

ANNUAL STATEMENT

OF THE

One Alliance Insurance Corporation

TO THE

Insurance Department

OF THE

STATE OF

**FOR THE YEAR ENDED
DECEMBER 31, 2017**

PROPERTY AND CASUALTY

2017



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

ONE ALLIANCE INSURANCE CORPORATION

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 15646 Employer's ID Number 66-0818834

Organized under the Laws of COMMONWEALTH OF PUERTO RICO, State of Domicile or Port of Entry PR
Country of Domicile COMMONWEALTH OF PUERTO RICO

Incorporated/Organized 12/19/2014 Commenced Business 01/01/2015

Statutory Home Office 270 MUÑOZ RIVERA AVENUE, SAN JUAN, PRI 00918
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 270 MUÑOZ RIVERA AVENUE
(Street and Number)
SAN JUAN, PRI 00918, 787-622-3333
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO BOX 9021968, SAN JUAN, PRI 00902-1968
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 270 MUÑOZ RIVERA AVENUE
(Street and Number)
SAN JUAN, PRI 00918, 787-622-3333
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WWW.ONEALLIANCEPR.COM

Statutory Statement Contact RAFAEL E BETANCOURT, 787-622-3333
(Name) (Area Code) (Telephone Number)
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(E-mail Address) (FAX Number)

OFFICERS

PRESIDENT VICTOR R RIOS FINANCE VICE PRESIDENT RAFAEL E BETANCOURT
CORPORATE SECRETARY JESUS M DEL VALLE

OTHER

DIRECTORS OR TRUSTEES

VICTOR R RIOS OSWALDO KARAM JESUS M DEL VALLE
RICARDO J BENITEZ RAFAEL E BETANCOURT

State of COMMONWEALTH OF PUERTO RICO SS:
County of COMMONWEALTH OF PUERTO RICO

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.

VICTOR R RIOS
PRESIDENT

RAFAEL E BETANCOURT
FINANCE VICE PRESIDENT

Subscribed and sworn to before me this _____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	8,872,846		8,872,846	9,207,635
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 1,798,523 encumbrances)	2,059,658		2,059,658	2,213,289
4.2 Properties held for the production of income (less \$ 0 encumbrances)			0	0
4.3 Properties held for sale (less \$ 0 encumbrances)			0	0
5. Cash (\$ 1,433,076 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$, Schedule DA)	1,433,076		1,433,076	312,479
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivable for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	12,365,580	0	12,365,580	11,733,403
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	47,942		47,942	31,472
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,528,077	84,513	2,443,564	821,927
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	47,883
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	19,729		19,729	50,787
21. Furniture and equipment, including health care delivery assets (\$)	203,829	203,829	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	646,492	235,928	410,564	80,380
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	649,034	649,034	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	16,460,683	1,173,304	15,287,379	12,765,852
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	16,460,683	1,173,304	15,287,379	12,765,852
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. Prepaid Items	56,334	56,334	0	
2502. Other Receivables	592,700	592,700	0	
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)	649,034	649,034	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	1,482,183	430,895
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	129,741	8,983
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	253,263	495,050
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	79,706	
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 \$	1,380,122	1,821,547
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$3,374,000 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	2,581,546	2,436,296
10. Advance premium	37,143	20,550
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	3,515,000	455,000
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	0	0
14. Amounts withheld or retained by company for account of others	6,786	2,973
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$0 certified) (Schedule F, Part 8)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives	0	0
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	342,634	256
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	9,808,124	5,671,550
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	9,808,124	5,671,550
29. Aggregate write-ins for special surplus funds	98,640	32,788
30. Common capital stock	5,625,015	9,375,025
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	
34. Gross paid in and contributed surplus	9,375,010	5,625,000
35. Unassigned funds (surplus)	(9,619,410)	(7,938,511)
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) (Page 4, Line 39)	5,479,255	7,094,302
38. TOTALS (Page 2, Line 28, Col. 3)	15,287,379	12,765,852
DETAILS OF WRITE-INS		
2501. Accts. Payable Others	342,634	256
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)	342,634	256
2901. Puerto Rico Catastrophic Fund	98,640	32,788
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)	98,640	32,788
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 2017 OF THE One Alliance Insurance Corporation

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	4,202,760	859,502
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	2,023,694	534,107
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	186,650	17,611
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	3,597,728	4,090,881
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	5,808,072	4,642,599
7. Net income of protected cells.....		
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7).....	(1,605,312)	(3,783,097)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	198,710	152,879
10. Net realized capital gains or (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses)).....		56,198
11. Net investment gain (loss) (Lines 9 + 10).....	198,710	209,077
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$).....	0	0
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	(376,241)	1,549
15. Total other income (Lines 12 through 14).....	(376,241)	1,549
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(1,782,843)	(3,572,471)
17. Dividends to policyholders.....		
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).....	(1,782,843)	(3,572,471)
19. Federal and foreign income taxes incurred.....		
20. Net income (Line 18 minus Line 19)(to Line 22).....	(1,782,843)	(3,572,471)
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	7,094,303	10,938,965
22. Net income (from Line 20).....	(1,782,843)	(3,572,471)
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....		
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3).....	167,795	(272,192)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....		
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.....	(3,750,010)	
33. Surplus adjustments:		
33.1 Paid in.....	3,750,010	0
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 (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).....	(1,615,048)	(3,844,663)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	5,479,254	7,094,303
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. Other Income.....	(376,241)	1,549
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).....	(376,241)	1,549
3701. PRIOR YEAR ADJUSTMENTS.....		0
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 2017 OF THE One Alliance Insurance Corporation

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	5,965,883	2,308,332
2. Net investment income	202,234	210,104
3. Miscellaneous income	(376,241)	1,549
4. Total (Lines 1 through 3)	5,791,876	2,519,985
5. Benefit and loss related payments	924,523	189,243
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,663,620	4,323,817
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	4,588,143	4,513,060
11. Net cash from operations (Line 4 minus Line 10)	1,203,733	(1,993,075)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	365,000	4,948,658
12.2 Stocks	0	684,023
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
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)	365,000	5,632,681
13. Cost of investments acquired (long-term only):		
13.1 Bonds	50,205	5,082,419
13.2 Stocks	0	684,023
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	50,205	5,766,441
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)	314,795	(133,760)
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	0	0
16.3 Borrowed funds	(441,425)	1,821,547
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)	43,494	458,511
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(397,931)	2,280,058
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)	1,120,596	153,222
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	312,479	159,257
19.2 End of period (Line 18 plus Line 19.1)	1,433,076	312,479

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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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	524,091	51,915	136,337	439,669
2.	Allied lines	226,557	88,104	70,313	244,348
3.	Farmowners multiple peril	0		0	0
4.	Homeowners multiple peril	0		0	0
5.	Commercial multiple peril	2,182,727	1,508,954	1,712,490	1,979,191
6.	Mortgage guaranty	0		0	0
8.	Ocean marine	0		0	0
9.	Inland marine	128,348	12,833	62,875	78,306
10.	Financial guaranty	0		0	0
11.1	Medical professional liability - occurrence	0		0	0
11.2	Medical professional liability - claims-made	0		0	0
12.	Earthquake	164,532	74,490	45,231	193,791
13.	Group accident and health	0		0	0
14.	Credit accident and health (group and individual)	0		0	0
15.	Other accident and health	0		0	0
16.	Workers' compensation	0		0	0
17.1	Other liability - occurrence	301,525	170,707	108,489	363,743
17.2	Other liability - claims-made	0		0	0
17.3	Excess workers' compensation	0		0	0
18.1	Products liability - occurrence	14,446	19,108	9,846	23,708
18.2	Products liability - claims-made	0		0	0
19.1, 19.2	Private passenger auto liability	67,667	56,605	33,443	90,829
19.3, 19.4	Commercial auto liability	328,031	194,475	173,005	349,501
21.	Auto physical damage	410,086	259,105	229,517	439,674
22.	Aircraft (all perils)	0		0	0
23.	Fidelity	0		0	0
24.	Surety	0		0	0
26.	Burglary and theft	0		0	0
27.	Boiler and machinery	0		0	0
28.	Credit	0		0	0
29.	International	0		0	0
30.	Warranty	0		0	0
31.	Reinsurance - nonproportional assumed property	0		0	0
32.	Reinsurance - nonproportional assumed liability	0		0	0
33.	Reinsurance - nonproportional assumed financial lines	0		0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0
35.	TOTALS	4,348,010	2,436,296	2,581,546	4,202,760
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 2017 OF THE One Alliance Insurance Corporation

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	136,337				136,337
2.	Allied lines	70,313				70,313
3.	Farmowners multiple peril					0
4.	Homeowners multiple peril					0
5.	Commercial multiple peril	1,712,490				1,712,490
6.	Mortgage guaranty					0
8.	Ocean marine					0
9.	Inland marine	62,875				62,875
10.	Financial guaranty					0
11.1	Medical professional liability - occurrence					0
11.2	Medical professional liability - claims-made					0
12.	Earthquake	45,231				45,231
13.	Group accident and health					0
14.	Credit accident and health (group and individual)					0
15.	Other accident and health					0
16.	Workers' compensation					0
17.1	Other liability - occurrence	108,489				108,489
17.2	Other liability - claims-made					0
17.3	Excess workers' compensation					0
18.1	Products liability - occurrence	9,846				9,846
18.2	Products liability - claims-made					0
19.1, 19.2	Private passenger auto liability	33,443				33,443
19.3, 19.4	Commercial auto liability	173,005				173,005
21.	Auto physical damage	229,517				229,517
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					0
32.	Reinsurance - nonproportional assumed liability					0
33.	Reinsurance - nonproportional assumed financial lines					0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0
35.	TOTALS	2,581,546	0	0	0	2,581,546
36.	Accrued retrospective premiums based on experience					
37.	Earned but unbilled premiums					
38.	Balance (Sum of Line 35 through 37)					2,581,546
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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3-4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	594,053				69,962	524,091
2. Allied lines	256,704				30,147	226,557
3. Farmowners multiple peril	0					0
4. Homeowners multiple peril	0					0
5. Commercial multiple peril	6,919,347				4,736,620	2,182,727
6. Mortgage guaranty	0					0
8. Ocean marine	0					0
9. Inland marine	145,246				16,898	128,348
10. Financial guaranty	0					0
11.1 Medical professional liability - occurrence						0
11.2 Medical professional liability - claims-made						0
12. Earthquake	186,468				21,936	164,532
13. Group accident and health	0					0
14. Credit accident and health (group and individual)	0					0
15. Other accident and health	0					0
16. Workers' compensation	0					0
17.1 Other liability - occurrence	630,384				328,859	301,525
17.2 Other liability - claims-made	0					0
17.3 Excess workers' compensation	0					0
18.1 Products liability - occurrence	157,750				143,304	14,446
18.2 Products liability - claims-made						0
19.1, 19.2 Private passenger auto liability	147,650				79,983	67,667
19.3, 19.4 Commercial auto liability	759,869				431,838	328,031
21. Auto physical damage	1,019,708				609,622	410,086
22. Aircraft (all perils)	0					0
23. Fidelity	0					0
24. Surety	0					0
26. Burglary and theft	0					0
27. Boiler and machinery	0					0
28. Credit	0					0
29. International						0
30. Warranty	0					0
31. Reinsurance - nonproportional assumed property	XXX					0
32. Reinsurance - nonproportional assumed liability	XXX					0
33. Reinsurance - nonproportional assumed financial lines	XXX					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	10,817,179	0	0	0	6,469,169	4,348,010
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 []

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A , Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 -3)				
1. Fire	1,069		641	428	16,938	16	17,350	3.9
2. Allied lines	164,197		156,165	8,032	46,793	7,059	47,766	19.5
3. Farmowners multiple peril	0			0	0		0	0.0
4. Homeowners multiple peril	0			0	0		0	0.0
5. Commercial multiple peril	3,926,357		3,183,429	742,928	877,085	272,823	1,347,190	68.1
6. Mortgage guaranty	0			0	0		0	0.0
8. Ocean marine	0			0	0		0	0.0
9. Inland marine	3,338		1,400	1,938	21,673	1,172	22,439	28.7
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	7,752	6	7,746	4.0
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	0			0	0		0	0.0
17.1 Other liability - occurrence	37,967		19,703	18,264	173,815	67,482	124,597	34.3
17.2 Other liability - claims-made	0			0	0	(2,602)	2,602	0.0
17.3 Excess workers' compensation	0			0	0		0	0.0
18.1 Products liability - occurrence	0			0	1,236	2,654	(1,418)	(6.0)
18.2 Products liability - claims-made	0			0	0		0	0.0
19.1, 19.2 Private passenger auto liability	47,348		26,487	20,861	28,353	16,276	32,938	36.3
19.3, 19.4 Commercial auto liability	73,244		39,791	33,453	182,929	18,757	197,625	56.5
21. Auto physical damage	367,225		220,723	146,502	125,609	47,252	224,859	51.1
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	0	0.0
35. TOTALS	4,620,745	0	3,648,339	972,406	1,482,183	430,895	2,023,694	48.2
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	
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire				0	13,378	(3,560)	16,938		
2. Allied lines	1,407,800		1,379,200	28,600	1,015,708	997,515	46,793	13,300	
3. Farmowners multiple peril				0			0		
4. Homeowners multiple peril				0			0		
5. Commercial multiple peril	13,977,777		13,416,688	561,089	13,771,735	13,455,739	877,085	99,010	
6. Mortgage guaranty				0			0		
8. Ocean marine				0			0		
9. Inland marine	32,000		32,000	0	20,047	(1,626)	21,673		
10. Financial guaranty				0			0		
11.1 Medical professional liability - occurrence				0			0		
11.2 Medical professional liability - claims-made				0			0		
12. Earthquake				0	7,305	(447)	7,752		
13. Group accident and health				0			(a) 0		
14. Credit accident and health (group and individual)				0			0		
15. Other accident and health				0			(a) 0		
16. Workers' compensation				0			0		
17.1 Other liability - occurrence				0	286,708	112,893	173,815		
17.2 Other liability - claims-made				0			0		
17.3 Excess workers' compensation				0			0		
18.1 Products liability - occurrence				0	9,295	8,059	1,236		
18.2 Products liability - claims-made				0			0		
19.1, 19.2 Private passenger auto liability	17,800		9,080	8,720	26,854	7,221	28,353	1,795	
19.3, 19.4 Commercial auto liability	79,020		41,560	37,460	311,593	166,124	182,929	2,945	
21. Auto physical damage	457,263		357,278	99,985	99,949	74,325	125,609	12,691	
22. Aircraft (all perils)				0			0		
23. Fidelity				0			0		
24. Surety				0			0		
26. Burglary and theft				0			0		
27. Boiler and machinery				0			0		
28. Credit				0			0		
29. International				0			0		
30. Warranty				0			0		
31. Reinsurance - nonproportional assumed property	XXX			0	XXX		0		
32. Reinsurance - nonproportional assumed liability	XXX			0	XXX		0		
33. Reinsurance - nonproportional assumed financial lines	XXX			0	XXX		0		
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	
35. TOTALS	15,971,660	0	15,235,806	735,854	15,562,572	0	14,816,243	1,482,183	129,741
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 \$ for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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	2,266,223			2,266,223
1.2 Reinsurance assumed				0
1.3 Reinsurance ceded	2,079,573			2,079,573
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	186,650	0	0	186,650
2. Commission and brokerage:				
2.1 Direct excluding contingent		2,505,223		2,505,223
2.2 Reinsurance assumed, excluding contingent				0
2.3 Reinsurance ceded, excluding contingent		1,681,665		1,681,665
2.4 Contingent - direct				0
2.5 Contingent - reinsurance assumed				0
2.6 Contingent - reinsurance ceded				0
2.7 Policy and membership fees				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	823,558	0	823,558
3. Allowances to managers and agents				0
4. Advertising		4,715		4,715
5. Boards, bureaus and associations		53,802		53,802
6. Surveys and underwriting reports				0
7. Audit of assureds' records				0
8. Salary and related items:				
8.1 Salaries		1,009,365		1,009,365
8.2 Payroll taxes		63,425		63,425
9. Employee relations and welfare		91,601		91,601
10. Insurance		10,447		10,447
11. Directors' fees				0
12. Travel and travel items		141,155		141,155
13. Rent and rent items		193,807		193,807
14. Equipment		490,199		490,199
15. Cost or depreciation of EDP equipment and software		31,948		31,948
16. Printing and stationery		22,099		22,099
17. Postage, telephone and telegraph, exchange and express		36,929		36,929
18. Legal and auditing		209,685		209,685
19. Totals (Lines 3 to 18)	0	2,359,177	0	2,359,177
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$		79,707		79,707
20.2 Insurance department licenses and fees		27,000		27,000
20.3 Gross guaranty association assessments				0
20.4 All other (excluding federal and foreign income and real estate)				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	106,707	0	106,707
21. Real estate expenses		105,375		105,375
22. Real estate taxes		80,614		80,614
23. Reimbursements by uninsured plans				0
24. Aggregate write-ins for miscellaneous expenses	0	122,297	3,781	126,078
25. Total expenses incurred	186,650	3,597,728	3,781	3,788,159 (a)
26. Less unpaid expenses - current year	129,741	332,969		462,710
27. Add unpaid expenses - prior year	8,983	495,050		504,033
28. Amounts receivable relating to uninsured plans, prior year				0
29. Amounts receivable relating to uninsured plans, current year				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	65,892	3,759,809	3,781	3,829,482
DETAILS OF WRITE-INS				
2401. Miscellaneous Expenses		122,297	3,781	126,078
2402.				
2403.				
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	122,297	3,781	126,078

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 15,901	21,804
1.1 Bonds exempt from U.S. tax	(a) 70,883	75,145
1.2 Other bonds (unaffiliated)	(a) 99,237	105,542
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	186,021	202,491
11. Investment expenses		(g) 3,781
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		3,781
17. Net investment income (Line 10 minus Line 16)		198,710
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
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 4,782 accrual of discount less \$ 24,776 amortization of premium and less \$ 152 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans		0	0	0	0
4. Real estate		0	0		0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	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 2017 OF THE One Alliance Insurance Corporation

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
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	84,513	247,430	162,917
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets	203,829	233,197	29,368
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates	235,928	150,000	(85,928)
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	649,034	710,472	61,438
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,173,304	1,341,099	167,795
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	1,173,304	1,341,099	167,795
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. PREPAID ITEMS	56,334	2,498	(53,836)
2502. OTHER RECEIVABLES	592,700	707,974	115,274
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)	649,034	710,472	61,438

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices, Impact of NAIC/State Differences

The accompanying financial statements of One Alliance Insurance Corporation (OAIC or the Company) have been prepared on the basis of accounting practices prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico (the Commissioner of Insurance). The Commissioner requires insurance companies domiciled in the Commonwealth of Puerto Rico to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the Commissioner of Insurance.

The Commissioner has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. One such difference relates to the treatment of certain deferred tax items. The Commissioner prescribed the recognition of the deferred tax liability resulting from the contributions made over the years to the catastrophic reserve fund that would otherwise have resulted under NAIC SAP. The Company segregate as special surplus fund the amount of \$32,788.00 for the Puerto Rico a catastrophic reserve.

Section 519 of the Puerto Rico Insurance code permits new domestic insurers during the first five natural years of its operations maintain unearned premiums reserves in the following proportion of otherwise required reserves: 1st year 50%, 2nd year 60%, 3rd year 70%, 4th year 80%, and 5th year 90%. Accordingly, OAIC booked \$0.00 related to the section 519 adjustment during the year.

Reconciliations of net income and policyholders' surplus between the amounts reported in the accompanying financial statements (PR basis) and NAIC SAP are as follows:

Description	State	12/31/2017	12/31/2016
(1) Net income, state basis	PR	(\$1,782,843)	(\$3,572,471)
(2) Effect of state prescribed practices			
(3) Effect of state permitted practices			
Unearned Adjustment pursuant section 5.19	PR		
(4) Net income, NAIC SAP basis		(\$1,782,843)	(\$3,572,471)

Description	State	12/31/2017	12/31/2016
(5) Policyholders' surplus, state basis	PR	\$5,577,895	\$7,127,090
(6) Effect of state prescribed practices	PR	(98,640)	(32,788)
(7) Effect of state permitted practices			
Unearned Adjustment pursuant section 5.19	PR		
(8) Policyholders' surplus, NAIC SAP basis		\$5,479,254	\$7,094,302

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

The preparation of financial statements in conformity with statutory accounting practices requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory-basis financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policies

Insurance premiums are earned pro rata over the terms of the related insurance policies. Unearned premiums reserves are established to cover the unexpired portion of premiums written and are transferred to premiums revenue as earned. Such reserves are computed by pro rata methods for direct business.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized value using the interest method. Non-investment grade short-term investments are stated at the lower of amortized value or fair value.

NOTES TO FINANCIAL STATEMENTS

2. Investment grade non-loan-backed bonds with NAIC designations 1 or 2 are stated at amortized value using the interest method. Non-investment grade non-loan-backed bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value. See paragraph 6 for loan-backed and structured securities.
3. Common stocks are reported at fair value under NAIC guidelines. The change in the fair value along with any adjustment for income taxes is recorded as a change in net unrealized capital gains (losses), a component of unassigned surplus.
4. Preferred stocks are stated at cost, at the lower of cost or amortized cost, or at market values under NAIC guidelines, depending on the assigned credit rating and whether the preferred stock has mandatory sinking fund provisions.
5. Mortgage Loans - Not Applicable
6. Mortgage-backed Securities - Mortgage-backed securities are valued at amortized cost using the effective interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys or internal estimates and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities, except principal-only and interest-only securities which are valued using the prospective method.
7. Investment's in subsidiaries, controlled or affiliated companies - Not Applicable
8. Ownership interests in joint ventures, partnerships or limited liability companies - Not Applicable
9. Derivatives - Not Applicable
10. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.
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 amounts are adequate, the ultimate liabilities may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
12. The Company has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, vehicles, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.
13. Not applicable as the Company does not write major medical insurance with prescription drug coverage.

Note 2 - Summary of Significant Accounting Policies

Not Applicable

Note 3 - Business Combinations and Goodwill

- A. Statutory Purchase Method

Not Applicable

- B. Statutory Mergers

Not Applicable

- C. Write-downs for Impairment of Investments in Affiliates

Not Applicable

Note 4 - Discontinued Operations

Not Applicable

Note 5 - Investments

Investment income consists primarily of interest and dividends. Interest is recognized on the accrual basis and dividends are recorded as earned at the dividend date. Accrual of income is suspended for bonds that are in default or when the receipt of interest payments is in doubt. Realized capital gains and losses are determined under the specific identification basis and are recorded in earnings.

NOTES TO FINANCIAL STATEMENTS

A. Mortgage Loans

Not Applicable

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

Not applicable

D. Loan-Backed and Structured Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.

(2) No other-than-temporary impairment for loan-backed securities recorded during the year.

(3) The Company does not have any loan backed security that were in a continuous unrealized loss position during the current period.

(4) Not applicable as the Company does not have any loan-backed securities in unrealized loss position at year-end.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Write-downs for Impairments of Real Estate, Real Estate Sales, Retail Land Sales Operations and Real Estate with Participating Mortgage Loan Features

Not applicable

G. Low Income Housing Tax Credits

Not applicable

H. Restricted Assets

Not applicable

I. Working Capital Finance Investments

Not applicable

J. Offsetting and Netting of Assets and Liabilities

Not applicable

K. Structured Notes

Not applicable

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

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

Not applicable

B. Write-downs for Impairment of Joint Ventures, Partnerships and LLCs

Not applicable

Note 7 - Investment Income

A. Accrued Investment Income

The Company includes all of its investment income due and accrued in the financial statements.

NOTES TO FINANCIAL STATEMENTS

- B. Amounts No admitted
Not applicable

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

Insurance companies are taxed based on statutory income in Puerto Rico. Also, income from operations is subject to an alternative minimum income tax that is calculated based on a formula established by existing tax laws. Income before income taxes differs from taxable income principally due to tax-exempt investment income.

Deferred income taxes reflect the net tax effects of temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for income tax purposes.

In assessing the reliability of deferred tax assets, management considers whether it is more-likely-than-not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers the scheduled reversal of deferred tax liabilities (including the impact of available carryforward periods), projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable income and projections for future taxable income over the periods in which the deferred tax assets are deductible, management believes it is more likely-than-not that the Company will realize the benefits of these deductible differences.

SSAP No. 10R allows companies to admit deferred tax assets up to the amount that they are expected to be realized within up to three years of balance sheet date or 10% or 15% of adjusted capital and surplus, if certain risk-based-capital ("RBC") ratio requirements are met. During 2013, the Company met the established RBC requirements that allowed it to admit those deferred tax assets that are expected to be realized within three years of the balance sheet date.

- A. Deferred Tax Asset/(Liability)

Not Applicable

- B. Deferred Tax Liabilities Not Recognized

Not applicable

- C. Current and Deferred Income Taxes

Not Applicable

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

Not Applicable

- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

Not Applicable

- F. Consolidated Federal Income Tax Return

Not Applicable

- G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of Relationships

Not Applicable

NOTES TO FINANCIAL STATEMENTS

B. Detail of Transactions Greater than ½% of Admitted Assets

Not Applicable

C. Change in Terms of Intercompany Arrangements

The terms of intercompany management and service arrangements were not changed during the year.

D. Amounts Due to or from Related Parties

Due from related Parties \$894,180.00

E. Guarantees or Undertakings for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

Not Applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Parent.

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable

J. Write-downs for Impairment of Investments in Affiliates

Not applicable

K. Downstream Holding Company Valued Using Look-Through Method

Not applicable

Note 11 - Debt

Not applicable

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

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

(1) Outstanding Shares

The Company has 3,000,000 authorized shares of \$5 par value common stock authorized and 1,875,005 shares issued and outstanding. The Company has no preferred stock authorized, issued or outstanding.

(2) Dividend Rate of Preferred Stock

Not applicable

(3) Dividend Restrictions

Stockholder dividends are accrued and charged to unassigned funds based on the declaration date as approved by the Board of Directors of the Company. Under the insurance regulations of Puerto Rico, the maximum amount of ordinary dividends that the Company may pay to shareholders without approval of the Commissioner of Insurance is restricted to statutory surplus limitations.

NOTES TO FINANCIAL STATEMENTS

(4) Dates and Amounts of Dividends Paid

No shareholders' dividends were declared and paid during the current year or the prior year.

(5) Amount of Ordinary Dividends That May Be Paid

Other than the limitations described above in paragraph 3, there are no other limitations on the amount of ordinary dividends that may be paid other than the general restriction under the insurance regulations of Puerto Rico that no dividend (ordinary or extraordinary) may be declared or paid from any source other than unassigned funds without approval of the Commissioner of Insurance of Puerto Rico.

(6) Restrictions on Unassigned Funds

There are no restrictions on the unassigned funds of the Company other than those described above in paragraphs 3 and 5 and these unassigned funds are held for the benefit of the owner and policyholders.

(7) Mutual Surplus Advances

Not applicable

(8) Company Stock Held for Special Purposes

Not applicable

(9) Changes in Special Surplus Funds

Not applicable

Change in Unassigned Funds

Not applicable

(10) Surplus Notes

Not applicable

(11) Impact and Dates of Quasi Reorganizations

Not applicable

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

Pursuant to Chapter 25 of Puerto Rico Insurance Code, the Company is required to create a trust fund exclusively to pay catastrophic losses covered under property and other certain policies written in Puerto Rico. As of today, OAIC balance for this catastrophic reserve amounts to \$32,788.00.

Also, pursuant to Chapter 41 of the Puerto Rico Insurance Code and Rule No. 56 of the insurance regulations of the Commonwealth of Puerto Rico, property and liability insurance companies are members of the Sindicato de Aseguradores para la Suscripción Conjunta de Seguros de Responsabilidad de Profesional Médico-Hospitalaria "SIMED". This syndicate was created for the purpose of underwriting medical-hospital professional liability insurance. As a member, the Company shares risks with other member companies and, accordingly, is contingently liable in the event that this syndicate cannot meet its obligations.

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

D. Extra Contractual Obligation and Bad Faith Losses

Not applicable

E. Product Warranties

Not applicable

NOTES TO FINANCIAL STATEMENTS

F. Joint and Several Liabilities

Not applicable

G. Other Contingencies

Lawsuits arise against the Company in the normal course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

Note 15 - Leases

A. Lessee Leasing Arrangements

Not Applicable

B. Lessor Leasing Arrangements

Not Applicable

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk

Not Applicable

Note 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

Note 18 - Gain or Loss from Uninsured Plans and 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

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

The Company uses general agencies to write and administer all property and casualty lines of business. The General Agency Contract give the agency authority issue and collected the premiums under these agreements.

Note 20 – Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

(1) Items Measured and Reported at Fair Value by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined.

NOTES TO FINANCIAL STATEMENTS

The three levels are defined as follows:

Level 1 Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.

Level 2 Inputs are inputs (other than quoted prices included within level 1) that are observable for the asset or liability, either directly or indirectly.

Level 3 Inputs are unobservable inputs for the asset or liability. The Company has no assets or liabilities measured at fair value in this category

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Description	Level 1	Level 2	Level 3	Totals
Assets on balance sheet at fair value				
Debt Securities				
U.S. Governments		\$1,000,439		\$1,00,439
U.S. States, Municipalities and Political Subdivisions		7,872,407		7,872,407
Total Debt Securities	0	8,872,846	0	8,872,846
Equity Securities				
Commons Stocks				
Total Equity Securities		0	0	
Total		\$8,872,846	\$0	\$8,872,846

(2) Roll forward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category so the following table does not apply.

(3) Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values

Bonds, Unaffiliated Common Stock, and Preferred Stock - The fair value of investment securities available for sale is based upon quoted prices, if available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques such as discounted cash flow methodologies, adjusted for the security's credit rating, prepayment assumptions, and other factors such as credit loss assumptions.

Common stocks carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because quoted markets prices for identical instruments trading in an inactive market were utilized. When an equity instrument is illiquid due to limited trading activity, the use of quoted markets prices for identical instruments was determined by the Company to be the most reliable method to determine fair value.

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(5) Derivative Fair Values

Not applicable

B. Other Fair Value Disclosures

Not applicable

NOTES TO FINANCIAL STATEMENTS

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding those accounted for under the equity method. The fair values are also categorized into the three - level fair value hierarchy as described above in Note 20A. This was not practicable for mortgage loans as described below in Note 20D.

Type of Financial Instrument	Fair Value	Admitted Value	Level 1	Level 2	Level 3
Bonds	\$8,872,846	\$8,872,846		\$8,872,846	
Commons Stocks					
Cash, cash equivalents, and short-term investments	1,433,076	1,433,076	1,433,076		
Total Assets	\$10,305,922	\$10,305,922	\$1,433,076	\$8,872,846	\$0

D. Items for which Not Practicable to Estimate Fair Values

Not Applicable

Note 21 - Other Items

A. Extraordinary Items

Not applicable

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

Not applicable

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

Not applicable

Note 22 - Events Subsequent

Not Applicable.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverable

The Company does not have an unsecured aggregate reinsurance recoverable for paid and unpaid losses, loss adjustment expenses and unearned premiums from any individual reinsurer that exceeds 3% of policyholders' surplus.

B. Reinsurance Recoverable in Dispute

The Company does not have reinsurance recoverable in dispute for paid losses and loss adjustment expenses that exceed 5% of policyholders' surplus from an individual reinsurer or exceed 10% of policyholders' surplus in aggregate.

NOTES TO FINANCIAL STATEMENTS

C. Reinsurance Assumed and Ceded and Protected Cells

- (1) The following table summarizes ceded and assumed unearned premiums and the related commission equity at the end of the current year.

	Assumed Reinsurance		Ceded Reinsurance		Assumed Less Ceded	
	Premiums Reserve	Commission Equity	Premiums Reserve	Commission Equity	Premiums Reserve	Commission Equity
a. Affiliates						
b. All Other			\$3,374,241	\$1,681,665	\$(3,374,241)	\$(1,681,665)
c. Total	\$ -	\$ -	\$3,374,241	\$1,681,665	\$(3,374,241)	\$(1,681,665)
d. Direct Unearned Premiums Reserve			\$5,955,787			

- (2) Certain ceded reinsurance contracts provide for additional or return commissions based on the actual loss experience of the reinsured business. No amounts were accrued at the end of the current year.

- (3) The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance

Not Applicable

E. Commutation of Ceded Reinsurance

Not Applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

I. Certified Reinsurer Downgraded or Status Subject to Revocation

Not applicable

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate

Not applicable

B. Method Used to Record

Not applicable

C. Amount and Percent of Net Retrospective Premiums

Not applicable

D. Medical Loss Ratio Rebates

Not applicable

NOTES TO FINANCIAL STATEMENTS

E. Calculation of Nonadmitted Accrued Retrospective Premiums

Not applicable

F. Risk Sharing Provisions of the Affordable Care Act

Not applicable

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

Note Applicable

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

A. Reserves Released Due to Purchase of Annuities

Not applicable

B. Annuity Insurers with Balances due Greater than 1% of Policyholders' Surplus

Not applicable

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Not Applicable

Note 31 - High Deductibles

Not Applicable

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

A. to C. Not Applicable

Note 33 - Asbestos and Environmental Reserves

A. to F. Not Applicable

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

A. and B. Not applicable

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 [X]
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 [X]
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4 By what department or departments?
- 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 [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 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 [X]
4.12 renewals? Yes [] No [X]
- 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 [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 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 [X]
- 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 [X] No []
- 7.2 If yes,
7.21 State the percentage of foreign control; 99.0 %
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 2017 OF THE One Alliance Insurance Corporation

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
.....
- 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 [] No [] N/A [X]
- 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?
.....
- 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
- 12.13 Total book/adjusted carrying value \$
- 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 [X] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 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).
.....

GENERAL INTERROGATORIES

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

1 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 [X] 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 [X] 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 [X] 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 [X] No []
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|--|
| 20.11 To directors or other officers..... | \$ | |
| 20.12 To stockholders not officers..... | \$ | |
| 20.13 Trustees, supreme or grand (Fraternal Only) | \$ | |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|--|
| 20.21 To directors or other officers..... | \$ | |
| 20.22 To stockholders not officers..... | \$ | |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$ | |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|---------------------------------|----|--|
| 21.21 Rented from others..... | \$ | |
| 21.22 Borrowed from others..... | \$ | |
| 21.23 Leased from others | \$ | |
| 21.24 Other | \$ | |
- 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 [X]
- 22.2 If answer is yes:
- | | | |
|---|----|--|
| 22.21 Amount paid as losses or risk adjustment \$ | | |
| 22.22 Amount paid as expenses | \$ | |
| 22.23 Other amounts paid | \$ | |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 235,928

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 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 [X]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
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 [] No [X]

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

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

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 [X]
 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. \$

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 [X] No []

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

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)

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

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

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 [X]

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 [X]

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

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	0		0
30.2 Preferred stocks	0		0
30.3 Totals	0	0	0

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

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

32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$77,974

34.2 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

35.1 Amount of payments for legal expenses, if any?\$68,540

35.2 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

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

36.2 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

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. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____
 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. \$ _____

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		
2.2 Premium Denominator	4,202,760	859,502
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator	0	0
2.5 Reserve Denominator	4,193,470	2,876,174
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 [] No [X]

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

3.21 Participating policies	\$	
3.22 Non-participating policies	\$	

4. For mutual reporting Entities and Reciprocal Exchanges Only:

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

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

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

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

5. For Reciprocal Exchanges Only:

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

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation.....	Yes [] No [] N/A [X]	
5.22 As a direct expense of the exchange.....	Yes [] No [] N/A [X]	

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 [X]

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?
.....
- 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.
.....
- 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?
.....
- 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 [X] 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 [X]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions:
- 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 [X]
- 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 [X]
- 8.2 If yes, give full information
.....
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior 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 [X]
- 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 [X]
- 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 [X]
- 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 [X]
(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 [X]
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [] No [X]
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 [X]

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\$
- 12.12 Unpaid underwriting expenses (including loss adjustment expenses)\$
- 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\$
- 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 [] N/A [X]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- 12.41 From %
- 12.42 To %
- 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 [] No [X]
- 12.6 If yes, state the amount thereof at December 31 of the current year:
- 12.61 Letters of credit\$
- 12.62 Collateral and other funds\$
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):\$
- 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:
- 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 [X]
- 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 [X]
- 14.5 If the answer to 14.4 is no, please explain:
.....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]
- 15.2 If yes, give full information
.....
- 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					
16.12 Products					
16.13 Automobile					
16.14 Other*					

* 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 [X]

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

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

Provide the following information for all other amounts included in Schedule F - P art 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 \$
 17.19 Unfunded portion of Interrogatory 17.18 \$
 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18...\$
 17.21 Case reserves portion of Interrogatory 17.18 \$
 17.22 Incurred but not reported portion of Interrogatory 17.18 \$
 17.23 Unearned premium portion of Interrogatory 17.18 \$
 17.24 Contingent commission portion of Interrogatory 17.18 \$

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

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

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

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

FIVE-YEAR HISTORICAL DATA

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

	1 2017	2 2016	3 2015	4 2014	5 2013
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)	1,695,653	1,151,173	281,795		
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,202,179	1,196,898	417,618		
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	6,919,347	3,147,611	521,346		
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0		
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0		
6. Total (Line 35)	10,817,179	5,495,682	1,220,759	0	0
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)	711,669	595,681	134,656		
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,453,614	509,078	100,815		
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	2,182,727	1,787,148	354,165		
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0		
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0		
12. Total (Line 35)	4,348,010	2,891,907	589,636	0	0
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(1,605,312)	(3,783,097)	(2,587,288)	(654,584)	
14. Net investment gain or (loss) (Line 11)	198,710	209,077	141,115	55,751	
15. Total other income (Line 15)	(376,241)	1,549	43,307		
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)					
18. Net income (Line 20)	(1,782,843)	(3,572,471)	(2,402,866)	(598,833)	0
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	15,287,379	12,765,852	11,891,598	9,169,367	
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	2,443,564	821,927	189,079		
20.2 Deferred and not yet due (Line 15.2)	0	0	0		
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0		
21. Total liabilities excluding protected cell business (Page 3, Line 26)	9,808,124	5,671,550	952,633	45,425	
22. Losses (Page 3, Line 1)	1,482,183	430,895	64,742		
23. Loss adjustment expenses (Page 3, Line 3)	129,741	8,983	4,592		
24. Unearned premiums (Page 3, Line 9)	2,581,546	2,436,296	403,891		
25. Capital paid up (Page 3, Lines 30 & 31)	5,625,015	9,375,025	9,375,025	10,000,000	
26. Surplus as regards policyholders (Page 3, Line 37)	5,479,255	7,094,302	10,938,965	9,123,942	
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	1,203,733	(1,993,075)	(1,854,836)		
Risk-Based Capital Analysis					
28. Total adjusted capital	5,479,255	7,094,302	10,938,965		
29. Authorized control level risk-based capital	2,635,604	1,714,240	1,039,715		
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)	71.8	78.5	78.1		
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0		
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0		
33. Real estate (Lines 4.1, 4.2 & 4.3)	16.7	18.9	20.5		
34. Cash, cash equivalents and short-term investments (Line 5)	11.6	2.7	1.4		
35. Contract loans (Line 6)	0.0	0.0	0.0		
36. Derivatives (Line 7)	0.0	0.0	0.0		
37. Other invested assets (Line 8)	0.0	0.0	0.0		
38. Receivables for securities (Line 9)	0.0	0.0	0.0		
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0		
40. Aggregate write-ins for invested assets (Line 11)	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		
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)		0	0		
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0		

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2017	2 2016	3 2015	4 2014	5 2013
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)					
52. Dividends to stockholders (Line 35)					
53. Change in surplus as regards policyholders for the year (Line 38)	(1,615,048)	(3,844,663)	1,815,023	9,123,942	
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)	158,559	81,280	6,779		
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	535,829	108,638	30,033		
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	3,926,357	97,531	17,952		
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0		
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0		
59. Total (Line 35)	4,620,745	287,449	54,764	0	0
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)	72,578	40,640	3,390		
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	156,900	55,782	15,017		
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	742,928	71,532	8,976		
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0		
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0		
65. Total (Line 35)	972,406	167,954	27,383	0	0
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)	48.2	62.1	49.6		
68. Loss expenses incurred (Line 3)	4.4	2.0	7.4		
69. Other underwriting expenses incurred (Line 4)	85.6	476.0	1,435.9		
70. Net underwriting gain (loss) (Line 8)	(38.2)	(440.1)	(1,392.9)		
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)	91.4	141.4	445.0		
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	52.6	64.2	57.0		
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)	79.4	40.8	5.4		
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)	(5)	24	0		
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)	(0.1)	0.2	0.0		
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)	17	0	0		
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)	0.2	0.0	0.0		

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 2017 OF THE One Alliance Insurance Corporation

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2017

NAIC Company Code 15646

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	594,053	356,570		331,374	1,069	5,743	13,378				160,429	5,860
2.1 Allied lines	256,704	213,593		142,900	164,197	2,579,467	2,423,508				68,050	2,532
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)	5,468,555	3,563,399		3,052,327	3,761,644	30,759,826	27,015,982				1,256,672	53,945
5.2 Commercial multiple peril (liability portion)	1,450,792	1,108,070		809,647	164,713	526,814	733,530				333,380	14,311
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	145,246	75,839		82,239	3,338	47,611	52,047				32,960	1,433
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	186,468	174,410		103,114		3,642	7,305				50,047	1,839
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	630,384	598,395		278,794	37,967	203,457	286,708				122,053	6,218
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	157,750	132,811		82,307		6,641	9,295				32,116	1,556
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	147,650	134,835		80,749	47,348	75,361	44,654				36,000	1,456
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	759,869	727,796		427,956	73,244	408,176	390,613				174,241	7,496
21.1 Private passenger auto physical damage	376,774	350,517		203,084	234,622	418,513	193,141				92,239	3,717
21.2 Commercial auto physical damage	642,934	534,453		361,293	132,603	437,734	364,071				47,192	6,342
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	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	10,817,179	7,970,688	0	5,955,784	4,620,745	35,472,985	31,534,232	0	0	0	2,405,379	106,705
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 \$

(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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Company Code 15646

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	594,053	356,570	.0	331,374	1,069	5,743	13,378	.0	.0	.0	160,429	5,860
2.1 Allied lines	256,704	213,593	.0	142,900	164,197	2,579,467	2,423,508	.0	.0	.0	68,050	2,532
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)	5,468,555	3,563,399	.0	3,052,327	3,761,644	30,759,826	27,015,982	.0	.0	.0	1,256,672	53,945
5.2 Commercial multiple peril (liability portion)	1,450,792	1,108,070	.0	809,647	164,713	526,814	733,530	.0	.0	.0	333,380	14,311
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	145,246	75,839	.0	82,239	3,338	47,611	52,047	.0	.0	.0	32,960	1,433
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	186,468	174,410	.0	103,114	.0	3,642	7,305	.0	.0	.0	50,047	1,839
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	630,384	598,395	.0	278,794	37,967	203,457	286,708	.0	.0	.0	122,053	6,218
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	157,750	132,811	.0	82,307	.0	6,641	9,295	.0	.0	.0	32,116	1,556
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	147,650	134,835	.0	80,749	47,348	75,361	44,654	.0	.0	.0	36,000	1,456
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	759,869	727,796	.0	427,956	73,244	408,176	390,613	.0	.0	.0	174,241	7,496
21.1 Private passenger auto physical damage	376,774	350,517	.0	203,084	234,622	418,513	193,141	.0	.0	.0	92,239	3,717
21.2 Commercial auto physical damage	642,934	534,453	.0	361,293	132,603	437,734	364,071	.0	.0	.0	47,192	6,342
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)	10,817,179	7,970,688	0	5,955,784	4,620,745	35,472,985	31,534,232	0	0	0	2,405,379	106,705
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

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Schedule F - Part 1

NONE

Schedule F - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
0499999.		Total Authorized - Affiliates - U.S. Non-Pool			0	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	0
0899999.		Total Authorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-1675535	25364	SWIS AMERIA CORPORATION	NY		1,482			3,809	462	3,704		799		8,774	843			7,931	
75-1444207	30058	SCOR REINSURANCE CORPORATION	NY		1,186			3,047	370	2,963		639		7,019	675			6,344	
0999998.		Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)												0				0	
0999999.		Total Authorized - Other U.S. Unaffiliated Insurers			2,668	0	0	6,856	832	6,667	0	1,438	0	15,793	1,518	0		14,275	0
1099999.		Total Authorized - Pools - Mandatory Pools			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-2730800	00000	REASEGURADORA PATRIA	MEX		296			762	92	741		160		1,755	168			1,587	
AA-3190060	00000	HANOVER RE	BMJ		542							178		178	142			36	
AA-1120327	00000	BRIT INS. (UK) LTD	GBR		1,185			3,047	370	2,963		639		7,019	675			6,344	
AA-1120112	00000	LLOYDS SINICATE 2232	GBR		296			761	93	741		160		1,755	169			1,586	
AA-1340165	00000	MUNICH RE	MEX		1,482			3,809	462	3,704		799		8,774	843			7,931	
1299998.		Total Authorized - Other Non-U.S. Insurers (Under \$100,000)												0				0	
1299999.		Total Authorized - Other Non-U.S. Insurers			3,801	0	0	8,379	1,017	8,149	0	1,936	0	19,481	1,997	0		17,484	0
1399999.		Total Authorized			6,469	0	0	15,235	1,849	14,816	0	3,374	0	35,274	3,515	0		31,759	0
1499999.		Total Unauthorized - Affiliates - U.S. Intercompany Pooling			0	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	0
2099999.		Total Unauthorized - Affiliates - Other (Non-U.S.)			0	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	0
2299998.		Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)												0				0	
2299999.		Total Unauthorized - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2599998.		Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)												0				0	
2599999.		Total Unauthorized - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2699999.		Total Unauthorized			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
3599998.		Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)												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
3899998.		Total Certified - Other Non-U.S. Insurers (Under \$100,000)												0				0	
3899999.		Total Certified - Other Non-U.S. Insurers			0	0	0	0	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	0	0	0	0
4099999.		Total Authorized, Unauthorized and Certified			6,469	0	0	15,235	1,849	14,816	0	3,374	0	35,274	3,515	0		31,759	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
4199999. Total Protected Cells															0		0		
9999999 Totals						6,469	0	0	15,235	1,849	14,816	0	3,374		35,274	3,515	0	31,759	0

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

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.	Yes [] No []
2.	Yes [] No []
3.	Yes [] No []
4.	Yes [] No []
5.	Yes [] No []

Schedule F - Part 4

NONE

Schedule F - Part 5

NONE

Schedule F - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SCHEDULE F - PART 6 - SECTION 1

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Certified Rein- surer Rating (1 through 6)	6 Effective Date of Certified Reinsurer Rating	7 Percent Collateral Required for Full Credit (0% - 100%)	8 Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	9 Catastrophe Recoverables Qualifying for Collateral Deferral	10 Net Recoverables Subject to Collateral Requirements for Full Credit (Col 8 - Col 9)	11 Dollar Amount of Collateral Required (Col 10 x Col 7)	Collateral Provided					18 Percent of Collateral Provided for Net Recover- ables Subject to Collateral Require- ments (Col. 17 / by Col. 10)	19 Percent Credit Allowed on Net Recover- ables Subject to Collateral Require- ments (Col 18 / Col 7, not to Exceed 100%)	20 Amount of Credit Allowed for Net Recover- ables (Col. 9 + (Col. 10 x Col. 19))	21 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 8 - Col. 20)	
											12 Multiple Beneficiary Trust	13 Funds Held By Company Under Reinsurance Treaties	14 Letters of Credit	15 Issuing or Confirming Bank Reference Number (a)	16 Other Allowable Collateral					17 Total Collateral Provided (Col. 12 + 13 + 14 + 16)
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
1399999. Total Affiliates and Others							0	0	0	0	0	0	0	XXX	0	0	XXX	XXX	0	0
1499999. Total Protected Cells									0	0				XXX	0	0	XXX	XXX		0
9999999 - Total							0	0	0	0	0	0	0	XXX	0	0	XXX	XXX	0	0

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(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
NONE				

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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)	12,365,580		12,365,580
2. Premiums and considerations (Line 15)	2,443,564		2,443,564
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0		0
4. Funds held by or deposited with reinsured companies (Line 16.2)	0		0
5. Other assets	478,235		478,235
6. Net amount recoverable from reinsurers			0
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	15,287,379	0	15,287,379
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	1,611,924		1,611,924
10. Taxes, expenses, and other obligations (Lines 4 through 8)	1,713,091		1,713,091
11. Unearned premiums (Line 9)	2,581,546		2,581,546
12. Advance premiums (Line 10)	37,143		37,143
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	3,515,000		3,515,000
15. Funds held by company under reinsurance treaties (Line 13)	0		0
16. Amounts withheld or retained by company for account of others (Line 14)	6,786		6,786
17. Provision for reinsurance (Line 16)			0
18. Other liabilities	342,634		342,634
19. Total liabilities excluding protected cell business (Line 26)	9,808,124	0	9,808,124
20. Protected cell liabilities (Line 27)			0
21. Surplus as regards policyholders (Line 37)	5,479,255	XXX	5,479,255
22. Totals (Line 38)	15,287,379	0	15,287,379

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 []

If yes, give full explanation:

Schedule H - Part 1 - Analysis of Underwriting Operations

NONE

Schedule H - Part 2 - Reserves and Liabilities

NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2015	535	349	186	117	56	0	0	38	17	0	82	XXX
10. 2016	3,073	2,214	859	461	209	0	0	46	23	0	275	XXX
11. 2017	7,971	3,768	4,203	4,414	3,544	0	0	267	221	0	916	XXX
12. Totals	XXX	XXX	XXX	4,992	3,809	0	0	351	261	0	1,273	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2015	20	11	58	18	0	0	0	0	2	1	0	50	XXX
10. 2016	172	86	281	92	0	0	0	0	22	11	0	286	XXX
11. 2017	15,780	15,139	15,224	14,706	0	0	0	0	1,955	1,837	0	1,277	XXX
12. Totals	15,972	15,236	15,563	14,816	0	0	0	0	1,979	1,849	0	1,613	XXX

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2008	0	0	0	0.0	0.0	0.0	0	0		0	0
3. 2009	0	0	0	0.0	0.0	0.0	0	0		0	0
4. 2010	0	0	0	0.0	0.0	0.0	0	0		0	0
5. 2011	0	0	0	0.0	0.0	0.0	0	0		0	0
6. 2012	0	0	0	0.0	0.0	0.0	0	0		0	0
7. 2013	0	0	0	0.0	0.0	0.0	0	0		0	0
8. 2014	0	0	0	0.0	0.0	0.0	0	0		0	0
9. 2015	235	103	132	43.9	29.5	71.0	0	0		49	1
10. 2016	982	421	561	32.0	19.0	65.3	0	0		275	11
11. 2017	37,640	35,447	2,193	472.2	940.7	52.2	0	0		1,159	118
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,483	130

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 2017 OF THE One Alliance Insurance Corporation

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0	0	0
3. 2009	XXX							0	0	0	0	0
4. 2010	XXX	XXX						0	0	0	0	0
5. 2011	XXX	XXX	XXX					0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	93	117	110	(7)	17
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	525	527	2	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,029	XXX	XXX
12. Totals											(5)	17

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2008								0	0	0	XXX	XXX
3. 2009	XXX							0	0	0	XXX	XXX
4. 2010	XXX	XXX						0	0	0	XXX	XXX
5. 2011	XXX	XXX	XXX					0	0	0	XXX	XXX
6. 2012	XXX	XXX	XXX	XXX				0	0	0	XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0	XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	60	61	XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	151	252	XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	870	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	41	40
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	285	189
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	518

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2008.....												
3. 2009.....												
4. 2010.....												
5. 2011.....												
6. 2012.....												
7. 2013.....												
8. 2014.....												
9. 2015.....												
10. 2016.....												
11. 2017.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2008.....													
3. 2009.....													
4. 2010.....													
5. 2011.....													
6. 2012.....													
7. 2013.....													
8. 2014.....													
9. 2015.....													
10. 2016.....													
11. 2017.....													
12. Totals													

NONE

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2008.....											
3. 2009.....											
4. 2010.....											
5. 2011.....											
6. 2012.....											
7. 2013.....											
8. 2014.....											
9. 2015.....											
10. 2016.....											
11. 2017.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	8	4	4	2	1	0	0	0	0	0	0	1
10. 2016.....	70	22	48	28	14	0	0	2	1	0	0	15
11. 2017.....	135	44	91	45	25	0	0	12	7	0	0	25
12. Totals	XXX	XXX	XXX	75	40	0	0	14	8	0	0	41

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	0	0	1	0	0	0	0	0	0	0	0	1	0
10. 2016.....	6	3	5	2	0	0	0	0	1	0	0	7	0
11. 2017.....	12	6	21	5	0	0	0	0	1	0	0	23	0
12. Totals	18	9	27	7	0	0	0	0	2	0	0	31	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015.....	3	1	2	37.5	25.0	50.0	0	0	0.0	1	0
10. 2016.....	42	20	22	60.0	90.9	45.8	0	0	0.0	6	1
11. 2017.....	91	43	48	67.4	97.7	52.7	0	0	0.0	22	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	29	2

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	39	23	16	19	9	0	0	4	3	0	11	8
10. 2016.....	99	85	14	35	18	0	0	1	0	0	18	0
11. 2017.....	728	378	350	63	35	0	0	7	4	0	31	0
12. Totals	XXX	XXX	XXX	117	62	0	0	12	7	0	60	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	3	2	4	2	0	0	0	0	0	0	0	3	0
10. 2016.....	5	3	18	16	0	0	0	0	0	0	0	4	0
11. 2017.....	71	37	290	148	0	0	0	0	6	3	0	179	0
12. Totals	79	42	312	166	0	0	0	0	6	3	0	186	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015.....	30	16	14	76.9	69.6	87.5	0	0	0.0	3	0
10. 2016.....	59	37	22	59.6	43.5	157.1	0	0	0.0	4	0
11. 2017.....	437	227	210	60.0	60.1	60.0	0	0	0.0	176	3
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	183	3

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

**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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2008.....												
3. 2009.....												
4. 2010.....												
5. 2011.....												
6. 2012.....												
7. 2013.....												
8. 2014.....												
9. 2015.....												
10. 2016.....												
11. 2017.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2008.....													
3. 2009.....													
4. 2010.....													
5. 2011.....													
6. 2012.....													
7. 2013.....													
8. 2014.....													
9. 2015.....													
10. 2016.....													
11. 2017.....													
12. Totals													

NONE

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2008.....											
3. 2009.....											
4. 2010.....											
5. 2011.....											
6. 2012.....											
7. 2013.....											
8. 2014.....											
9. 2015.....											
10. 2016.....											
11. 2017.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	185	85	100	34	15	0	0	29	13	0	35	27
10. 2016.....	1,872	1,339	533	231	95	0	0	32	16	0	152	0
11. 2017.....	4,671	2,692	1,979	3,778	3,109	0	0	205	176	0	698	0
12. Totals	XXX	XXX	XXX	4,043	3,219	0	0	266	205	0	885	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	17	9	27	1	0	0	0	0	2	1	0	35	0
10. 2016.....	146	73	158	32	0	0	0	0	18	9	0	208	0
11. 2017.....	13,814	13,335	13,587	13,423	0	0	0	0	1,130	1,041	0	732	0
12. Totals	13,977	13,417	13,772	13,456	0	0	0	0	1,150	1,051	0	975	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015.....	109	39	70	58.9	45.9	70.0	0	0	0.0	34	1
10. 2016.....	585	225	360	31.3	16.8	67.5	0	0	0.0	199	9
11. 2017.....	32,514	31,084	1,430	696.1	1,154.7	72.3	0	0	0.0	643	89
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	876	99

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 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015	83	45	38	1	0	0	0	2	0	0	0	2
10. 2016	315	133	182	24	12	0	0	2	2	0	0	0
11. 2017	599	235	364	29	15	0	0	5	3	0	0	0
12. Totals	XXX	XXX	XXX	54	27	0	0	9	5	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015	0	0	26	15	0	0	0	0	0	0	0	11	0
10. 2016	0	0	85	34	0	0	0	0	0	0	0	51	0
11. 2017	0	0	176	64	0	0	0	0	0	0	0	112	0
12. Totals	0	0	287	113	0	0	0	0	0	0	0	174	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015	29	15	14	34.9	33.3	36.8	0	0	0.0	11	0
10. 2016	111	48	63	35.2	36.1	34.6	0	0	0.0	51	0
11. 2017	210	82	128	35.1	34.9	35.2	0	0	0.0	112	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	174	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2008.....												
3. 2009.....												
4. 2010.....												
5. 2011.....												
6. 2012.....												
7. 2013.....												
8. 2014.....												
9. 2015.....												
10. 2016.....												
11. 2017.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2008.....													
3. 2009.....													
4. 2010.....													
5. 2011.....													
6. 2012.....													
7. 2013.....													
8. 2014.....													
9. 2015.....													
10. 2016.....													
11. 2017.....													
12. Totals													

NONE

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2008.....											
3. 2009.....											
4. 2010.....											
5. 2011.....											
6. 2012.....											
7. 2013.....											
8. 2014.....											
9. 2015.....											
10. 2016.....											
11. 2017.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
**SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$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	0	0	0	0	0	0	0	0	XXX
2. 2016	417	452	(35)	7	2	0	0	1	0	0	0	XXX
3. 2017	820	(136)	956	164	156	0	0	16	15	0	0	XXX
4. Totals	XXX	XXX	XXX	171	158	0	0	17	15	0	15	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	2	2	0	0	0	0	0	0	0	0	0
3. 2017	1,440	1,411	1,054	990	0	0	0	0	713	699	0	107	0
4. Totals	1,440	1,411	1,056	992	0	0	0	0	713	699	0	107	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2016	10	4	6	2.4	0.9	(17.1)	0	0	0.0	0	0
3. 2017	3,387	3,271	116	413.0	(2,405.1)	12.1	0	0	0.0	93	14
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	93	14

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$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	0	0	0	0	0	0	0	0	XXX
2. 2016	250	121	129	136	68	0	0	8	4	0	72	0
3. 2017	885	445	440	335	204	0	0	22	16	0	137	0
4. Totals	XXX	XXX	XXX	471	272	0	0	30	20	0	209	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	15	7	11	4	0	0	0	0	3	2	0	16	0
3. 2017	443	350	89	70	0	0	0	0	105	94	0	123	0
4. Totals	458	357	100	74	0	0	0	0	108	96	0	139	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2016	173	85	88	69.2	70.2	68.2	0	0	0.0	15	1
3. 2017	994	734	260	112.3	164.9	59.1	0	0	0.0	112	11
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	127	12

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	0	0	0	30	15	0	0	0	1	0	0	16
10. 2016.....	50	62	(12)	0	0	0	0	0	0	0	0	0
11. 2017.....	133	110	23	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	30	15	0	0	1	0	0	0	16

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2016.....	0	0	2	2	0	0	0	0	0	0	0	0	0
11. 2017.....	0	0	7	6	0	0	0	0	0	0	0	1	0
12. Totals	0	0	9	8	0	0	0	0	0	0	0	1	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015.....	31	15	16	0.0	0.0	0.0	0	0	0.0	0	0
10. 2016.....	2	2	0	4.0	3.2	0.0	0	0	0.0	0	0
11. 2017.....	7	6	1	5.3	5.5	4.3	0	0	0.0	1	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1	0

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 2017 OF THE One Alliance Insurance Corporation

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior.....												
2. 2008.....												
3. 2009.....	XXX											
4. 2010.....	XXX	XXX										
5. 2011.....	XXX	XXX	XXX									
6. 2012.....	XXX	XXX	XXX	XXX								
7. 2013.....	XXX	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....								0	0	0	0	0
3. 2009.....	XXX							0	0	0	0	0
4. 2010.....	XXX	XXX						0	0	0	0	0
5. 2011.....	XXX	XXX	XXX					0	0	0	0	0
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2	2	0	(1)
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	20	(9)	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	XXX	(9)	XXX
12. Totals											(9)	(1)

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....								0	0	0	0	0
3. 2009.....	XXX							0	0	0	0	0
4. 2010.....	XXX	XXX						0	0	0	0	0
5. 2011.....	XXX	XXX	XXX					0	0	0	0	0
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	22	13	(9)	4
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	21	2	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204	XXX	(7)	4
12. Totals											(7)	4

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....												
2. 2008.....												
3. 2009.....	XXX											
4. 2010.....	XXX	XXX										
5. 2011.....	XXX	XXX	XXX									
6. 2012.....	XXX	XXX	XXX	XXX								
7. 2013.....	XXX	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX											
10. 2016.....	XXX				XXX							
11. 2017.....	XXX		XXX	XXX								
12. Totals												

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....								0	0	0	0	0
3. 2009.....	XXX							0	0	0	0	0
4. 2010.....	XXX	XXX						0	0	0	0	0
5. 2011.....	XXX	XXX	XXX					0	0	0	0	0
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	50	53	3	8
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	304	335	31	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,312	XXX	34	8
12. Totals											34	8

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	12	12	0	(1)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	63	(2)	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126	XXX	XXX
12. Totals											(2)	(1)

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0	(1)
2. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	5	(6)	XXX
3. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101	XXX	XXX
4. Totals											(6)	(1)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	7	1	0	(1)	(7)						
2. 2016.....	XXX	97	83	(14)	XXX							
3. 2017.....	XXX	243	XXX	XXX								
4. Totals											(15)	(7)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX											
2. 2016.....	XXX					XXX						
3. 2017.....	XXX			XXX		XXX						
4. Totals												

NONE

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX											
2. 2016.....	XXX					XXX						
3. 2017.....	XXX			XXX		XXX						
4. Totals												

NONE

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2008.....												
3. 2009.....	XXX											
4. 2010.....	XXX	XXX										
5. 2011.....	XXX	XXX	XXX									
6. 2012.....	XXX											
7. 2013.....	XXX											
8. 2014.....	XXX											
9. 2015.....	XXX											
10. 2016.....	XXX				XXX							
11. 2017.....	XXX		XXX	XXX								
12. Totals												

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008									0	0	0	0
3. 2009	XXX								0	0	0	0
4. 2010	XXX	XXX							0	0	0	0
5. 2011	XXX	XXX	XXX						0	0	0	0
6. 2012	XXX	XXX	XXX	XXX					0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX				0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		15	15	0	15
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	XXX
12. Totals											0	15

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

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX											
10. 2016	XXX				XXX							
11. 2017	XXX		XXX	XXX								
12. Totals												

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

1. Prior	XXX											
2. 2016	XXX				XXX							
3. 2017	XXX		XXX	XXX								
4. Totals												

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX											
2. 2016	XXX				XXX							
3. 2017	XXX		XXX	XXX								
4. Totals												

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

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			
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017			
1. Prior	.000												
2. 2008													
3. 2009	XXX												
4. 2010	XXX	XXX											
5. 2011	XXX	XXX	XXX										
6. 2012	XXX	XXX	XXX	XXX									
7. 2013	XXX	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2008									.0	.0	.0	.0	.0
3. 2009	XXX								.0	.0	.0	.0	.0
4. 2010	XXX	XXX							.0	.0	.0	.0	.0
5. 2011	XXX	XXX	XXX						.0	.0	.0	.0	.0
6. 2012	XXX	XXX	XXX	XXX					.0	.0	.0	.0	.0
7. 2013	XXX	XXX	XXX	XXX	XXX				.0	.0	.0	.0	.0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			.0	.0	.0	.0	.0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.1	.1	.0	.0	.0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.13	.14	.0	.0	.0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.20	.20	.0	.0	.0

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2008									.0	.0	.0	.0	.0
3. 2009	XXX								.0	.0	.0	.0	.0
4. 2010	XXX	XXX							.0	.0	.0	.0	.0
5. 2011	XXX	XXX	XXX						.0	.0	.0	.0	.0
6. 2012	XXX	XXX	XXX	XXX					.0	.0	.0	.0	.0
7. 2013	XXX	XXX	XXX	XXX	XXX				.0	.0	.0	.0	.0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			.0	.0	.0	.0	.0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.3	.10	.10	.4	.4
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.12	.17	.0	.0	.0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.28	.28	.0	.0	.0

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000												
2. 2008													
3. 2009	XXX												
4. 2010	XXX	XXX											
5. 2011	XXX	XXX	XXX										
6. 2012	XXX	XXX	XXX	XXX									
7. 2013	XXX	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2008									.0	.0	.0	.0	.0
3. 2009	XXX								.0	.0	.0	.0	.0
4. 2010	XXX	XXX							.0	.0	.0	.0	.0
5. 2011	XXX	XXX	XXX						.0	.0	.0	.0	.0
6. 2012	XXX	XXX	XXX	XXX					.0	.0	.0	.0	.0
7. 2013	XXX	XXX	XXX	XXX	XXX				.0	.0	.0	.0	.0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			.0	.0	.0	.0	.0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.9	.18	.19	.10	.17
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.63	.136	.0	.0	.0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.669	.669	.0	.0	.0

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			
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017			
1. Prior	.000												
2. 2008													
3. 2009	XXX												
4. 2010	XXX	XXX											
5. 2011	XXX	XXX	XXX										
6. 2012	XXX	XXX	XXX	XXX									
7. 2013	XXX	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	.000												
2. 2008													
3. 2009	XXX												
4. 2010	XXX	XXX											
5. 2011	XXX	XXX	XXX										
6. 2012	XXX	XXX	XXX	XXX									
7. 2013	XXX	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000											XXX	XXX
2. 2008												XXX	XXX
3. 2009	XXX											XXX	XXX
4. 2010	XXX	XXX										XXX	XXX
5. 2011	XXX	XXX	XXX									XXX	XXX
6. 2012	XXX	XXX	XXX	XXX								XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008													
3. 2009	XXX												
4. 2010	XXX	XXX											
5. 2011	XXX	XXX	XXX										
6. 2012	XXX	XXX	XXX	XXX									
7. 2013	XXX	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	12	0	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14			

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	.000												
2. 2008													
3. 2009	XXX												
4. 2010	XXX	XXX											
5. 2011	XXX	XXX	XXX										
6. 2012	XXX	XXX	XXX	XXX									
7. 2013	XXX	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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		
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	.0	XXX	XXX
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.3	.5	XXX	XXX
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	.0	.0								
2. 2016	XXX	.52	.68	.0	.0							
3. 2017	XXX	XXX	.131	.0	.0							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX											
2. 2016	XXX											
3. 2017	XXX											

NONE

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX											
2. 2016	XXX											
3. 2017	XXX											

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

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			
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017			
1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008									0	0	0	0	0
3. 2009	XXX								0	0	0	0	0
4. 2010	XXX	XXX							0	0	0	0	0
5. 2011	XXX	XXX	XXX						0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX					0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX				0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		15	15	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

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

1. Prior	.000												
2. 2008													
3. 2009	XXX												
4. 2010	XXX	XXX											
5. 2011	XXX	XXX	XXX										
6. 2012	XXX	XXX	XXX	XXX									
7. 2013	XXX	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

1. Prior	XXX	.000			XXX	XXX						
2. 2016	XXX			XXX	XXX							
3. 2017	XXX	XXX		XXX	XXX							

NONE

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	.000										
2. 2016	XXX											
3. 2017	XXX	XXX										

NONE

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SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	3	1	1						
10. 2016	XXX	12	3							
11. 2017	XXX	16								

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	4	6	2						
10. 2016	XXX	0	2							
11. 2017	XXX	142								

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XX	XXX	XXX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2016	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	25	22	26						
10. 2016	XXX	182	126							
11. 2017	XXX	164								

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XXX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2016	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XXX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2016	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008										
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	12	11	11						
10. 2016	XXX	56	51							
11. 2017	XXX	112								

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XXX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2016	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.1	.0	.0
2. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.1	.0
3. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	64

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	.XXX	.2	.1	.0						
2. 2016	.XXX	.34	.7							
3. 2017	.XXX	19								

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	.XXX									
2. 2016	.XXX									
3. 2017	.XXX									

NONE

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	.XXX									
2. 2016	.XXX									
3. 2017	.XXX									

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2008										
3. 2009	.XXX									
4. 2010	.XXX	.XXX								
5. 2011	.XXX	.XXX	.XXX							
6. 2012	.XXX	.XXX	.XXX	.XXX						
7. 2013	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015	.XXX									
10. 2016	.XXX									
11. 2017	.XXX									

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2008										0
3. 2009	.XXX									0
4. 2010	.XXX	.XXX								0
5. 2011	.XXX	.XXX	.XXX							0
6. 2012	.XXX	.XXX	.XXX	.XXX						0
7. 2013	.XXX	.XXX	.XXX	.XXX	.XXX					0
8. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				0
9. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			0
10. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		0
11. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	1

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

1. Prior										
2. 2008										
3. 2009	.XXX									
4. 2010	.XXX	.XXX								
5. 2011	.XXX	.XXX	.XXX							
6. 2012	.XXX	.XXX	.XXX	.XXX						
7. 2013	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015	.XXX									
10. 2016	.XXX									
11. 2017	.XXX									

NONE

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

1. Prior	.XXX									
2. 2016	.XXX									
3. 2017	.XXX									

NONE

SCHEDULE P - PART 4T - WARRANTY

1. Prior	.XXX									
2. 2016	.XXX									
3. 2017	.XXX									

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	8	8
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12		
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	27	27
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in 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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in 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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 3A

Years in 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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008								0	0	0
3. 2009	XXX							0	0	0
4. 2010	XXX	XXX						0	0	0
5. 2011	XXX	XXX	XXX					0	0	0
6. 2012	XXX	XXX	XXX	XXX				0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2008.....								0	0	0	
3. 2009.....	XXX							0	0	0	
4. 2010.....	XXX	XXX						0	0	0	
5. 2011.....	XXX	XXX	XXX					0	0	0	
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	39	39	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	99	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	728	728
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	728
13. Earned Premiums (Sch P-Pt. 1)								39	99	728	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2008.....								0	0	0	
3. 2009.....	XXX							0	0	0	
4. 2010.....	XXX	XXX						0	0	0	
5. 2011.....	XXX	XXX	XXX					0	0	0	
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	23	23	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	85	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	378	378
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	378
13. Earned Premiums (Sch P-Pt. 1)								23	85	378	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	XXX						
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	XXX						
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017.....	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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2008.....								0	0	0	
3. 2009.....	XXX							0	0	0	
4. 2010.....	XXX	XXX						0	0	0	
5. 2011.....	XXX	XXX	XXX					0	0	0	
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	185	185	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,872	1,872	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,671	4,671
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,671
13. Earned Premiums (Sch P-Pt. 1)								185	1,872	4,671	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2008.....								0	0	0	
3. 2009.....	XXX							0	0	0	
4. 2010.....	XXX	XXX						0	0	0	
5. 2011.....	XXX	XXX	XXX					0	0	0	
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	85	85	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,339	1,339	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,692	2,692
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,692
13. Earned Premiums (Sch P-Pt. 1)								85	1,339	2,692	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2008.....								0	0	0	
3. 2009.....	XXX							0	0	0	
4. 2010.....	XXX	XXX						0	0	0	
5. 2011.....	XXX	XXX	XXX					0	0	0	
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	83	83	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	315	315	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	599	599
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	599
13. Earned Premiums (Sch P-Pt. 1)								83	315	599	XXX

SECTION 2A

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2008.....								0	0	0	
3. 2009.....	XXX							0	0	0	
4. 2010.....	XXX	XXX						0	0	0	
5. 2011.....	XXX	XXX	XXX					0	0	0	
6. 2012.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	45	45	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	133	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	235	235
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	235
13. Earned Premiums (Sch P-Pt. 1)								45	133	235	XXX

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2008.....									0	0		
3. 2009.....	XXX								0	0		
4. 2010.....	XXX	XXX							0	0		
5. 2011.....	XXX	XXX	XXX						0	0		
6. 2012.....	XXX	XXX	XXX	XXX					0	0		
7. 2013.....	XXX	XXX	XXX	XXX	XXX				0	0		
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX			0	0		
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0		
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	50		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	133	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133
13. Earned Premiums (Sch P-Pt. 1)									50	133	XXX	

SECTION 2A

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2008.....									0	0		
3. 2009.....	XXX								0	0		
4. 2010.....	XXX	XXX							0	0		
5. 2011.....	XXX	XXX	XXX						0	0		
6. 2012.....	XXX	XXX	XXX	XXX					0	0		
7. 2013.....	XXX	XXX	XXX	XXX	XXX				0	0		
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX			0	0		
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0		
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62	62		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110	110	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110
13. Earned Premiums (Sch P-Pt. 1)									62	110	XXX	

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....												
2. 2008.....												
3. 2009.....	XXX											
4. 2010.....	XXX	XXX										
5. 2011.....	XXX	XXX	XXX									
6. 2012.....	XXX	XXX	XXX	XXX								
7. 2013.....	XXX	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)												XXX

SECTION 2B

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....												
2. 2008.....												
3. 2009.....	XXX											
4. 2010.....	XXX	XXX										
5. 2011.....	XXX	XXX	XXX									
6. 2012.....	XXX	XXX	XXX	XXX								
7. 2013.....	XXX	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)												XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
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
2. Private Passenger Auto Liability/ Medical	31		0.0	68		0.0
3. Commercial Auto/Truck Liability/ Medical	186		0.0	328		0.0
4. Workers' Compensation			0.0	.0		0.0
5. Commercial Multiple Peril	975		0.0	2,183		0.0
6. Medical Professional Liability - Occurrence			0.0	.0		0.0
7. Medical Professional Liability - Claims - Made			0.0	.0		0.0
8. Special Liability			0.0	.0		0.0
9. Other Liability - Occurrence	174		0.0	302		0.0
10. Other Liability - Claims-Made			0.0	.0		0.0
11. Special Property	107		0.0	1,044		0.0
12. Auto Physical Damage	139		0.0	410		0.0
13. Fidelity/Surety			0.0	.0		0.0
14. Other			0.0	.0		0.0
15. International			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	1		0.0	14		0.0
20. Products Liability - Claims-Made			0.0	.0		0.0
21. Financial Guaranty/Mortgage Guaranty			0.0	.0		0.0
22. Warranty			0.0	.0		0.0
23. Totals	1,613	0	0.0	4,348	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	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XX							
6. 2012.....	XXX	XXX	XX	XX						
7. 2013.....	XXX	XXX	XX	XX	XX					
8. 2014.....	XXX	XXX	XX	XXX	XX	X				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XX							
6. 2012.....	XXX	XXX	XX	XX						
7. 2013.....	XXX	XXX	XX	XX	XX					
8. 2014.....	XXX	XXX	XX	XXX	XX	X				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SCHEDULE P - PART 7B - REINSURANCE 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
2. Private Passenger Auto Liability/Medical	.31		0.0	68		0.0
3. Commercial Auto/Truck Liability/Medical	186		0.0	328		0.0
4. Workers' Compensation			0.0	.0		0.0
5. Commercial Multiple Peril	975		0.0	2,183		0.0
6. Medical Professional Liability - Occurrence			0.0	.0		0.0
7. Medical Professional Liability - Claims - Made			0.0	.0		0.0
8. Special Liability			0.0	.0		0.0
9. Other Liability - Occurrence	174		0.0	302		0.0
10. Other Liability - Claims-Made			0.0	.0		0.0
11. Special Property	107		0.0	1,044		0.0
12. Auto Physical Damage	139		0.0	410		0.0
13. Fidelity/Surety			0.0	.0		0.0
14. Other			0.0	.0		0.0
15. International			0.0	.0		0.0
16. Reinsurance - Nonproportional Assumed Property			0.0	.0		0.0
17. Reinsurance - Nonproportional Assumed Liability			0.0	.0		0.0
18. Reinsurance - Nonproportional Assumed Financial Lines			0.0	.0		0.0
19. Products Liability - Occurrence	1		0.0	14		0.0
20. Products Liability - Claims-Made			0.0	.0		0.0
21. Financial Guaranty/Mortgage Guaranty			0.0	.0		0.0
22. Warranty			0.0	.0		0.0
23. Totals	1,613	0	0.0	4,348	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2017 OF THE One Alliance Insurance Corporation

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 [X]
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 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 [X] 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		
1.602	2008		
1.603	2009		
1.604	2010		
1.605	2011		
1.606	2012		
1.607	2013		
1.608	2014		
1.609	2015		
1.610	2016		
1.611	2017		
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 [X] 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 [X]
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 [X]
- 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 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which) per claim.....
 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 [X]
- 7.2 (An extended statement may be attached.)

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								
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	L	10,817,179	7,970,688	0	4,620,745	35,472,985	31,534,232	
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a) 1	10,817,179	7,970,688	0	4,620,745	35,472,985	31,534,232	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 - 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.

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

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

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

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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

SCHEDULE Y
PART 1 ORGANIZATION CHART



One Alliance
Insurance
Corporation

SCHEDULE Y
PART 1 ORGANIZATION CHART



One Alliance
Insurance
Corporation

Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

Schedule Y - Part 1A - Explanations

NONE

Schedule Y - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	SEE EXPLANATION
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	SEE EXPLANATION
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?	YES
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?	

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.

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
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?	YES
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 Bail 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?	YES

- Explanations:
1. Due march 31 in PR
 2. Due march 31 in PR
 3. Due march 31 in PR
 4. Due march 31 in PR
 12. Due march 31
 - 13.
 - 14.
 - 15.
 - 16.
 - 17.
 - 19.
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 - 25.
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 - 27.
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 - 31.
 - 32.
 - 33.
 - 34.

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 455]	
16. Trusteed Surplus Statement [Document Identifier 490]	
17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	
19. Medicare Part D Coverage Supplement [Document Identifier 365]	
23. Bail Bond Supplement [Document Identifier 500]	
24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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]



OVERFLOW PAGE FOR WRITE-INS

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	1,000,439	9.707	1,000,439	0	1,000,439	8.091
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies	6,368,778	61.797	6,368,778	0	6,368,778	51.504
1.3 Non-U.S. government (including Canada, excluding mortgaged-backed securities)		0.000			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	1,026,843	9.964	1,026,843	0	1,026,843	8.304
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	94,040	0.912	94,040	0	94,040	0.760
1.43 Revenue and assessment obligations	382,746	3.714	382,746	0	382,746	3.095
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
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		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	2,059,658		2,059,658	16.656
5.2 Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ 0 property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	1,433,076	13.905	1,433,076	0	1,433,076	11.589
11. Other invested assets		0.000			0	0.000
12. Total invested assets	10,305,922	100.000	12,365,580	0	12,365,580	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year	2,213,289
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 6)	
2.2	Additional investment made after acquisition (Part 2, Column 9)	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	
5.	Deduct amounts received on disposals, Part 3, Column 15	
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	153,631
8.2	Totals, Part 3, Column 9	153,631
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	2,059,658
10.	Deduct total nonadmitted amounts	0
11.	Statement value at end of current period (Line 9 minus Line 10)	2,059,658

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 2017 OF THE One Alliance Insurance Corporation
SCHEDULE BA - VERIFICATION BETWEEN YEARS
 Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 8)	
2.2	Additional investment made after acquisition (Part 2, Column 9)	
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 16	
3.2	Totals, Part 3, Column 12	
4.	Accrual of discount	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 13	
5.2	Totals, Part 3, Column 9	
6.	Total gain (loss) on disposals, Part 3, Column 19	
7.	Deduct amounts received on disposals, Part 3, Column 18	
8.	Deduct amortization of premium and depreciation	
9.	Total foreign exchange change in book/adjusted carrying value:	
9.1	Totals, Part 1, Column 17	
9.2	Totals, Part 3, Column 14	
10.	Deduct current year's other than temporary impairment recognized:	
10.1	Totals, Part 1, Column 15	
10.2	Totals, Part 3, Column 11	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS
 Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	9,207,635
2.	Cost of bonds and stocks acquired, Part 3, Column 7	50,205
3.	Accrual of discount	4,782
4.	Unrealized valuation increase (decrease):	
4.1.	Part 1, Column 12	0
4.2.	Part 2, Section 1, Column 15	
4.3.	Part 2, Section 2, Column 13	
4.4.	Part 4, Column 11	0
5.	Total gain (loss) on disposals, Part 4, Column 19	0
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	365,000
7.	Deduct amortization of premium	24,776
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	
8.3.	Part 2, Section 2, Column 16	
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	
9.3.	Part 2, Section 2, Column 14	
9.4.	Part 4, Column 13	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	8,872,846
11.	Deduct total nonadmitted amounts	0
12.	Statement value at end of current period (Line 10 minus Line 11)	8,872,846

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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					
Governments (Including all obligations guaranteed by governments)	1. United States	1,000,439	997,393	997,804	1,000,000
	2. Canada				
	3. Other Countries				
	4. Totals	1,000,439	997,393	997,804	1,000,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	1,026,843	1,061,627	1,040,476	1,010,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	94,040	95,181	93,850	95,000
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	6,751,523	6,561,302	6,775,906	6,747,000
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States				
	9. Canada				
	10. Other Countries				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	8,872,846	8,715,503	8,908,036	8,852,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	8,872,846	8,715,503	8,908,036	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	401,686	598,753	0	0	0	XXX	1,000,439	11.3	1,250,445	13.6	1,000,439	0
1.2 NAIC 2						XXX	0	0.0		0.0		0
1.3 NAIC 3						XXX	0	0.0		0.0		0
1.4 NAIC 4						XXX	0	0.0		0.0		0
1.5 NAIC 5						XXX	0	0.0		0.0		0
1.6 NAIC 6						XXX	0	0.0		0.0		0
1.7 Totals	401,686	598,753	0	0	0	XXX	1,000,439	11.3	1,250,445	13.6	1,000,439	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0		0.0		0
2.2 NAIC 2						XXX	0	0.0		0.0		0
2.3 NAIC 3						XXX	0	0.0		0.0		0
2.4 NAIC 4						XXX	0	0.0		0.0		0
2.5 NAIC 5						XXX	0	0.0		0.0		0
2.6 NAIC 6						XXX	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	214,583	0	0	0	812,261	XXX	1,026,843	11.6	1,056,561	11.5	1,026,843	0
3.2 NAIC 2						XXX	0	0.0		0.0		0
3.3 NAIC 3						XXX	0	0.0		0.0		0
3.4 NAIC 4						XXX	0	0.0		0.0		0
3.5 NAIC 5						XXX	0	0.0		0.0		0
3.6 NAIC 6						XXX	0	0.0		0.0		0
3.7 Totals	214,583	0	0	0	812,261	XXX	1,026,843	11.6	1,056,561	11.5	1,026,843	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1	94,040	0	0	0	0	XXX	94,040	1.1	93,965	1.0	94,040	0
4.2 NAIC 2						XXX	0	0.0		0.0		0
4.3 NAIC 3						XXX	0	0.0		0.0		0
4.4 NAIC 4						XXX	0	0.0		0.0		0
4.5 NAIC 5						XXX	0	0.0		0.0		0
4.6 NAIC 6						XXX	0	0.0		0.0		0
4.7 Totals	94,040	0	0	0	0	XXX	94,040	1.1	93,965	1.0	94,040	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	707,272	1,456,837	3,103,807	1,483,607	0	XXX	6,751,523	76.1	6,806,665	73.9	6,751,523	0
5.2 NAIC 2						XXX	0	0.0		0.0		0
5.3 NAIC 3						XXX	0	0.0		0.0		0
5.4 NAIC 4						XXX	0	0.0		0.0		0
5.5 NAIC 5						XXX	0	0.0		0.0		0
5.6 NAIC 6						XXX	0	0.0		0.0		0
5.7 Totals	707,272	1,456,837	3,103,807	1,483,607	0	XXX	6,751,523	76.1	6,806,665	73.9	6,751,523	0

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
6.1 NAIC 1						XXX	0	0.0		0.0		0
6.2 NAIC 2						XXX	0	0.0		0.0		0
6.3 NAIC 3						XXX	0	0.0		0.0		0
6.4 NAIC 4						XXX	0	0.0		0.0		0
6.5 NAIC 5						XXX	0	0.0		0.0		0
6.6 NAIC 6						XXX	0	0.0		0.0		0
6.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0		0.0		0
7.2 NAIC 2						XXX	0	0.0		0.0		0
7.3 NAIC 3						XXX	0	0.0		0.0		0
7.4 NAIC 4						XXX	0	0.0		0.0		0
7.5 NAIC 5						XXX	0	0.0		0.0		0
7.6 NAIC 6						XXX	0	0.0		0.0		0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0		0.0		0
8.2 NAIC 2						XXX	0	0.0		0.0		0
8.3 NAIC 3						XXX	0	0.0		0.0		0
8.4 NAIC 4						XXX	0	0.0		0.0		0
8.5 NAIC 5						XXX	0	0.0		0.0		0
8.6 NAIC 6						XXX	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		0.0		0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	8,872,846	100.0	XXX	XXX	8,872,846	0
10.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	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	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	(b) 8,872,846	100.0	XXX	XXX	8,872,846	0
10.8 Line 10.7 as a % of Col. 7	16.0	23.2	35.0	16.7	9.2	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year												
11.1 NAIC 1	758,612	2,746,650	4,103,207	1,483,532	115,634	0	XXX	XXX	9,207,635	100.0	9,207,635	0
11.2 NAIC 2							XXX	XXX	0	0.0	0	0
11.3 NAIC 3							XXX	XXX	0	0.0	0	0
11.4 NAIC 4							XXX	XXX	0	0.0	0	0
11.5 NAIC 5							XXX	XXX	0	0.0	0	0
11.6 NAIC 6							XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	758,612	2,746,650	4,103,207	1,483,532	115,634	0	XXX	XXX	(b) 9,207,635	100.0	9,207,635	0
11.8 Line 11.7 as a % of Col. 9	8.2	29.8	44.6	16.1	1.3	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds												
12.1 NAIC 1	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	8,872,846	100.0	9,207,635	100.0	8,872,846	XXX
12.2 NAIC 2							0	0.0	0	0.0	0	XXX
12.3 NAIC 3							0	0.0	0	0.0	0	XXX
12.4 NAIC 4							0	0.0	0	0.0	0	XXX
12.5 NAIC 5							0	0.0	0	0.0	0	XXX
12.6 NAIC 6							0	0.0	0	0.0	0	XXX
12.7 Totals	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	8,872,846	100.0	9,207,635	100.0	8,872,846	XXX
12.8 Line 12.7 as a % of Col. 7	16.0	23.2	35.0	16.7	9.2	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	16.0	23.2	35.0	16.7	9.2	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 NAIC 3	0	0	0	0	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	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

- (a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$ _____ current year, \$ _____ prior year of bonds with Z designations and \$ _____, current year \$ _____ 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 \$ _____ current year, \$ _____ prior year of bonds with 5* designations and \$ _____, current year \$ _____ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer'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 \$ _____; NAIC 2 \$ _____; NAIC 3 \$ _____; NAIC 4 \$ _____; NAIC 5 \$ _____; NAIC 6 \$ _____.

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations	401,686	598,753	0	0	0	XXX	1,000,439	11.3	1,250,445	13.6	1,000,439	0
1.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
1.5 Totals	401,686	598,753	0	0	0	XXX	1,000,439	11.3	1,250,445	13.6	1,000,439	0
2. All Other Governments												
2.1 Issuer Obligations						XXX	0	0.0		0.0		0
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
2.4 Other Loan-Backed and Structured Securities						XXX	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	214,583	0	0	0	812,261	XXX	1,026,843	11.6	1,056,561	11.5	1,026,843	0
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
3.5 Totals	214,583	0	0	0	812,261	XXX	1,026,843	11.6	1,056,561	11.5	1,026,843	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations	94,040	0	0	0	0	XXX	94,040	1.1	93,965	1.0	94,040	0
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
4.5 Totals	94,040	0	0	0	0	XXX	94,040	1.1	93,965	1.0	94,040	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 Issuer Obligations	707,272	1,456,837	3,103,807	1,483,607	0	XXX	6,751,523	76.1	6,806,665	73.9	6,751,523	0
5.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
5.5 Totals	707,272	1,456,837	3,103,807	1,483,607	0	XXX	6,751,523	76.1	6,806,665	73.9	6,751,523	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations						XXX	0	0.0		0.0		0
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
6.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
6.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
6.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 Issuer Obligations						XXX	0	0.0		0.0		0
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX	0	0.0		0.0		0
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
8.4 Other Loan-Backed and Structured Securities						XXX	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 2017 OF THE One Alliance Insurance Corporation

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. 7 Prior Year	10 % From Col. 8 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		0.0		0
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations	1,417,581	2,055,591	3,103,807	1,483,607	812,261	XXX	8,872,846	100.0	XXX	XXX	8,872,846	0
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	8,872,846	100.0	XXX	XXX	8,872,846	0
10.7 Line 10.6 as a % of Col. 7	16.0	23.2	35.0	16.7	9.2	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year												
11.1 Issuer Obligations	758,612	2,746,650	4,103,207	1,483,532	115,634	XXX	XXX	XXX	9,207,635	100.0	9,207,635	0
11.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
11.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
11.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
11.6 Totals	758,612	2,746,650	4,103,207	1,483,532	115,634	0	XXX	XXX	9,207,635	100.0	9,207,635	0
11.7 Line 11.6 as a % of Col. 9	8.2	29.8	44.6	16.1	1.3	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	1,417,581	2,055,591	3,103,807	1,483,607	812,261	XXX	8,872,846	100.0	9,207,635	100.0	8,872,846	XXX
12.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
12.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
12.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
12.6 Totals	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	8,872,846	100.0	9,207,635	100.0	8,872,846	XXX
12.7 Line 12.6 as a % of Col. 7	16.0	23.2	35.0	16.7	9.2	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	16.0	23.2	35.0	16.7	9.2	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
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	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
13.6 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Line 13.6 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

Schedule DA - Verification - Short-Term Investments

NONE

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

Schedule E - Part 2 - Verification - Cash Equivalents

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SCHEDULE A - PART 1

Showing All Real Estate OWNED December 31 of Current Year

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
270 MUNOZ RIVERA AVE 1ST FLOOR	LS	SAN JUAN	PR	07/16/2014	07/16/2014	3,858,181	1,798,523	2,059,658	2,059,658	153,631			(153,631)			
0299999. Property occupied by the reporting entity - Administrative						3,858,181	1,798,523	2,059,658	2,059,658	153,631	0	0	(153,631)	0	0	0
0399999. Total Property occupied by the reporting entity						3,858,181	1,798,523	2,059,658	2,059,658	153,631	0	0	(153,631)	0	0	0
0699999 - Totals						3,858,181	1,798,523	2,059,658	2,059,658	153,631	0	0	(153,631)	0	0	0

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 - Other Long-Term Invested Assets Owned

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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 (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
912828-A7-5	UNITED STATES TREASURY				1	105,377	99.6800	99,680	100,000	101,889	0	(1,895)	0	0	1.500	(0.385)	JD	754	1,500	02/29/2016	12/31/2018
912828-A8-3	UNITED STATES TREASURY				1	306,024	101.1170	303,351	300,000	(952)	0	0	0	0	2.375	2.033	JD	3,582	10,688	09/17/2014	12/31/2020
912828-RY-8	UNITED STATES TREASURY				1	149,146	99.5550	149,333	150,000	149,796	0	201	0	0	1.375	1.513	JD	1,037	2,063	09/17/2014	12/31/2018
912828-UB-4	UNITED STATES TREASURY				1	288,847	98.3430	295,029	300,000	295,782	0	2,151	0	0	1.000	1.751	MN	284	3,000	09/17/2014	11/30/2019
912828-UE-8	UNITED STATES TREASURY				1	148,410	100.0000	150,000	150,000	150,000	0	489	0	0	0.750	1.080	JD	563	1,125	09/17/2014	12/31/2017
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						997,804	XXX	997,393	1,000,000	1,000,439	0	(5)	0	0	XXX	XXX	XXX	6,200	18,375	XXX	XXX
0599999. Total - U.S. Government Bonds						997,804	XXX	997,393	1,000,000	1,000,439	0	(5)	0	0	XXX	XXX	XXX	6,200	18,375	XXX	XXX
1099999. Total - All Other Government Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
745145-LM-2	PUERTO RICO COMMLTH		2		1FE	44,971	100.2660	45,120	45,000	44,979	0	3	0	0	4.500	0.000	JJ	0	2,025	06/16/2015	07/01/2023
74514L-D4-6	PUERTO RICO COMMLTH		2		1FE	10,002	102.6820	10,268	10,000	10,001	0	(1)	0	0	4.000	0.000	JJ	0	400	06/16/2015	07/01/2022
74514L-D6-1	PUERTO RICO COMMLTH		2		1FE	9,892	101.3210	10,132	10,000	9,918	0	10	0	0	4.125	0.000	JJ	0	413	06/16/2015	07/01/2024
74514L-D7-9	PUERTO RICO COMMLTH		2		1FE	20,024	101.4210	20,284	20,000	20,059	0	(3)	0	0	4.250	0.000	JJ	0	425	07/10/2017	07/01/2025
74514L-HP-9	PUERTO RICO COMMLTH		2		1FE	51,501	100.3200	50,160	50,000	50,000	0	(384)	0	0	5.000	4.329	JJ	1,250	2,500	06/17/2015	07/01/2020
74514L-NH-6	PUERTO RICO COMMLTH		2		1FE	35,098	100.2650	35,093	35,000	34,609	0	(107)	0	0	5.000	4.959	JJ	875	1,750	06/29/2015	07/01/2023
74514L-SF-5	PUERTO RICO COMMLTH		2		1FE	75,305	100.2460	75,185	75,000	74,994	0	(83)	0	0	5.000	4.944	JJ	1,875	3,750	06/30/2015	07/01/2024
74514L-UD-7	PUERTO RICO COMMLTH		2		1FE	20,604	101.0340	20,207	20,000	20,105	0	(206)	0	0	4.750	0.000	JJ	0	950	06/18/2015	07/01/2018
74514L-UV-1	PUERTO RICO COMMLTH		2		1FE	10,244	100.6690	10,067	10,000	10,000	0	(5)	0	0	5.250	4.939	JJ	263	525	06/16/2015	07/01/2025
74514L-WE-3	PUERTO RICO COMMLTH		2		1FE	15,602	108.6740	16,301	15,000	15,409	0	(80)	0	0	5.500	0.000	JJ	0	825	06/18/2015	07/01/2022
74514L-WJ-2	PUERTO RICO COMMLTH		2		1FE	57,136	106.7960	58,738	55,000	56,316	0	(340)	0	0	5.375	0.000	JJ	0	2,956	06/25/2015	07/01/2025
74514L-WJ-2	PUERTO RICO COMMLTH	.SD	2		1FE	509,130	106.7960	523,300	490,000	501,772	0	(3,037)	0	0	5.375	0.000	JJ	0	26,338	06/25/2015	07/01/2025
74514L-WN-3	PUERTO RICO COMMLTH	.SD	2		1FE	180,967	106.7270	186,772	175,000	178,680	0	(949)	0	0	5.250	0.000	JJ	0	9,188	06/24/2015	07/01/2024
1199999. Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations						1,040,476	XXX	1,061,627	1,010,000	1,026,843	0	(5,181)	0	0	XXX	XXX	XXX	4,263	52,044	XXX	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds						1,040,476	XXX	1,061,627	1,010,000	1,026,843	0	(5,181)	0	0	XXX	XXX	XXX	4,263	52,044	XXX	XXX
745277-PD-9	PUERTO RICO MUN FIN AGY	.SD	2		1FE	93,850	100.1910	95,181	95,000	94,040	0	75	0	0	5.000	5.135	FA	1,979	4,750	06/29/2015	08/01/2027
1899999. Subtotal - Bonds - U.S. Political Subdivisions - Issuer Obligations						93,850	XXX	95,181	95,000	94,040	0	75	0	0	XXX	XXX	XXX	1,979	4,750	XXX	XXX
2499999. Total - U.S. Political Subdivisions Bonds						93,850	XXX	95,181	95,000	94,040	0	75	0	0	XXX	XXX	XXX	1,979	4,750	XXX	XXX
3130A8-2N-2	FEDERAL HOME LOAN BANKS		2		1	345,005	96.0310	331,307	345,000	345,000	0	0	0	0	2.830	2.830	MN	1,031	9,764	05/26/2016	05/23/2029
3130A8-FH-8	FEDERAL HOME LOAN BANKS	.SD	2		1	750,005	95.5010	716,258	750,000	750,039	0	(14)	0	0	2.890	2.890	JD	903	7,586	06/07/2016	06/16/2031
3130A8-GH-7	FEDERAL HOME LOAN BANKS		2		1	90,005	95.3950	85,856	90,000	90,004	0	(4)	0	0	2.900	2.900	JD	109	2,610	06/09/2016	06/16/2031
3130A8-K2-8	FEDERAL HOME LOAN BANKS		2		1	100,005	96.5860	96,586	100,000	100,004	0	(6)	0	0	2.830	2.830	JD	24	2,830	06/16/2016	06/28/2030
3130A8-VT-7	FEDERAL HOME LOAN BANKS		2		1	640,005	96.5860	618,150	640,000	640,004	0	(98)	0	0	1.250	2.828	FA	2,978	8,000	07/28/2016	08/17/2026
3130A9-KF-7	FEDERAL HOME LOAN BANKS		2		1	446,967	93.7750	421,988	450,000	447,284	0	226	0	0	2.180	2.256	AO	2,126	9,810	11/10/2016	10/13/2026
31331K-A9-1	FEDERAL FARM CREDIT BANKS		2		1	52,116	100.5450	50,273	50,000	51,288	0	(460)	0	0	2.260	1.300	MS	289	1,130	03/08/2016	09/29/2020
313379-06-9	FEDERAL HOME LOAN BANKS		2		1	812,406	99.3150	804,452	810,000	811,611	0	(344)	0	0	2.125	2.078	JD	1,004	17,213	08/13/2015	06/10/2022
313380-Z7-5	FEDERAL HOME LOAN BANKS		2		1	24,513	98.7790	24,695	25,000	24,822	0	96	0	0	1.370	1.771	AO	64	719	09/17/2014	10/24/2019
3133EF-RH-2	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	546,178	99.5700	539,669	542,000	542,000	0	0	0	0	1.340	1.076	MN	625	3,193	12/07/2015	11/30/2018
3133EG-FB-6	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	344,037	97.1650	330,361	340,000	340,000	0	(3,304)	0	0	2.360	2.212	JD	334	8,024	07/28/2016	06/16/2025
3133EG-FN-0	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	7,997	98.4220	7,874	8,000	7,997	0	1	0	0	1.400	1.414	JD	5	56	06/28/2017	06/15/2020
3133EG-HN-8	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	519,236	97.1970	495,705	510,000	510,000	0	(7,448)	0	0	2.420	2.197	JD	6,205	6,171	07/06/2016	06/30/2025
3133EG-JH-9	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	515,752	97.4510	495,051	508,000	508,000	0	(6,709)	0	0	2.240	2.043	JJ	5,532	11,379	07/06/2016	01/06/2025
3133EG-KZ-7	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	19,921	98.6460	19,729	20,000	19,942	0	21	0	0	1.020	1.211	JJ	96	102	06/05/2017	07/12/2019
3133EG-NA-9	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	125,005	96.1040	120,130	125,000	125,004	0	(9)	0	0	2.200	2.200	JJ	1,222	2,750	07/14/2016	07/21/2025
3133EG-RM-9	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	105,604	94.5680	99,296	105,000	105,000	0	(431)	0	0	2.000	1.929	FA	753	2,100	09/26/2016	08/22/2025
3133EG-SH-6	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	145,875	94.4090	136,893	145,000	145,000	0	(632)	0	0	2.000	1.926	MS	910	2,900	09/26/2016	09/08/2025
3133EG-UB-9	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	198,425	93.4870	186,974	200,000	198,560	0	100	0	0	2.330	2.408	JD	233	4,660	11/10/2016	06/13/2028
3133EG-XB-6	FEDERAL FARM CREDIT BANKS FUNDING CORP		2		1	99,049	94.1900	94,190	100,000	99,148	0	76	0	0	1.110	2.248	AO	511	2,140	11/10/2016	10/05/2026
3134G8-KU-2	FEDERAL HOME LOAN MORTGAGE CORP		2		1	44,875	98.8890	44,500	45,000	45,368	0	488	0	0	1.250	2.335	FA	195	563	12/27/2016	02/26/2021
3134G9-KJ-5	FEDERAL HOME LOAN MORTGAGE CORP		2		1	203,068	98.6930	202,321	205,000	205,739	0	2,641	0	0	1.125	2.376	MN	231	2,178	12/27/2016	05/25/2021
3134G9-P2-7	FEDERAL HOME LOAN MORTGAGE CORP		2		1	120,005	97.9830	117,580	120,000	121,811	0	1,255	0	0	1.000	2.042	JJ	513	1,200	07/14/2016	07/27/2022
3136G3-WU-5	FEDERAL NATIONAL MORTGAGE ASSOCIATION		2		1	11,966	98.1330	11,776	12,000	11,974	0	8	0	0	1.150	1.262	JD	69	69	05/12/2017	12/30/2019
3136G3-YV-1	FEDERAL NATIONAL MORTGAGE ASSOCIATION		2		1	122,005	96.1320	117,281	122,000	123,178	0	789	0	0	1.250	1.916	JJ	652	1,525	07/14/2016	07/27/2023
64971Q-J3-8	NEW YORK N Y CITY TRANSITIONAL FIN AUTH		2		1FE																

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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
745235-YB-1	PUERTO RICO PUB BLDGS AUTH REV GTD				.1FE	77,918	105.1720	78,879	75,000	76,531	0	(569)	0	0	5.250	4.379	JJ	1,969	3,938	06/17/2015	07/01/2020
745277-OH-9	PUERTO RICO MUN FIN AGY			2	.1FE	15,001	100.3200	15,048	15,000	15,001	0	(1)	0	0	5.000	4.998	FA	313	750	06/29/2015	08/01/2020
745277-RH-8	PUERTO RICO MUN FIN AGY				.1FE	50,002	102.7880	51,394	50,000	50,001	0	(2)	0	0	4.250	4.249	JJ	1,063	2,125	06/17/2015	07/01/2020
745277-SC-8	PUERTO RICO MUN FIN AGY				.1FE	10,404	103.5490	10,355	10,000	10,164	0	(100)	0	0	5.250	4.168	FA	219	525	06/18/2015	08/01/2019
745277-SF-1	PUERTO RICO MUN FIN AGY				.1FE	19,404	107.9890	21,598	20,000	19,588	0	76	0	0	5.250	5.767	FA	438	1,050	06/29/2015	08/01/2022
745277-SG-9	PUERTO RICO MUN FIN AGY				.1FE	51,622	108.8940	54,447	50,000	51,184	0	(182)	0	0	5.250	4.762	FA	1,094	2,625	06/22/2015	08/01/2023
2599999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					6,775,906	XXX	6,561,302	6,747,000	6,751,523	0	(15,072)	0	0	XXX	XXX	XXX	35,501	127,444	XXX	XXX
3199999	Total - U.S. Special Revenues Bonds					6,775,906	XXX	6,561,302	6,747,000	6,751,523	0	(15,072)	0	0	XXX	XXX	XXX	35,501	127,444	XXX	XXX
3899999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
4899999	Total - Hybrid Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5599999	Total - Parent, Subsidiaries and Affiliates Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
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					8,908,036	XXX	8,715,503	8,852,000	8,872,846	0	(20,183)	0	0	XXX	XXX	XXX	47,942	202,613	XXX	XXX
7899999	Total - Residential Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999	Total - Commercial Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999	Total - Other Loan-Backed and Structured Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	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					8,908,036	XXX	8,715,503	8,852,000	8,872,846	0	(20,183)	0	0	XXX	XXX	XXX	47,942	202,613	XXX	XXX

E10.1

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
74514L-07-9	PUERTO RICO COMINTLH		07/10/2017	Popular Securities		10,322	10,000	14
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions								
3133EG-FN-0	FEDERAL FARM CREDIT BANKS FUNDING CORP		06/28/2017	Popular Securities		10,322	10,000	14
3133EG-KZ-7	FEDERAL FARM CREDIT BANKS FUNDING CORP		06/05/2017	Popular Securities		7,997	8,000	4
3136G3-WU-5	FEDERAL NATIONAL MORTGAGE ASSOCIATION		05/12/2017	Popular Securities		19,921	20,000	82
3199999. Subtotal - Bonds - U.S. Special Revenues						11,966	12,000	52
8399997. Total - Bonds - Part 3						39,883	40,000	138
8399998. Total - Bonds - Part 5						50,205	50,000	152
8399999. Total - Bonds						50,205	50,000	152
8999997. Total - Preferred Stocks - Part 3						0	XXX	0
8999998. Total - Preferred Stocks - Part 5							XXX	
8999999. Total - Preferred Stocks						0	XXX	0
9799997. Total - Common Stocks - Part 3						0	XXX	0
9799998. Total - Common Stocks - Part 5							XXX	
9799999. Total - Common Stocks						0	XXX	0
9899999. Total - Preferred and Common Stocks						0	XXX	0
9999999 - Totals						50,205	XXX	152

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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	
912828-A8-3	UNITED STATES TREASURY		04/01/2017	Adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	(3,563)	12/31/2020	
912828-RX-0	UNITED STATES TREASURY		01/03/2017	Maturity @ 100.0		250,000	250,000	251,465	250,000	0	0	0	0	0	250,000	0	0	0	1,094	12/31/2016	
0599999	Subtotal - Bonds - U.S. Governments					250,000	250,000	251,465	250,000	0	0	0	0	0	250,000	0	0	0	(2,469)	XXX	
745145-MD-1	PUERTO RICO COMMLTH		08/01/2017	Call @ 100.0		25,000	25,000	24,326	24,825	0	175	0	175	0	25,000	0	0	0	1,313	07/01/2017	
745145-VB-5	PUERTO RICO COMMLTH		08/01/2017	VARIOUS		10,000	10,000	10,113	10,033	0	(33)	0	(33)	0	10,000	0	0	0	550	07/01/2017	
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions					35,000	35,000	34,440	34,858	0	142	0	142	0	35,000	0	0	0	1,863	XXX	
313380-Z7-5	FEDERAL HOME LOAN BANKS		04/01/2017	Adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	(377)	10/24/2019	
313381-DD-4	FEDERAL HOME LOAN BANKS		06/05/2017	Maturity @ 100.0		20,000	20,000	20,011	20,000	0	0	0	0	0	20,000	0	0	0	75	06/05/2017	
3133EC-2N-3	FEDERAL FARM CREDIT BANKS FUNDING CORP		11/13/2017	Maturity @ 100.0		40,000	40,000	39,827	39,952	0	48	0	48	0	40,000	0	0	0	312	11/13/2017	
3133EC-PA-6	FEDERAL FARM CREDIT BANKS FUNDING CORP		05/15/2017	Maturity @ 100.0		12,000	12,000	11,939	11,991	0	9	0	9	0	12,000	0	0	0	36	05/15/2017	
3133ED-EB-4	FEDERAL FARM CREDIT BANKS FUNDING CORP		06/28/2017	Maturity @ 100.0		8,000	8,000	8,051	8,009	0	(9)	0	(9)	0	8,000	0	0	0	44	06/28/2017	
3133EF-RH-2	FEDERAL FARM CREDIT BANKS FUNDING CORP		04/01/2017	Adjustment		0	0	0	0	0	0	0	0	0	0	0	0	0	4,070	11/30/2018	
3199999	Subtotal - Bonds - U.S. Special Revenues					80,000	80,000	79,828	79,953	0	47	0	47	0	80,000	0	0	0	4,160	XXX	
8399997	Total - Bonds - Part 4					365,000	365,000	365,732	364,811	0	189	0	189	0	365,000	0	0	0	3,554	XXX	
8399998	Total - Bonds - Part 5																			XXX	
8399999	Total - Bonds					365,000	365,000	365,732	364,811	0	189	0	189	0	365,000	0	0	0	3,554	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999998	Total - Preferred Stocks - Part 5						XXX														XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998	Total - Common Stocks - Part 5						XXX														XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999	Totals					365,000	XXX	365,732	364,811	0	189	0	189	0	365,000	0	0	0	3,554	XXX	

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

NONE

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1 - Short-Term Investments Owned

NONE

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 2017 OF THE One Alliance Insurance Corporation

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	*
Banco Popular San Juan, Puerto Rico		0.000	0	0	1,308,703	XXX
First Bank San Juan, Puerto Rico					10,102	XXX
Citi Bank San Juan, Puerto Rico					11,050	XXX
Banco Activo San Juan, Puerto Rico					93,444	XXX
Banco Santander San Juan, Puerto Rico					9,777	XXX
0199998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX	0	0		XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	1,433,076	XXX
0299998 Deposits in ... depositories which 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	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,433,076	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
.....						
.....						
.....						
.....						
.....						
.....						
0599999 Total - Cash	XXX	XXX	0	0	1,433,076	XXX

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

1. January.....	324,528	4. April.....	286,778	7. July.....	272,249	10. October.....	277,650
2. February.....	225,103	5. May.....	274,235	8. August.....	421,935	11. November.....	205,652
3. March.....	319,727	6. June.....	325,091	9. September.....	395,935	12. December.....	1,433,076

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
NONE								
8899999 - Total Cash Equivalents								

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

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					
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	0	1,535,582	1,532,562	0	0
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	1,535,582	1,532,562	0	0
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



Relief from the five-year rotation requirement for lead audit partner



Relief from the one-year cooling off period for independent CPA



Relief from the Requirements for Audit Committees



FINANCIAL GUARANTY INSURANCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

Of The One Alliance Insurance Corporation.....

NAIC Group Code 0000 NAIC Company Code 15646 ... Employer's ID Number 66-0818834

Financial Guaranty Insurance Exhibit - Part 1

N O N E

Financial Guaranty Insurance Exhibit - Part 2

N O N E

Financial Guaranty Insurance Exhibit Part 3A

N O N E

Financial Guaranty Insurance Exhibit Part 3B

N O N E

Financial Guaranty Insurance Exhibit Part 3C

N O N E

Financial Guaranty Insurance Exhibit Part 3D

N O N E

Financial Guaranty Insurance Exhibit Part 3E

N O N E

Financial Guaranty Insurance Exhibit Part 3F

N O N E

Financial Guaranty Insurance Exhibit Part 4A

N O N E

Financial Guaranty Insurance Exhibit Part 4B

N O N E

Financial Guaranty Insurance Exhibit Part 4C

N O N E

Financial Guaranty Insurance Exhibit Part 4D

N O N E

Financial Guaranty Insurance Exhibit Part 4E

N O N E

Financial Guaranty Insurance Exhibit Part 4F

N O N E

Financial Guaranty Insurance Exhibit Part 4G

N O N E

Financial Guaranty Insurance Exhibit Part 4H

N O N E

Financial Guaranty Insurance Exhibit Part 4I

N O N E

Financial Guaranty Insurance Exhibit - Part 5A

N O N E

Financial Guaranty Insurance Exhibit - Part 5B

N O N E

Financial Guaranty Insurance Exhibit - Part 5C

N O N E

Financial Guaranty Insurance Exhibit - Part 6A

N O N E

Financial Guaranty Insurance Exhibit - Part 6B

N O N E

Financial Guaranty Insurance Exhibit - Part 6C

N O N E

Financial Guaranty Insurance Exhibit - Part 7 (\$000) Omitted

N O N E



SUPPLEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 0000

(To Be Filed by March 1)

NAIC Company Code 15646

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE



REINSURANCE ATTESTATION SUPPLEMENT

ATTESTATION OF CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER
REGARDING REINSURANCE AGREEMENTS

The Chief Executive Officer and Chief Financial Officer shall attest, under penalties of perjury, with respect to all reinsurance contracts for which the reporting entity is taking credit on its current financial statement, that to the best of their knowledge and belief after diligent inquiry:

- (I) Consistent with SSAP No. 62R, Property and Casualty Reinsurance, there are no separate written or oral agreements between the reporting entity (or its affiliates or companies it controls) and the assuming reinsurer that would under any circumstances, reduce, limit, mitigate or otherwise affect any actual or potential loss to the parties under the reinsurance contract, other than inuring contracts that are explicitly defined in the reinsurance contract except as disclosed herein;
- (II) For each such reinsurance contract entered into, renewed, or amended on or after January 1, 1994, for which risk transfer is not reasonably considered to be self-evident, documentation concerning the economic intent of the transaction and the risk transfer analysis evidencing the proper accounting treatment, as required by SSAP No. 62R, Property and Casualty Reinsurance, is available for review;
- (III) The reporting entity complies with all the requirements set forth in SSAP No. 62R, Property and Casualty Reinsurance; and
- (IV) The reporting entity has appropriate controls in place to monitor the use of reinsurance and adhere to the provisions of SSAP No. 62R, Property and Casualty Reinsurance.

If there are any exception(s), that fact should be noted in the Reinsurance Attestation Supplement filed electronically with the NAIC and in hard copy with the domestic regulator (excluding the details of the exceptions). The details of the exceptions shall be filed in a separate hard copy supplement (Exceptions to the Reinsurance Attestation Supplement) with the domestic regulator.

For reporting period ended December 31, 2017

Signed:

VICTOR R. RIOS
Chief Executive Officer

Date

RAFAEL E. BETANCOURT
Chief Financial Officer

Date



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULES SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2017

(To Be Filed by March 1)

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH, TITLE AND HEALTH INSURANCE BLANKS

TO THE ANNUAL STATEMENT OF THE

One Alliance Insurance Corporation

COMPANY

SUPPLEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation
INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

1 Name and Title	2 Principal Occupation or Employment	3 Served as Director From	4 Aggregate Direct Remuneration	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5 Retirement Plan	6 Other Emp. Benefits	7 Retirement Plan	8 Other Emp. Benefits

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
 - B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.
2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

--	--	--	--	--	--	--	--

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

XXX	XXX	XXX					
-----	-----	-----	--	--	--	--	--

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?
 Answer If answer is "no" explain on separate sheet.
5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?
 Answer If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.
 If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.
-



Actuarial Factor, LLC
 9100 S Dadeland Blvd., Suite 1543
 Miami, FL 33156
 786.397.9212
 emead@actuarialfactor.com
 www.actuarialfactor.com

Esperanza Mead, FCAS, FSA, MAAA

March 28, 2018

ACTUARIAL OPINION SUMMARY

Company: One Alliance Insurance Corporation
 NAIC#: 15646
 Appointed Actuary: Esperanza Borja Mead

I signed the Company’s Statement of Actuarial Opinion on March 28, 2018. These two documents are closely linked; the Actuarial Opinion Summary is an extension of the Statement of Actuarial Opinion. Therefore, all limitations, caveats, and reliances in the Statement of Actuarial Opinion should also be applied to the Actuarial Opinion Summary. Moreover, it is my understanding that, consistent with the Annual Statement Instructions, the Actuarial Opinion Summary will be held confidential by state regulators and is not intended for public inspection, subject to applicable law.

The loss and loss adjustment expense (“LAE”) reserves as of December 31, 2017, are shown in the table below. Commentary on adverse development over the last five years follows the table.

Loss & LAE Reserves as of December 31, 2017							
Net Loss & LAE Reserves (\$)				Gross Loss & LAE Reserves (\$)			
	Low	Point	High		Low	Point	High
A. Actuary's range of estimates	1,385,112		2,189,610		32,898,779		34,616,549
B. Actuary's point estimate		1,611,909				33,513,305	
C. Company carried reserves		1,611,924				33,514,000	
D. Difference between company carried and Actuary's estimate	XXX	15	XXX		XXX	695	XXX
E. The Company has not had one-year adverse development, as measured by Schedule P, Part 2 Summary, in excess of 5% of surplus in at least three of the last five calendar years.							

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

One Alliance Insurance Corporation
Actuarial Opinion Summary as of 12/31/2017

The actuarial point estimate is equal to the booked loss and loss adjustment expense reserves. The company writes long-tailed casualty lines of business where there is significant variation in possible outcomes, so the true result will not be known for some time. In addition, Hurricane Irma and Hurricane Maria impacted the Company in 2017. Although the gross losses are significant for Hurricane Maria, the Company's retention is \$500 thousand and excess of \$40 million ultimate net loss for each and every loss occurrence.

Esperanza Mead

Esperanza Borja Mead, FCAS, FSA, MAAA
Principal
Actuarial Factor, LLC
9100 S Dadeland Blvd., Suite 1543
Miami, FL 33156
Telephone: 786 397 9212
emead@actuarialfactor.com
March 28, 2018

Exhibit B: DISCLOSURES

1
Amount

- 1. Name of the Appointed Actuary ESPERANZA BORJA
- 2. The Appointed Actuary's relationship to the Company. Enter E or C based upon the following: C
E if an Employee of the Company or Group
C if a Consultant
- 3. The Appointed Actuary has the following designation (indicated by the letter code):..... F
F if a Fellow of the Casualty Actuarial Society (FCAS)
A if an Associate of the Casualty Actuarial Society (ACAS)
M if not a member of the Casualty Actuarial Society, but a Member of the American Academy of Actuaries (MAAA) approved by the Casualty Practice Council, as documented with the attached approval letter.
O for Other
- 4. Type of Opinion, as identified in the OPINION paragraph. Enter R, I, E, Q, or N based upon the following: R
R if Reasonable
I if Inadequate or Deficient Provision
E if Excessive or Redundant Provision
Q if Qualified. Use Q when part of the OPINION is Qualified.
N if No Opinion
- 5. Materiality Standard expressed in US dollars (Used to Answer Question #6) 0
- 6. Are there Significant Risks that could result in Material Adverse Deviation? Yes [] No [X] N/A []
- 7. Statutory Surplus (Liabilities, Surplus and Other Funds page, Col 1, Line 37) 5,479,255
- 8. Anticipated net salvage and subrogation included as a reduction to loss reserves as reported in Schedule P (should equal Part 1 Summary, Col 23, Line 12 * 1000) 0
- 9. Discount included as a reduction to loss reserves and loss adjustment expense reserves as reported in Schedule P
 - 9.1 Nontabular Discount [Notes, Line 32B23, (Amounts 1, 2, 3 & 4)], Electronic Filing Cols 1, 2, 3, & 4 0
 - 9.2 Tabular Discount [Notes, Line 32A23, (Amounts 1 & 2)], Electronic Filing Col 1 & 2 0
- 10. The net reserves for losses and loss adjustment expenses for the Company's share of voluntary and involuntary underwriting pools' and associations' unpaid losses and loss adjustment expenses that are included in reserves shown on the Liabilities, Surplus and Other Funds page, Losses and Loss Adjustment Expenses lines. 0
- 11. The net reserves for losses and loss adjustment expenses that the Company carries for the following liabilities included on the Liabilities, Surplus and Other Funds page, Losses and Loss Adjustment Expenses lines. *
 - 11.1 Asbestos, as disclosed in the Notes to Financial Statements (Notes, Line 33A03D, ending net asbestos reserves for current year) Electronic Filing Col 5 0
 - 11.2 Environmental, as disclosed in the Notes to Financial Statements (Notes, Line 33D03D, ending net environmental reserves for current year), Electronic Filing Col 5 0
- 12. The total claims made extended loss and loss adjustment expense, and unearned premium reserves (Greater than or equal to Schedule P Interrogatories).
 - 12.1 Amount reported as loss and loss adjustment expense reserves 0
 - 12.2 Amount reported as unearned premium reserves 0
- 13. Other items on which the Appointed Actuary is providing Relevant Comment (list separately, adding additional lines as needed)

* The reserves disclosed in item 11 above, should exclude amounts relating to contracts specifically written to cover asbestos and environmental exposures. Contracts specifically written to cover these exposures include Environmental Impairment Liability (post 1986), Asbestos Abatement, Pollution Legal Liability, Contractor's Pollution Liability, Consultant's Environmental Liability, and Pollution and Remediation Legal Liability.



SUPPLEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

Designate the type of health care providers reported on this page:

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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	0	0	0	0	0	0	0	0
59. Total	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
58001.....								
58002.....								
58003.....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0

Supplemental Compensation Exhibit
***** Not Authorized *****



SUPPLEMENT FOR THE YEAR 2017 OF THE U.S. BRANCH OF THE One Alliance Insurance Corporation

TRUSTEED SURPLUS STATEMENT

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

..... being duly sworn, says that he/she is the of the
a corporation organized under the laws of entered to transact business in the United States through the State of
that this trustee surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of
assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all
of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter
indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this
_____ day of _____ A.D., _____

AFFIDAVIT OF TRUSTEE - SCHEDULE B

..... being duly sworn, says that he/she is the Trustee of the
a corporation organized under the laws of entered to transact business in the United States through the State of
located at, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the
United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this
_____ day of _____ A.D., _____

AFFIDAVIT OF TRUSTEE - SCHEDULE C

..... being duly sworn, says that he/she is the Trustee of the
a corporation organized under the laws of entered to transact business in the United States through the State of
located at, that the assets listed in Schedule C of the following statement are held by it as such Trustee within the
United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this
_____ day of _____ A.D., _____

AFFIDAVIT OF TRUSTEE - SCHEDULE D

..... being duly sworn, says that he/she is the Trustee of the
a corporation organized under the laws of entered to transact business in the United States through the State of
located at, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the
United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this
_____ day of _____ A.D., _____

TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS

	1 Current Year
1. Total liabilities	
ADDITIONS TO LIABILITIES:	
2. Ceded reinsurance balances payable	
3. Agents' credit balances	
4. Aggregate write-ins for other additions to liabilities	0
5. Total additions (Lines 2 + 3 + 4)	0
6. Total (Lines 1 + 5)	0
DEDUCTIONS FROM LIABILITIES:	
7. Reinsurance recoverable on paid losses and loss adjustment expenses:	
7.1 Authorized companies	
7.2 Unauthorized companies	
7.3 Certified companies	
8. Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state:	
8.1 Special state deposits (submit schedule)	
8.2 Accrued interest on special state deposits	
9. Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon	
10. Unpaid reinsurance premiums receivable, not exceeding losses and loss adjustment expenses due to reinsured:	
10.1 Authorized companies	
10.2 Unauthorized companies	
11. Aggregate write-ins for other deductions from liabilities	0
12. Total deductions (Lines 7 thru 11)	0
13. Total adjusted liabilities (Line 6 minus Line 12)	0
14. Trusteed surplus	
15. Total	0
DETAILS OF WRITE-INS	
0401.	
0402.	
0403.	
0498. Summary of remaining write-ins for Line 4 from overflow page	0
0499. Totals (Lines 0401 thru 0403 plus 0498)(Line 4 above)	0
1101.	
1102.	
1103.	
1198. Summary of remaining write-ins for Line 11 from overflow page	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

Bail Bond Supplement

FOR THE YEAR ENDED DECEMBER 31, 2017

(To Be Filed by March 1)

NAIC Group Code 0000

NAIC Company Code 15646

Company Name One Alliance Insurance Corporation

If the reporting entity writes any bail bond business, please provide the following:

- 1. Is the bail bond premium reported on a gross basis?
2. If the answer to #1 was no, was a permitted practice granted to the reporting entity?
3. If the answer to #2 was no, please explain
4. What bond life is used to calculate unearned premium in days?
5. Are any amounts charged to the consumer excluded from Gross Premiums?
6. If the answer to #5 was Yes, please explain
7. Do the agents have ongoing performance obligations on the bond after execution?
8. If the answer to #7 is Yes, please describe the nature of the agents' continuing obligations

Table with 7 columns: Line Item, Current Year, % of GPW, Prior Year, % of GPW, % of GPE, % of NPE. Rows include Face amount of bail bonds written, Direct premiums written, Commissions and brokerage expenses, Premium written net of agent commissions, Direct premiums earned, Premium earned net, Direct unearned premium reserves, Direct losses paid, Direct losses incurred, Direct losses unpaid, Direct defense and cost containment expense, Taxes, licenses and fees, and Build-up Fund Information.

500



SUPPLEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 0000

NAIC Company Code 15646

Company Name One Alliance Insurance Corporation

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$	\$	\$	\$	\$	\$	%	%

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No []
 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No []
 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: \$
 2.32 Amount estimated using reasonable assumptions: \$

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$	\$	\$	\$	%	%



SUPPLEMENT FOR THE YEAR 2017 OF THE One Alliance Insurance Corporation

SUPPLEMENTAL SCHEDULE FOR REINSURANCE COUNTERPARTY REPORTING EXCEPTION - ASBESTOS AND POLLUTION CONTRACTS

For The Year Ended December 31, 2017 (\$000 Omitted)
(To Be Filed by March 1)

Original Reinsurer				Retroactive Reinsurer		Reinsurance Recoverables On					Original Reinsurer Collateral			15	Reinsurance Recoverable On Paid Losses and Paid Loss Adjustment Expenses					23	24		
1	2	3	4	5	6	7	8	9	10	11	12	13	14		16	Overdue				22			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	ID Number	Name of Reinsurer Reported Schedule F, Part 3	Paid Losses	Paid LAE	Unpaid Case Losses & LAE	IBNR Losses & LAE	Cols. 7 + 8 + 9 + 10 Totals	Funds Held	Letters of Credit	Trust Funds and Other Allowed Offset Items	Amounts Approved as Other Offset Items	Current	17	18	19	20	21 Total Overdue Cols. 17 + 18 + 19 + 20	Total Due Cols. 16 + 21	Percentage Overdue Col. 21/ Col. 22	Percentage More Than 90 Days Overdue Col. (19 + 20)/Col. 22
NONE																							
9999999 - Totals																							

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