY STOCKHOLDERS OF GUARANTEE INSURANCE COMPANY

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Dated this 13th day of November 2017.

PRESIDENT OF GUARANTEE INSURANCE COMPANY

Michael John Sluka

DIRECTORS OF GUARANTEE INSURANCE COMPANY

Michael John Sluka

Richard Franklin Allen



Charles Timothy Morris

Ramsey H. Saffouri, D.O.

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MAJORITY STOCKHOLDERS OF GUARANTEE INSURANCE COMPANY

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Dated this 13th day of November 2017.

PRESIDENT OF GUARANTEE INSURANCE COMPANY

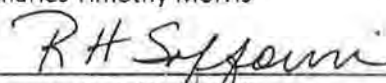
Michael John Sluka

DIRECTORS OF GUARANTEE INSURANCE COMPANY

Michael John Sluka

Richard Franklin Allen

Charles Timothy Morris



Ramsey H. Saffouri, D.O.

AFFIDAVIT OF JAMES MENCK

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared James Menck, Staff Examiner with Eide Bailly, LLP, who after being duly sworn, deposes and says:

1. I, James Menck, am over the age of eighteen (18), sui juris, and I am competent to testify to and have personal knowledge of the facts contained herein.

2. I, James Menck, currently hold the position of Staff Examiner with Eide Bailly, LLP, which I have held since 2010. I am a Certified Public Accountant, Certified Financial Examiner, Certified Internal Auditor, and Certified Fraud Examiner. I graduated from Texas State University with a Bachelor's Degree of Business Administration with a major of Accounting.


3. The Office of Insurance Regulation contracted with Eide Bailly, LLP, to conduct a limited scope statutory financial examination on Guarantee Insurance Company (hereinafter referred to as "GIC"), and I was assigned as the Examiner in Charge. The financial examination occurred from April 2017 to November 2017 and covered the time frame of 2015 to 2017.

4. During the course of the financial examination, I determined that GIC has systematically transferred funds, totaling at least \$15,743,000, to the benefit of Mr. Steve Mariano, the ultimate owner of GIC, during the calendar year 2016 and through June 2017. GIC made these transfers with no documented business purpose and no discernable benefit to GIC. While Mr. Mariano benefitted individually from these transactions by receiving cash from GIC, this indebtedness diverted funds that otherwise could be used to increase the surplus of GIC and otherwise be available for the payment of policyholder claims. Section 625.332(1)(c), Florida

Statutes, prohibits direct or indirect notes or other evidence of indebtedness of any director, officer, or controlling stockholder of the insurer, except as to policy loans authorized under Section 625.321, Florida Statutes. Therefore, GIC has violated Section 625.332(1)(c) by transferring these funds to Mr. Mariano.

5. Other transactions involving parties with known association to Mr. Mariano have been identified and also determined to be detrimental to GIC.

FURTHER AFFIANT SAYETH NOT.


James Menck, Staff Examiner
Eide Bailly, LLP

STATE OF Florida

COUNTY OF Leon

The foregoing affidavit was sworn to and subscribed before me this 16th day of November 2017, by James Menck.


(Signature of the Notary)

Elena-Juliette Gomez
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced DL 01822932 (Texas)

My Commission Expires September 17, 2018



**IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT,
IN AND FOR LEON COUNTY, FLORIDA**

State of Florida, ex rel., the
Department of Financial Services
of the State of Florida,
Relator

v.

CASE NO.:

Guarantee Insurance Company, a Florida corporation
Respondent. _____/

**CONSENT ORDER APPOINTING THE FLORIDA DEPARTMENT OF FINANCIAL
SERVICES AS RECEIVER OF GUARANTEE INSURANCE COMPANY FOR
PURPOSES OF LIQUIDATION, INJUNCTION, AND NOTICE OF AUTOMATIC STAY**

THIS CAUSE was considered on the Petition of the State of Florida, Department of Financial Services (“Department”), for a Consent Order appointing the Department of Financial Services as receiver of Guarantee Insurance Company (“Respondent” or “Company”), for purposes of liquidation, injunction, and notice of automatic stay, which was filed on November 21, 2017, (hereinafter, “Petition”). The Court, having reviewed and considered the pleadings of record, and otherwise being fully informed in the premises, finds as follows:

1. Section 631.021, Florida Statutes (2017), provides that a delinquency proceeding pursuant to Chapter 631, Florida Statutes, constitutes the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving a Florida domiciled insurer.

2. This Court has jurisdiction over these proceedings pursuant to section 631.021(1), Florida Statutes, and this Court can exercise jurisdiction over any person required to cooperate with the Department and the Office of Insurance Regulation (“OIR”) pursuant to section 631.391 Florida Statutes, and over all persons made subject to this Court’s jurisdiction by other provisions of law as provided in section 631.025, Florida Statutes. Venue is proper in the Circuit Court of Leon County pursuant to section 631.021(2), Florida Statutes. Pursuant to section 631.021(1),

Florida Statutes, this Court has jurisdiction over the receivership and is authorized to enter all necessary or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, sections 631.001 *et seq.*, Florida Statutes.

3. Respondent was re-domesticated as a Florida domiciled insurance company and on January 5, 2007, was authorized by OIR to transact workers' compensation insurance business. Respondent's principal place of business is located at 401 E. Las Olas Boulevard, Suite 1540, Fort Lauderdale, Florida 33301.

4. Upon a determination by OIR that one or more grounds exist to initiate a delinquency proceeding against an insurer and upon OIR's determination that a delinquency proceeding should be initiated, OIR is required to refer the insurer to the Department for the initiation of such delinquency proceeding. § 631.031(1), Fla. Stat.

5. By letter dated November 17, 2017, pursuant to section 631.031(1), Florida Statutes, David Altmaier, Commissioner of OIR, advised Florida's Chief Financial Officer, Jimmy Patronis, that grounds exist for the initiation of liquidation proceedings against Respondent.

6. Sections 631.031(2), Florida Statutes, empowers the Department to petition this Court for an order directing it to liquidate a domestic insurer, and section 631.061, Florida Statutes, provides that the Department may apply for such an order if the insurer is or is about to become insolvent or upon the existence of any of the grounds specified in section 631.051, Florida Statutes.

7. Based on the evidence presented in the Department's Petition, the Court has determined that sufficient grounds exist for the liquidation of Respondent pursuant to the following provisions of law:

A. Section 631.061(1), Florida Statutes, due to Respondent's insolvency within the meaning of section 631.011(14), Florida Statutes;

B. Section 631.051(8), Florida Statutes, due to Respondent's willful violation of sections 624.424 and 625.332, Florida Statutes;

C. Section 631.051(13), Florida Statutes, due to the diversion of funds from Respondent, which threatened Respondent's solvency;

D. Section 631.051(11), Florida Statutes, due to Respondent's consent, through a Joint Stipulation of its board of directors, to the appointment of the Department as receiver of Respondent for the purposes of liquidation; and

E. Section 631.051(3), Florida Statutes, due to the existence of the foregoing grounds for liquidation, Respondent's further transaction of insurance is presently or prospectively hazardous to policyholders, creditors, stockholders, or the public.

8. The Court therefore finds that it is in the best interests of Respondent, its policyholders, creditors, stockholders, and the public that the Department be appointed receiver of Respondent for purposes of liquidation.

THEREFORE, IT IS ORDERED AND ADJUDGED:

9. The Department of Financial Services of the State of Florida shall be and is hereby appointed receiver of Respondent for purposes of liquidation, effective immediately upon the entry of this Order.

10. The Department has full power to direct and manage the affairs of Respondent, to hire and discharge employees, and to deal with the property and business of the Respondent.

11. All officers, directors, trustees, administrators, agents and employees, and all other persons representing Respondent or currently employed or utilized by Respondent in connection with the conduct of its business are discharged forthwith; provided, however, the Department may retain such persons in the Department's discretion.

12. For purposes of this Order, the term “affiliate” shall be defined in accordance with section 631.011(1), Florida Statutes, and shall include, but not be limited to, the following affiliates:

Ashmere Insurance Company	Patriot Captive Management (Cayman Islands), Ltd.
Contego Investigative Services, Inc.	Patriot Captive Management LLC
Contego Services Group, LLC	Patriot Care Management LLC
Corporate Claims Management, Inc.	Patriot Care Management, Inc. f/k/a Managed Care Risk Services, Inc.
CWIBenefits, Inc.	Patriot Claim Services, Inc.
Decision UR, LLC	Patriot National, Inc.
Deerfield Insurance Holding, Inc.	Patriot Risk Consultants, Inc.
Forza Lien, LLC	Patriot Risk Consultants, LLC
Global HR Research, Inc.	Patriot Risk Services, Inc.
Guarantee Insurance Group, Inc.	Patriot Risk Services, LLC
Guarantee Underwriters, Inc.	Patriot Services, LLC
Mehta & Pazol Consulting Services PVT, LTD India	Patriot Technology Solutions, LLC
National Fidelity Holdings, Inc.	Patriot Underwriters, Inc.
National Fidelity Insurance Agency, Inc.	PN India Holdings Mauritius
Old Guard Re, SPC	Radar Post-Closing Holding Company, Inc.
Patriot Audit Services, Inc.	Six Points Ventures III, LLC
Patriot Audit Services, LLC	Steven Mariano Trust
Patriot Captive Management (Bahamas), Ltd.	Trigen Hospitality Group, Inc.
	Trigen Insurance Solutions, Inc.

13. Title to all property, real or personal; contracts; rights of action; and all books and records of Respondent, wherever located, is vested in the Department pursuant to sections 631.111 and 631.141, Florida Statutes.

14. **THE DEPARTMENT IS AUTHORIZED AND DIRECTED TO:**

A. Take immediate possession of all the assets, estate, and property of every kind whatsoever and wherever located belonging to Respondent pursuant to sections 631.111 and 631.141, Florida Statutes, whether in the possession of Respondent or its officers, directors, shareholders, trustees, employees, consultants, attorneys, agents, affiliates, or other persons, including but not limited to: offices maintained by Respondent; furniture; fixtures; equipment; office supplies; choses in action; rights of action; contract rights; books, papers, claims and claim files, policy files, application files, premium records, rate books, underwriting manuals, personnel records, and all other records and data that are otherwise the property of the Respondent, in whatever form maintained; evidences of debt; bank accounts; savings accounts; certificates of deposit, stocks, bonds, debentures, and other securities; mortgages; real property; and all funds held by Respondent's agents, subagents, producing agents, brokers, solicitors, service representatives, premium finance companies, or others under agency contracts or otherwise which are due and unpaid to Respondent, including premiums, unearned commissions, agents' balances, agents' reserve funds, and subrogation recoveries.

B. Marshal and liquidate the assets of Respondent.

C. Publish notice specifying the time and place fixed for the filing of claims with the Department once each week for three consecutive weeks in the Florida Administrative Weekly published by the Secretary of State, at least once in the Florida Bar News, and in all states where Respondents may have issued insurance policies using methods of publication similar to

those being used in the State of Florida.

D. Give notice of this proceeding to Respondent's agents pursuant to section 631.341, Florida Statutes, and to its insureds, if any.

E. Employ and authorize the compensation of legal counsel, actuaries, accountants, clerks, consultants, and such assistants as it deems necessary, purchase or lease personal or real property as it deems necessary, and authorize the payment of the expenses of these proceedings and the necessary incidents thereof, as approved by the Court, to be paid out of the funds or assets of the Respondent in the possession of the Department or coming into its possession.

F. Reimburse such employees, from the funds of this receivership, for their actual necessary and reasonable expenses incurred while traveling on the business of this receivership.

G. Not defend or accept service of process on legal actions wherein Respondent, the Department, or the insured is a party defendant, commenced either prior to or subsequent to the order, without authorization of this Court; except, however, in actions where Respondent is a nominal party, as in certain foreclosure actions, and the action does not affect a claim against or adversely affect the assets of Respondent, the Department may file appropriate pleadings in its discretion.

H. Commence and maintain all legal actions necessary, wherever necessary, for the proper administration of this receivership proceeding.

I. Collect all debts that are economically feasible to collect that are due and owing to Respondent.

J. Deposit funds and maintain bank accounts in accordance with section

631.221, Florida Statutes.

K. Take possession of all of Respondent's securities and certificates of deposit on deposit with the Chief Financial Officer of Florida or any similar official of any other state, if any, and convert to cash as much as may be necessary, in its judgment, to pay the expenses of administration of this receivership.

L. Negotiate and settle subrogation claims and final judgments without further order of this Court.

M. Sell any salvage recovered property without further order of this Court.

N. Update its records to incorporate change of address information for interested individuals/entities (e.g. agent, claimant, creditor, policyholder, subscriber) if the Department determines that there has been a change of address for any interested individuals/entities. The Department is authorized to use change of address information for future mailings.

O. Transfer unclaimed funds to the unclaimed property unit(s) of the states(s) reflected in the claimants' last address of record in the Department's files.

P. Dispose of and destroy obsolete and unneeded records pursuant to section 631.141(12), Florida Statutes.

Q. Apply to this Court for further instructions in the discharge of its duties as the Department deems necessary.

IT IS FURTHER ORDERED AND DIRECTED:

15. Any "Covered Entity" or "Business Associate" in possession of "Protected Health Information" ("PHI") as defined in and governed by the federal Health Insurance Portability and Accountability of 1996, is authorized and directed to disclose such PHI to the Department as

receiver of Respondent, to the same extent that such disclosure would have been permissible if made directly to Respondent prior to the entry of this Order.

16. Any “financial institution” in possession of “nonpublic personal information” (“NPI”) as defined in and governed by the Gramm-Leach-Bliley Financial Modernization Act of 1999, is authorized and directed to disclosed such NPI to the Department as Receiver of Respondent, to the same extent that such disclosure would have been permissible if made directly to Respondent prior to the entry of this Order.

17. Pursuant to the provisions of section 631.252, Florida Statutes, all policies of insurance or similar contracts of coverage that have not expired are canceled **on the date 30 days from the entry of this Order**. Policies or contracts of coverage with normal expiration dates prior to the dates otherwise applicable under this paragraph, or which are terminated by insureds, or lawfully cancelled by the Department or insurer before such date, shall stand canceled as of the earlier date.

18. The Department shall continue to coordinate with the applicable Guaranty Associations to provide continued coverage for Respondent’s policyholders prior to the cancellation of policies pursuant to section 631.252, Florida Statutes.

19. All agents, brokers or other persons having sold policies of insurance and/or collected premiums on behalf of the Respondent are required to account for and pay all premiums and commissions unearned due to cancellation of policies in the normal course of business owed to the Respondent directly to the Department within twenty (20) days of demand by the Department or appear before this Court to show cause, if any they may have, as to why they should not be required to account to the Department or be held in contempt of Court for violation of the provisions of the Order. No agent, broker, premium finance company or other person should use

premium monies owed to the Respondent for refund of unearned premium or for any purpose other than payment to the Department.

20. Any premium finance company that has entered into a contract to finance a premium for a policy issued by the Respondent is required to pay any premium owed to the Respondent directly to the Department.

21. Reinsurance premiums due to or payable by the Respondent shall be remitted to, or disbursed by, the Department. The Department shall handle reinsurance losses recoverable or payable by the Respondent. All correspondence concerning reinsurance shall be between the Department and the reinsuring company or intermediary.

22. The United States Postal Service shall be directed to provide any information requested by the Department regarding the Respondent and to handle future deliveries of Respondent's mail as directed by the Department.

23. Any bank, savings and loan association, financial institution or other person which has on deposit, in its possession, custody or control any funds, accounts and any other assets of the Respondent is directed to immediately transfer title, custody, and control of all such funds, accounts and other assets to the Department. The Department shall be authorized to change the name of such accounts and other assets, withdraw them from such bank, savings and loan association or other financial institution, or take any lesser action necessary for the proper conduct of this receivership. No bank, savings and loan association or other financial institution shall be permitted to exercise any form of set-off, alleged set-off, lien, any form of self-help whatsoever, or refuse to transfer any funds or assets to the Department's control without permission of this Court.

24. Any entity furnishing telephone, water, electric, sewage, garbage or trash removal services to the Respondent is required to maintain such service and transfer any such accounts to the Department as of the date of the Order, unless instructed to the contrary by the Department.

25. Upon request by the Department, any company providing telephonic services to the Respondent is directed to provide a reference of calls from the number presently assigned to the Respondent to any such number designated by the Department or perform any other services or changes necessary to the conduct of the receivership.

26. All executory contracts to which the Respondent was a party shall be cancelled and stand cancelled unless specifically adopted by the Department within ninety (90) days of the date of this Order or from the date of the Department's actual knowledge of the existence of such contract, whichever is later. "Actual Knowledge" means the Department has in its possession a written contract to which the Respondent is a party, and the Department has notified the vendor in writing acknowledging the existence of the contract.

A. Further, the Department shall have the authority to do the following:

i. Pay for services provided by any of Respondent's vendors, in the ninety (90) day period prior to assuming or rejecting the contract, which are necessary to administer the Receivership estate; and

ii. Once the Department determines Respondent's vendor is necessary in the continued administration of the receivership estate for a period to exceed the ninety (90) days from the date of this order, or from the date of Department's actual knowledge of such contract, whichever is later, the Department may make minimal modifications to the terms of the contract, including, but not limited to, the expiration date of the agreement, the scope of the services to be provide, and/or the compensation to be paid to Respondent's vendor pursuant to the

contract. “Minimal Modifications” shall mean any minimum alteration made to the contract in order to adapt to the new circumstances of the receivership estate. In no event will any minimal modification be construed as the Department entering into a new contract with Respondent’s vendor.

B. Any vendor, including but not limited to, any and all employees / contractors of insurer, claiming the existence of a contractual relationship with the insurer shall provide notice to the Department of such relationship. This notice shall include any and all documents and information regarding the terms and conditions of the contract, including a copy of the written contract between the vendor and the insurer, if any, what services or goods were provided pursuant to the contract, any current, future and/or past due amounts owing under the contract, and any supporting documentation for third party services or goods provided. Failure to provide the required information may result in vendors’ contractual rights not being recognized by the Department. The rights of the parties to any such contracts are fixed as of the date of the Order and any cancellation under this provision shall not be treated as an anticipatory breach of such contracts.

27. Any information technology service provider or data processing service, which has custody or control of any data processing information and records including but not limited to source documents, claims data, policy administration data, data processing cards, input tapes, all types of storage information, master tapes or any other recorded information relating to the Respondent is directed to transfer custody and control of such records to the Department. The Department shall be authorized to compensate any such entity for the actual use of hardware and software, which the Department finds to be necessary to this proceeding. Compensation should be based upon the monthly rate provided for in contracts or leases with Respondent which were in

effect when this proceeding was instituted, or based upon such contract as may be negotiated by the Department, for the actual time such equipment and software is used by the Department. Any past due or pending balances due from Respondent shall be processed as claims against the estate, and shall not be a basis for withholding the services contemplated in this Paragraph.

28. All attorneys employed by Respondent as of the date of the Order, are required **within ten (10) days of receiving notice of this Order**, to report to the Department on the name, company claim number and status of each file they are handling on behalf of the Respondent. Said report should also include an accounting of any funds received from or on behalf of the Respondent. All attorneys employed by Respondent are advised that pursuant to sections 631.011(17) and 631.011(21), Florida Statutes, a claim based on mere possession does not create a secured claim and all attorneys employed by Respondent, pursuant to In Re the Receivership of Syndicate Two, Inc., 538 So.2d 945 (Fla. 1st DCA 1989), who are in possession of litigation files or other material, documents or records belonging to or relating to work performed by the attorney on behalf of Respondent are required to deliver such litigation files, material, documents or records intact and without purging to the Department, on request, notwithstanding any claim of a retaining lien which, if otherwise valid, should not be extinguished by the delivery of these documents.

29. All subsidiaries, affiliates, parent corporations, ultimate parent corporations, and any other business entity affiliated with Respondent having any interest in the building located at 401 E. Las Olas Boulevard, Suite 1540, Fort Lauderdale, Florida 33301 or any other facility in which Respondent may operate, shall make available, at that location and at no charge to the Department or to Respondent, office space, and related facilities (telephone service, copiers, computer equipment and software, office supplies, parking, etc.) to the extent deemed necessary by the Department in its sole discretion.

30. All subsidiaries, affiliates, parent corporations, ultimate parent corporations, and any other business entity affiliated with Respondent having any interest in the computer equipment, software, and peripherals currently used by or for Respondent shall provide complete access to and administrative control of all such computer equipment, software, and peripherals to the Department at no charge to the Department to the extent deemed necessary by the Department in its sole discretion.

31. All claims shall be filed with the Department **on or before the date that is six months from the date this Order is entered**, or be forever barred, and all such claims shall be filed on proof of claim forms prepared by the Department. If the deadline for filing claims falls on a Saturday, Sunday, or a legal holiday, the deadline is extended to the next business day.

32. To assure the validity of claim assignments, to assure that the processing of assignments does not create an undue burden on estate resources, and to assure that assignment decisions are made using the best information available, the Department shall not recognize or accept any assignment of claim by the claimant of record unless the following criteria are met:

- A. A distribution petition has not been filed with this Court;
- B. The Department has been provided with a properly executed and notarized assignment of claim agreement entered into between the parties; and
- C. The Department has been provided with a properly executed and notarized Department's Assignment of Claim Change Form and required supporting documentation.
- D. The Department's Assignment of Claim Change Form shall contain an acknowledgement by the claimant, or someone authorized to act on behalf of the claimant, that:

i. The claimant is aware that financial information regarding claims distributions and payments published on the Department's website or otherwise available can assist the claimant in making an independent and informed decision regarding the sale of the claim;

ii. The claimant understands that the purchase price being offered in exchange for the assignment may differ from the amount ultimately distributed in the receivership proceeding with respect to the claim;

iii. It is the claimant's intent to sell their claim and have the Department's records be permanently changed to reflect the new owner; and

iv. The claimant understands that that they will no longer have any title, interest, or rights to the claim including future mailings and distributions if they occur.

33. Any person, firm, corporation, or other entity having notice of the Order that fails to abide by its terms is directed to appear before this Court to show good cause, if any they may have, as to why they should not be held in contempt of Court for violation of the provisions of this Order.

CONTINUATION OF INVESTIGATION

34. The Department shall be authorized to conduct an investigation as authorized by section 631.156, Florida Statutes, to determine the causes of the insolvency; to discover assets for recovery; to determine the location of assets and their manner of recovery; and to make fully available to the Court the true state of Respondent's financial affairs.

35. The Department may take statements under oath and examine and review the books, records, and documents of any present or former officer, director, manager, trustee, agent, adjuster, employee, or independent contractor of Respondent or its affiliates and any other person possessing any executive authority over, or exercising or having exercised any control over, any segment of the affairs of the Respondent (hereinafter "Controlling Persons").

36. Section 631.391, Florida Statutes, imposes on Controlling Persons a duty to cooperate with the Department during its investigation. Such cooperation shall include, but not be limited to, providing oral testimony under oath, in both their official, representative and individual capacities and the production of all documents that are calculated to disclose the true state of Respondent's affairs.

37. In furtherance of this investigation, Respondent's parent corporations, its subsidiaries, and affiliates are required to make all books, documents, accounts, records, including all records located in any premises occupied by such parent corporations, subsidiaries or affiliates available for full, free and unhindered inspection and examination by the Department during normal business hours (8:00 a.m. to 5:00 p.m.) Monday through Friday, from the date of the Order and to provide copies of any records requested by the Department whether or not such records are related to Respondent.

38. Upon receipt of a certified copy of Department the existence of any accounts of Respondent and any funds contained therein and any and all documents in its possession relating to Respondent for the Department's inspection and copying.

39. All Sheriffs and all law enforcement officials of this state shall cooperate with and assist the Receiver in the implementation of this Order.

40. In the event the Department determines that reorganization, consolidation, conversion, reinsurance, merger, or other transformation of the Respondent is appropriate, the Department shall prepare a plan to effect such changes and submit the plan to this Court for consideration.

INJUNCTION

41. Pursuant to sections 631.041(3) and (4), Florida Statutes, all persons, firms, corporations and associations within the jurisdiction of this Court, including, but not limited to, Respondent and its officers, directors, stockholders, affiliates, members, subscribers, agents, and all other persons are enjoined and restrained from the further transaction of the insurance business of the Respondent; from doing, doing through omission, or permitting to be done any action which might waste or dispose of the books, records and assets of the Respondent; from in any means interfering with the Department or these proceedings; from the transfer of property and assets of Respondent without the consent of the Department; from the removal, concealment, or other disposition of Respondent's property, books, records, and accounts; from the commencement or prosecution of any actions against the Respondent or the Department together with its agents or employees, the service of process and subpoenas, or the obtaining of preferences, judgments, writs of attachment or garnishment or other liens; and, from the making of any levy or execution against Respondent or any of its property or assets.

42. Notwithstanding the provisions of this paragraph, the Department should be permitted to accept and be subpoenaed for non-party production of claims files in its possession, including medical records, which may be contained therein. In such cases, the requesting party must submit an affidavit to the Department stating that notice of the non-party production was appropriately issued and provided to the patient and that the patient was given the opportunity to object and either did not object to the non-party production, or objected and the Court overruled the objection, in which case a copy of the Court's ruling must be attached to the affidavit. The Department should be authorized to impose a charge for copies of such claim files pursuant to the provisions of sections 119.07(1)(a), and 624.501, Florida Statutes.

NOTICE OF AUTOMATIC STAY

43. Notice is hereby given that, pursuant to section 631.041(1), Florida Statutes, the filing of the Department's Petition herein operates as an automatic stay applicable to all persons and entities, other than the Department, which shall be permanent and survive the entry of the order, and which prohibits:

A. The commencement or continuation of judicial, administrative, or other action or proceeding against the insurer or against its assets or any part thereof;

B. The enforcement of a judgment against the insurer or an affiliate obtained either before or after the commencement of the delinquency proceeding;

C. Any act to obtain possession of property of the insurer;

D. Any act to create, perfect or enforce a lien against property of the insurer, except a secured claim as defined in section 631.011(21), Florida Statutes;

E. Any action to collect, assess or recover a claim against the insurer, except claims as provided for under chapter 631, Florida Statutes;

F. The set-off or offset of any debt owing to the insurer except offsets as provided in section 631.281, Florida Statutes.

44. This Court retains jurisdiction of this cause for the purpose of granting such other and further relief as from time to time shall be deemed appropriate.

DONE and ORDERED in Chambers at the Leon County Courthouse in Tallahassee, Leon County, Florida this _____ day of _____, 2017.

CIRCUIT JUDGE