

**ANNUAL STATEMENT**

**OF THE**

**One Alliance Insurance Corporation**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE YEAR ENDED  
DECEMBER 31, 2018**

**PROPERTY AND CASUALTY**

**2018**



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

ONE ALLIANCE INSURANCE CORPORATION

NAIC Group Code 0000 (Current) 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 United States of America

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

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

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

Mail Address PO BOX 9021968, SAN JUAN, PR, US 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, SAN JUAN, PR, US 00918
(Street and Number) (City or Town, State, Country and Zip Code)
787-622-3333 (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
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 2018 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) .....	8,059,399		8,059,399	8,872,846
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 \$ ..... 1,732,312 encumbrances) .....	1,909,113		1,909,113	2,059,658
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 (\$ ..... 1,562,938 , Schedule E - Part 1), cash equivalents (\$ ..... , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	1,562,938		1,562,938	1,433,076
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) .....	11,531,450	0	11,531,450	12,365,580
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	30,739		30,739	47,942
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,913,060	71,945	1,841,115	2,443,564
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 .....	1,146,904		1,146,904	0
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 .....	52,560		52,560	19,729
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	174,460	174,460	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	433,928	25,928	408,000	410,564
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	486,084	399,897	86,187	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	15,769,185	672,230	15,096,955	15,287,379
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	15,769,185	672,230	15,096,955	15,287,379
<b>DETAILS OF WRITE-INS</b>				
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 .....	8,662	8,662	0	0
2502. Other Receivables .....	477,422	391,235	86,187	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) .....	486,084	399,897	86,187	0

ANNUAL STATEMENT FOR THE YEAR 2018 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) .....	2,247,008	1,482,183
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) .....	119,091	129,741
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	115,032	253,263
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	59,815	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 \$ .....	436,065	1,380,122
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....3,895,000 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) .....	3,266,434	2,581,546
10. Advance premium .....	34,445	37,143
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	2,214,000	3,515,000
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....	0	0
14. Amounts withheld or retained by company for account of others .....	22,917	6,786
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ .....0 certified) (Schedule F, Part 3, Column 78) .....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	3,989	
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 .....	363,246	342,634
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	8,882,042	9,808,124
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	8,882,042	9,808,124
29. Aggregate write-ins for special surplus funds .....	184,818	98,640
30. Common capital stock .....	5,625,015	5,625,015
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	9,375,010
35. Unassigned funds (surplus) .....	(8,969,930)	(9,619,410)
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) .....	6,214,913	5,479,255
38. TOTALS (Page 2, Line 28, Col. 3)	15,096,955	15,287,379
<b>DETAILS OF WRITE-INS</b>		
2501. Accts. Payable Others .....	363,246	342,634
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)	363,246	342,634
2901. Puerto Rico Catastrophic Fund .....	184,818	98,640
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)	184,818	98,640
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 2018 OF THE One Alliance Insurance Corporation

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	5,166,925	4,202,760
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7).....	1,491,785	2,023,694
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	121,704	186,650
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	3,755,113	3,597,728
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	5,368,602	5,808,072
7. Net income of protected cells.....		
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7).....	(201,677)	(1,605,312)
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	205,057	198,710
10. Net realized capital gains or (losses) less capital gains tax of \$ ..... (Exhibit of Capital Gains (Losses) ).....		
11. Net investment gain (loss) (Lines 9 + 10).....	205,057	198,710
<b>OTHER INCOME</b>		
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.....	231,205	(376,241)
15. Total other income (Lines 12 through 14).....	231,205	(376,241)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	234,585	(1,782,843)
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).....	234,585	(1,782,843)
19. Federal and foreign income taxes incurred.....		
20. Net income (Line 18 minus Line 19)(to Line 22).....	234,585	(1,782,843)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	5,479,254	7,094,303
22. Net income (from Line 20).....	234,585	(1,782,843)
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).....	501,074	167,795
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.....	0	3,750,010
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).....	735,659	(1,615,048)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	6,214,913	5,479,254
<b>DETAILS OF WRITE-INS</b>		
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.....	231,205	(376,241)
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).....	231,205	(376,241)
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 2018 OF THE One Alliance Insurance Corporation

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	5,163,132	5,965,883
2. Net investment income .....	223,636	202,234
3. Miscellaneous income .....	231,205	(376,241)
4. Total (Lines 1 through 3) .....	5,617,973	5,791,876
5. Benefit and loss related payments .....	1,873,864	924,523
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	3,887,467	3,663,620
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) .....	5,761,331	4,588,143
11. Net cash from operations (Line 4 minus Line 10) .....	(143,358)	1,203,733
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	962,000	365,000
12.2 Stocks .....	0	0
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) .....	962,000	365,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	149,930	50,205
13.2 Stocks .....	0	0
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) .....	149,930	50,205
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) .....	812,071	314,795
<b>Cash from Financing and Miscellaneous Sources</b>		
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 .....	(944,057)	(441,425)
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) .....	405,167	43,494
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(538,890)	(397,931)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	129,823	1,120,596
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	1,433,076	312,479
19.2 End of period (Line 18 plus Line 19.1) .....	1,562,899	1,433,076

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

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ANNUAL STATEMENT FOR THE YEAR 2018 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 .....	540,566	136,337	130,899	546,004
2.	Allied lines .....	303,650	70,313	98,060	275,903
3.	Farmowners multiple peril .....	0		0	0
4.	Homeowners multiple peril .....	0		0	0
5.	Commercial multiple peril .....	3,331,508	1,712,490	2,231,869	2,812,129
6.	Mortgage guaranty .....	0		0	0
8.	Ocean marine .....	0		0	0
9.	Inland marine .....	176,575	62,875	81,980	157,470
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 .....	182,024	45,231	49,746	177,509
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 .....	304,369	108,489	138,845	274,013
17.2	Other liability - claims-made .....	0		0	0
17.3	Excess workers' compensation .....	0		0	0
18.1	Products liability - occurrence .....	14,023	9,846	5,843	18,026
18.2	Products liability - claims-made .....	0		0	0
19.1, 19.2	Private passenger auto liability .....	80,131	33,443	28,326	85,248
19.3, 19.4	Commercial auto liability .....	378,995	173,005	234,569	317,431
21.	Auto physical damage .....	539,972	229,517	266,297	503,192
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.	<b>TOTALS</b>	<b>5,851,813</b>	<b>2,581,546</b>	<b>3,266,434</b>	<b>5,166,925</b>
<b>DETAILS OF WRITE-INS</b>					
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 2018 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 .....	130,899				130,899
2.	Allied lines .....	98,060				98,060
3.	Farmowners multiple peril .....					0
4.	Homeowners multiple peril .....					0
5.	Commercial multiple peril .....	2,231,869				2,231,869
6.	Mortgage guaranty .....					0
8.	Ocean marine .....					0
9.	Inland marine .....	81,980				81,980
10.	Financial guaranty .....					0
11.1	Medical professional liability - occurrence .....					0
11.2	Medical professional liability - claims-made .....					0
12.	Earthquake .....	49,746				49,746
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 .....	138,845				138,845
17.2	Other liability - claims-made .....					0
17.3	Excess workers' compensation .....					0
18.1	Products liability - occurrence .....	5,843				5,843
18.2	Products liability - claims-made .....					0
19.1, 19.2	Private passenger auto liability .....	28,326				28,326
19.3, 19.4	Commercial auto liability .....	234,569				234,569
21.	Auto physical damage .....	266,297				266,297
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.	<b>TOTALS</b>	<b>3,266,434</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,266,434</b>
36.	Accrued retrospective premiums based on experience .....					
37.	Earned but unbilled premiums .....					
38.	Balance (Sum of Line 35 through 37)					3,266,434
<b>DETAILS OF WRITE-INS</b>						
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 2018 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 .....	611,604				71,038	540,566
2. Allied lines .....	343,554				39,904	303,650
3. Farmowners multiple peril .....	0					0
4. Homeowners multiple peril .....	0					0
5. Commercial multiple peril .....	9,290,169				5,958,661	3,331,508
6. Mortgage guaranty .....	0					0
8. Ocean marine .....	0					0
9. Inland marine .....	199,780				23,205	176,575
10. Financial guaranty .....	0					0
11.1 Medical professional liability - occurrence .....						0
11.2 Medical professional liability - claims-made .....						0
12. Earthquake .....	205,945				23,921	182,024
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 .....	795,386				491,017	304,369
17.2 Other liability - claims-made .....	0					0
17.3 Excess workers' compensation .....	0					0
18.1 Products liability - occurrence .....	249,085				235,062	14,023
18.2 Products liability - claims-made .....						0
19.1, 19.2 Private passenger auto liability .....	152,143				72,012	80,131
19.3, 19.4 Commercial auto liability .....	1,336,462				957,467	378,995
21. Auto physical damage .....	1,492,129				952,157	539,972
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	14,676,257	0	0	0	8,824,444	5,851,813
<b>DETAILS OF WRITE-INS</b>						
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 2018 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 .....	11,762		7,057	4,705	35,275	16,938	23,042	4.2
2. Allied lines .....	4,307,831		4,257,480	50,351	32,246	46,793	35,804	13.0
3. Farmowners multiple peril .....	0			0	0	0	0	0.0
4. Homeowners multiple peril .....	0			0	0	0	0	0.0
5. Commercial multiple peril .....	25,923,923		25,687,095	236,828	1,297,978	877,085	657,721	23.4
6. Mortgage guaranty .....	0			0	0	0	0	0.0
8. Ocean marine .....	0			0	0	0	0	0.0
9. Inland marine .....	206		124	82	56,175	21,673	34,584	22.0
10. Financial guaranty .....	0			0	0	0	0	0.0
11.1 Medical professional liability - occurrence .....	0			0	0	0	0	0.0
11.2 Medical professional liability - claims-made .....	0			0	0	0	0	0.0
12. Earthquake .....	0			0	18,303	7,752	10,551	5.9
13. Group accident and health .....	0			0	0	0	0	0.0
14. Credit accident and health (group and individual) .....	0			0	0	0	0	0.0
15. Other accident and health .....	0			0	0	0	0	0.0
16. Workers' compensation .....	0			0	0	0	0	0.0
17.1 Other liability - occurrence .....	50,111		30,067	20,044	267,532	173,815	113,761	41.5
17.2 Other liability - claims-made .....	0			0	0	0	0	0.0
17.3 Excess workers' compensation .....	0			0	0	0	0	0.0
18.1 Products liability - occurrence .....	0			0	8,734	1,236	7,498	41.6
18.2 Products liability - claims-made .....	0			0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability .....	214,258		135,261	78,997	48,350	28,353	98,994	116.1
19.3, 19.4 Commercial auto liability .....	331,803		203,274	128,529	216,681	182,929	162,281	51.1
21. Auto physical damage .....	1,065,152		857,728	207,424	265,734	125,609	347,549	69.1
22. Aircraft (all perils) .....	0			0	0	0	0	0.0
23. Fidelity .....	0			0	0	0	0	0.0
24. Surety .....	0			0	0	0	0	0.0
26. Burglary and theft .....	0			0	0	0	0	0.0
27. Boiler and machinery .....	0			0	0	0	0	0.0
28. Credit .....	0			0	0	0	0	0.0
29. International .....	0			0	0	0	0	0.0
30. Warranty .....	0			0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property .....	XXX			0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability .....	XXX			0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines .....	XXX			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0.0
35. TOTALS	31,905,046	0	31,178,086	726,960	2,247,008	1,482,183	1,491,785	28.9
<b>DETAILS OF WRITE-INS</b>								
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	0.0

ANNUAL STATEMENT FOR THE YEAR 2018 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	36,932		1,657	35,275
2. Allied lines	1,475,713		1,446,353	29,360	325,798		322,912	32,246
3. Farmowners multiple peril				0				0
4. Homeowners multiple peril				0				0
5. Commercial multiple peril	12,284,056		11,584,179	699,877	3,689,736		3,091,635	1,297,978
6. Mortgage guaranty				0				0
8. Ocean marine				0				0
9. Inland marine	5,000			5,000	60,686		9,511	56,175
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	21,881		3,578	18,303
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	14,500		8,900	5,600	512,708		250,776	267,532
17.2 Other liability - claims-made				0				0
17.3 Excess workers' compensation				0				0
18.1 Products liability - occurrence				0	102,838		94,104	8,734
18.2 Products liability - claims-made				0				0
19.1, 19.2 Private passenger auto liability	40,315		24,189	16,126	37,591		5,367	48,350
19.3, 19.4 Commercial auto liability	241,861		158,516	83,345	515,454		382,118	216,681
21. Auto physical damage	403,405		275,443	127,962	173,671		35,899	265,734
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	14,464,850	0	13,497,580	967,270	5,477,295	0	4,197,557	2,247,008
<b>DETAILS OF WRITE-INS</b>								
3401.								
3402.								
3403.								
3498. Summary of remaining write-ins for Line 34 from overflow page	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

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

ANNUAL STATEMENT FOR THE YEAR 2018 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 .....	684,888			684,888
1.2 Reinsurance assumed .....				0
1.3 Reinsurance ceded .....	563,184			563,184
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	121,704	0	0	121,704
2. Commission and brokerage:				
2.1 Direct excluding contingent .....		3,291,801		3,291,801
2.2 Reinsurance assumed, excluding contingent .....				0
2.3 Reinsurance ceded, excluding contingent .....		2,321,912		2,321,912
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	969,889	0	969,889
3. Allowances to managers and agents .....				0
4. Advertising .....				0
5. Boards, bureaus and associations .....		91,417		91,417
6. Surveys and underwriting reports .....				0
7. Audit of assureds' records .....				0
8. Salary and related items:				
8.1 Salaries .....		997,058		997,058
8.2 Payroll taxes .....		68,988		68,988
9. Employee relations and welfare .....		110,547		110,547
10. Insurance .....		17,670		17,670
11. Directors' fees .....				0
12. Travel and travel items .....		160,670		160,670
13. Rent and rent items .....		242,103		242,103
14. Equipment .....		422,324		422,324
15. Cost or depreciation of EDP equipment and software .....		24,918		24,918
16. Printing and stationery .....		21,527		21,527
17. Postage, telephone and telegraph, exchange and express .....		22,204		22,204
18. Legal and auditing .....		317,069		317,069
19. Totals (Lines 3 to 18) .....	0	2,496,495	0	2,496,495
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....				0
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	27,000	0	27,000
21. Real estate expenses .....		102,289		102,289
22. Real estate taxes .....		24,344		24,344
23. Reimbursements by uninsured plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	0	135,096	14,750	149,846
25. Total expenses incurred .....	121,704	3,755,113	14,750	3,891,567 (a)
26. Less unpaid expenses - current year .....	119,091	174,847		293,938
27. Add unpaid expenses - prior year .....	129,741	332,969		462,710
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) .....	132,354	3,913,235	14,750	4,060,339
<b>DETAILS OF WRITE-INS</b>				
2401. MISCELLANEOUS EXPENSES .....		135,096	14,750	149,846
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	135,096	14,750	149,846

(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) 19,125	13,209
1.1 Bonds exempt from U.S. tax	(a) 70,071	64,252
1.2 Other bonds (unaffiliated)	(a) 147,814	142,346
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	237,010	219,807
11. Investment expenses		(g) 14,750
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)		14,750
17. Net investment income (Line 10 minus Line 16)		205,057
<b>DETAILS OF WRITE-INS</b>		
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 \$ 3,317 accrual of discount less \$ 4,693 amortization of premium and less \$ 68 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		
4. Real estate			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
<b>DETAILS OF WRITE-INS</b>					
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 2018 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 .....	71,945	84,513	12,568
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 .....	174,460	203,829	29,369
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivables from parent, subsidiaries and affiliates .....	25,928	235,928	210,000
24. Health care and other amounts receivable .....			0
25. Aggregate write-ins for other than invested assets .....	399,897	649,034	249,137
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	672,230	1,173,304	501,074
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	672,230	1,173,304	501,074
<b>DETAILS OF WRITE-INS</b>			
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 .....	8,662	56,334	47,672
2502. OTHER RECEIVABLES .....	391,235	592,700	201,465
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) .....	399,897	649,034	249,137

## 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	12/31/2018	12/31/2017
(1) Net income, state basis	PR	\$234,585	(\$1,782,843)
(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		\$234,585	(\$1,782,843)

Description	State	12/31/2018	12/31/2017
(5) Policyholders' surplus, state basis	PR	\$6,399,731	\$5,577,895
(6) Effect of state prescribed practices	PR	(184,818)	(98,640)
(7) Effect of state permitted practices			
Unearned Adjustment pursuant section 5.19	PR		
(8) Policyholders' surplus, NAIC SAP basis		\$6,214,913	\$5,479,254

#### 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 estimate

#### 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

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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

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- 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

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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 \$433,928.00

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 \$3.00 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

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(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 \$184,818.00.

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

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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		\$599,971		\$599,971
U.S. States, Municipalities and Political Subdivisions		7,959,428		7,959,428
Total Debt Securities	0	8,059,399	0	8,059,399
Equity Securities				
Commons Stocks				
Total Equity Securities		0	0	
Total		\$8,059,399	\$0	\$8,059,399

(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	\$8,059,399	\$8,059,399		\$8,059,399	
Commons Stocks					
Cash, cash equivalents, and short-term investments	1,562,938	1,562,938	1,562,938		
Total Assets	\$9,622,337	\$9,622,337	\$1,562,938	\$8,059,399	\$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			\$8,824,444	\$2,321,912	\$(8,824,444)	\$(2,321,912)
c. Total	\$ -	\$ -	\$8,824,444	\$2,321,912	\$(8,824,444)	\$(2,321,912)
d. Direct Unearned Premiums Reserve			\$7,161,511			

- (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

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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? .....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 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 ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... %  
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 2018 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 [ ]  
 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: .....\$ ..... 25,928

**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 2018 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 [ X ]

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 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 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 5GI securities? ..... Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

### OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....128,394

35.2 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

36.1 Amount of payments for legal expenses, if any? .....\$ .....115,780

36.2 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

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

37.2 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 .....	5,166,925	4,202,760
2.3 Premium Ratio (2.1/2.2) .....	0.000	0.000
2.4 Reserve Numerator .....	0	0
2.5 Reserve Denominator .....	5,632,533	4,193,470
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 unreinsured 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 is exempt from the statutory provision for unauthorized reinsurance? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance .....	\$ .....
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 .....	\$ .....

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. .... \$ .....

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [ X ]

19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ X ]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**FIVE-YEAR HISTORICAL DATA**

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

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
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)	2,533,076	1,695,653	1,151,173	281,795	
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,853,012	2,202,179	1,196,898	417,618	
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	9,290,169	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	0	
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	
6. Total (Line 35)	14,676,257	10,817,179	5,495,682	1,220,759	0
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
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)	777,518	711,669	595,681	134,656	
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,742,787	1,453,614	509,078	100,815	
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	3,331,508	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	0	
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	
12. Total (Line 35)	5,851,813	4,348,010	2,891,907	589,636	0
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	(201,677)	(1,605,312)	(3,783,097)	(2,587,288)	(654,584)
14. Net investment gain or (loss) (Line 11)	205,057	198,710	209,077	141,115	55,751
15. Total other income (Line 15)	231,205	(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)	234,585	(1,782,843)	(3,572,471)	(2,402,866)	(598,833)
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	15,096,955	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)	1,841,115	2,443,564	821,927	189,079	
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	
21. Total liabilities excluding protected cell business (Page 3, Line 26)	8,882,042	9,808,124	5,671,550	952,633	45,425
22. Losses (Page 3, Line 1)	2,247,008	1,482,183	430,895	64,742	
23. Loss adjustment expenses (Page 3, Line 3)	119,091	129,741	8,983	4,592	
24. Unearned premiums (Page 3, Line 9)	3,266,434	2,581,546	2,436,296	403,891	
25. Capital paid up (Page 3, Lines 30 & 31)	5,625,015	5,625,015	9,375,025	9,375,025	10,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	6,214,913	5,479,255	7,094,302	10,938,965	9,123,942
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	(143,358)	1,203,733	(1,993,075)	(1,854,836)	
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	6,214,914	5,479,255	7,094,302	10,938,965	
29. Authorized control level risk-based capital	1,922,691	2,635,604	1,714,240	1,039,715	
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1)	69.9	71.8	78.5	78.1	
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	
33. Real estate (Lines 4.1, 4.2 & 4.3)	16.6	16.7	18.9	20.5	
34. Cash, cash equivalents and short-term investments (Line 5)	13.6	11.6	2.7	1.4	
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
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	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	0.0	

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Capital and Surplus Accounts (Page 4)</b>					
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) .....	735,659	(1,615,048)	(3,844,663)	1,815,023	9,123,942
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
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) .....	596,172	158,559	81,280	6,779	
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	5,384,951	535,829	108,638	30,033	
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	25,923,923	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	0	
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	
59. Total (Line 35) .....	31,905,046	4,620,745	287,449	54,764	0
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
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) .....	227,570	72,578	40,640	3,390	
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	262,562	156,900	55,782	15,017	
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	236,828	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	0	
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	
65. Total (Line 35) .....	726,960	972,406	167,954	27,383	0
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	28.9	48.2	62.1	49.6	
68. Loss expenses incurred (Line 3) .....	2.4	4.4	2.0	7.4	
69. Other underwriting expenses incurred (Line 4) .....	72.7	85.6	476.0	1,435.9	
70. Net underwriting gain (loss) (Line 8) .....	(3.9)	(38.2)	(440.1)	(1,392.9)	
<b>Other Percentages</b>					
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) .....	60.2	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) .....	31.2	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) .....	94.2	79.4	40.8	5.4	
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....	(45)	(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) .....	(0.8)	(0.1)	0.2	0.0	
<b>Two Year Loss Development (\$000 omitted)</b>					
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) .....	(38)	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) .....	(0.5)	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 2018 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 2018

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 .....	611,604	657,002		285,976	11,762	35,316	36,932				151,395	1,125
2.1 Allied lines .....	343,554	330,681		155,774	4,307,831	3,685,834	1,801,511				82,739	632
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) .....	7,342,808	6,745,263		3,649,872	25,528,144	12,517,487	14,005,325				1,623,885	13,509
5.2 Commercial multiple peril (liability portion) .....	1,947,361	1,789,011		967,997	395,779	1,630,716	1,968,467				430,675	3,583
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....	199,780	184,644		97,769	206	13,845	65,686				42,556	368
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....	205,945	213,291		95,769		14,576	21,881				50,546	379
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 .....	795,386	697,102		377,078	50,111	290,611	527,208				184,148	1,463
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....	249,085	207,975		123,418		93,543	102,838				50,948	458
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....	152,143	158,489		74,403	214,258	247,510	77,906				35,052	280
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....	1,336,462	1,137,498		626,920	331,803	698,505	757,315				300,791	2,459
21.1 Private passenger auto physical damage .....	375,111	395,852		182,343	616,355	997,699	125,688				87,799	690
21.2 Commercial auto physical damage .....	1,117,018	953,725		524,585	448,797	87,317	451,388				251,267	2,054
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) .....	14,676,257	13,470,533	0	7,161,904	31,905,046	20,312,959	19,942,145	0	0	0	3,291,801	27,000
<b>DETAILS OF WRITE-INS</b>												
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 .....

19,PR



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

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 .....	611,604	657,002	.0	285,976	11,762	35,316	36,932	.0	.0	.0	151,395	1,125
2.1 Allied lines .....	343,554	330,681	.0	155,774	4,307,831	3,685,834	1,801,511	.0	.0	.0	82,739	632
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) .....	7,342,808	6,745,263	.0	3,649,872	25,528,144	12,517,487	14,005,325	.0	.0	.0	1,623,885	13,509
5.2 Commercial multiple peril (liability portion) .....	1,947,361	1,789,011	.0	967,997	395,779	1,630,716	1,968,467	.0	.0	.0	430,675	3,583
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 .....	199,780	184,644	.0	97,769	206	13,845	65,686	.0	.0	.0	42,556	368
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 .....	205,945	213,291	.0	95,769	.0	14,576	21,881	.0	.0	.0	50,546	379
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 .....	795,386	697,102	.0	377,078	50,111	290,611	527,208	.0	.0	.0	184,148	1,463
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 .....	249,085	207,975	.0	123,418	.0	93,543	102,838	.0	.0	.0	50,948	458
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 .....	152,143	158,489	.0	74,403	214,258	247,510	77,906	.0	.0	.0	35,052	280
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 .....	1,336,462	1,137,498	.0	626,920	331,803	698,505	757,315	.0	.0	.0	300,791	2,459
21.1 Private passenger auto physical damage .....	375,111	395,852	.0	182,343	616,355	997,699	125,688	.0	.0	.0	87,799	690
21.2 Commercial auto physical damage .....	1,117,018	953,725	.0	524,585	448,797	87,317	451,388	.0	.0	.0	251,267	2,054
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) .....	14,676,257	13,470,533	0	7,161,904	31,905,046	20,312,959	19,942,145	0	0	0	3,291,801	27,000
<b>DETAILS OF WRITE-INS</b>												
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 .

19 GT

Schedule F - Part 1 - Assumed Reinsurance

**NONE**

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 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 Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 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 Commissions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable		18 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	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	0	0
0899999. Total Authorized - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
75-1444207	30058	SCOR REINS CO	NY		1,229	169	15	1,698	140	604		521		3,147		281		2,866		0		
13-2997499	38776	SIRIUS AMERICA INSURANCE COMPANY	NY		90	46		932	73	174				1,225		26		1,199		0		
13-1675535	25364	SWISS RE AMERICA CORPORATION	NY		1,183	263	18	3,196	254	882		349		4,962		241		4,721		0		
06-1182357	22730	ALLIED WORLD INS CO	NH		1,250	54	4	835	75	352		717		2,037		363		1,674		0		
13-5124990	19380	AMERICAN HOME ASSUR CO	NY		20									0		4		(4)		0		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers						3,772	532	37	6,661	542	2,012	0	1,587	0	11,371	0	915	0	10,456	0		
AA-1120327		BRIT INS (UK) LTD	GBR		807	93	15	76	9	252		290		735		139		596		0		
AA-3190060		HANNOVER RE	BMU		1,100	103		2,265	184	531		566		3,649		321		3,328		0		
AA-5420050		KOREAN RE	KOR		192			35	4	31		115		185		58		127		0		
AA-1122000		LLOYDS SINDICATE 4472	GBR		36	18		373	29	70				490		11		479		0		
AA-1340165		MUNICH RE	MEX		2,458	268	19	3,409	280	1,080		1,135		6,191		658		5,533		0		
AA-2730800		REASEGURADORA PATRIA	MEX		459	58	4	679	56	222		202		1,221		112		1,109		0		
1299999. Total Authorized - Other Non-U.S. Insurers						5,052	540	38	6,837	562	2,186	0	2,308	0	12,471	0	1,299	0	11,172	0		
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)						8,824	1,072	75	13,498	1,104	4,198	0	3,895	0	23,842	0	2,214	0	21,628	0		
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299999. Total Unauthorized - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599999. Total Certified - Affiliates - Other (Non-U.S.)						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3699999. Total Certified - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)						8,824	1,072	75	13,498	1,104	4,198	0	3,895	0	23,842	0	2,214	0	21,628	0		
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals						8,824	1,072	75	13,498	1,104	4,198	0	3,895	0	23,842	0	2,214	0	21,628	0		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
0899999. Total Authorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
75-1444207 SCOR REINS CO					281	2,866	0	3,147	3,776	281	3,495	0	3,495	1	0	126	
13-2997499 SIRIUS AMERICA INSURANCE COMPANY					26	1,199	0	1,225	1,470	26	1,444	0	1,444	1	0	52	
13-1675535 SWISS RE AMERICA CORPORATION					241	4,721	0	4,962	5,954	241	5,713	0	5,713	1	0	206	
06-1182357 ALLIED WORLD INS CO					363	1,674	0	2,037	2,444	363	2,081	0	2,081	1	0	75	
13-5124990 AMERICAN HOME ASSUR CO					0	0	0	0	0	0	0	0	0	1	0	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		0	0	XXX	911	10,460	0	11,371	13,645	911	12,734	0	12,734	XXX	0	458	
AA-1120327 BRIT INS (UK) LTD					139	596	0	735	882	139	743	0	743	1	0	27	
AA-3190060 HANNOVER RE					321	3,328	0	3,649	4,379	321	4,058	0	4,058	1	0	146	
AA-5420050 KOREAN RE					58	127	0	185	222	58	164	0	164	1	0	6	
AA-1122000 LLOYDSS SINDICATE 4472					11	479	0	490	588	11	577	0	577	1	0	21	
AA-1340165 MUNICH RE					658	5,533	0	6,191	7,429	658	6,771	0	6,771	1	0	244	
AA-2730800 REASEGURADORA PATRIA					112	1,109	0	1,221	1,465	112	1,353	0	1,353	1	0	49	
1299999. Total Authorized - Other Non-U.S. Insurers		0	0	XXX	1,299	11,172	0	12,471	14,965	1,299	13,666	0	13,666	XXX	0	492	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	2,210	21,632	0	23,842	28,610	2,210	26,400	0	26,400	XXX	0	950	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	XXX	2,210	21,632	0	23,842	28,610	2,210	26,400	0	26,400	XXX	0	950	
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
9999999 Totals		0	0	XXX	2,210	21,632	0	23,842	28,610	2,210	26,400	0	26,400	XXX	0	950	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37	Overdue				43											
		Current	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
0899999. Total Authorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
75-1444207 ... SCOR REINS CO		184					184			184	0		0.0	0.0	0.0	YES	0	
13-2997499 ... SIRIUS AMERICA INSURANCE COMPANY		46					46			46	0		0.0	0.0	0.0	YES	0	
13-1675535 ... SWISS RE AMERICA CORPORATION		281					281			281	0		0.0	0.0	0.0	YES	0	
06-1182357 ... ALLIED WORLD INS CO		58					58			58	0		0.0	0.0	0.0	YES	0	
13-5124990 ... AMERICAN HOME ASSUR CO							0			0	0		0.0	0.0	0.0	YES	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		569	0	0	0	0	569	0	0	569	0	0	0.0	0.0	0.0	XXX	0	
AA-1120327 ... BRIT INS (UK) LTD		108					108			108	0		0.0	0.0	0.0	YES	0	
AA-3190060 ... HANNOVER RE		103					103			103	0		0.0	0.0	0.0	YES	0	
AA-5420050 ... KOREAN RE							0			0	0		0.0	0.0	0.0	YES	0	
AA-1122000 ... LLOYDSS SINDICATE 4472		18					18			18	0		0.0	0.0	0.0	YES	0	
AA-1340165 ... MUNICH RE		287					287			287	0		0.0	0.0	0.0	YES	0	
AA-2730800 ... REASEGURADORA PATRIA		62					62			62	0		0.0	0.0	0.0	YES	0	
1299999. Total Authorized - Other Non-U.S. Insurers		578	0	0	0	0	578	0	0	578	0	0	0.0	0.0	0.0	XXX	0	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		1,147	0	0	0	0	1,147	0	0	1,147	0	0	0.0	0.0	0.0	XXX	0	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		1,147	0	0	0	0	1,147	0	0	1,147	0	0	0.0	0.0	0.0	XXX	0	
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
9999999 Totals		1,147	0	0	0	0	1,147	0	0	1,147	0	0	0.0	0.0	0.0	XXX	0	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance														Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67			
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
75-1444207	SCOR REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2997499	SIRIUS AMERICA INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	SWISS RE AMERICA CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1182357	ALLIED WORLD INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5124990	AMERICAN HOME ASSUR CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120327	BRIT INS (UK) LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190060	HANNOVER RE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-5420050	KOREAN RE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1122000	LLOYDS SINDICATE 4472	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340165	MUNICH RE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-2730800	REASEGURADORA PATRIA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1299999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
3699999. Total Certified - Affiliates				XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
9999999 Totals				XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE F - PART 3 (Continued)**

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70  20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71  Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72  Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73  Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74  Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75  Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76  Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77  Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78  Total Provision for Reinsurance (Cols. 75 + 76 + 77)
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
75-1444207 ... SCOR REINS CO		0	XXX	XXX	0	0	0	XXX	XXX	0
13-2997499 ... SIRIUS AMERICA INSURANCE COMPANY		0	XXX	XXX	0	0	0	XXX	XXX	0
13-1675535 ... SWISS RE AMERICA CORPORATION		0	XXX	XXX	0	0	0	XXX	XXX	0
06-1182357 ... ALLIED WORLD INS CO		0	XXX	XXX	0	0	0	XXX	XXX	0
13-5124990 ... AMERICAN HOME ASSUR CO		0	XXX	XXX	0	0	0	XXX	XXX	0
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120327 ... BRIT INS (UK) LTD		0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3190060 ... HANNOVER RE		0	XXX	XXX	0	0	0	XXX	XXX	0
AA-5420050 ... KOREAN RE		0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1122000 ... LLOYDSS SINDICATE 4472		0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340165 ... MUNICH RE		0	XXX	XXX	0	0	0	XXX	XXX	0
AA-2730800 ... REASEGURADORA PATRIA		0	XXX	XXX	0	0	0	XXX	XXX	0
1299999. Total Authorized - Other Non-U.S. Insurers		0	XXX	XXX	0	0	0	XXX	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	XXX	XXX	0	0	0	XXX	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	XXX	XXX	XXX	0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	XXX	XXX	XXX	0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	XXX	XXX	XXX	0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	XXX	0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	0	0	0	0	0	0	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE F - PART 4**

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
<b>NONE</b>				
Total				

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

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 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	.....	.....	.....	Yes [ ] No [ ]
7.	.....	.....	.....	Yes [ ] No [ ]
8.	.....	.....	.....	Yes [ ] No [ ]
9.	.....	.....	.....	Yes [ ] No [ ]
10.	.....	.....	.....	Yes [ ] No [ ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	11,531,450		11,531,450
2. Premiums and considerations (Line 15) .....	1,841,115		1,841,115
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	1,146,904		1,146,904
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0		0
5. Other assets .....	577,486		577,486
6. Net amount recoverable from reinsurers .....			0
7. Protected cell assets (Line 27) .....	0		0
8. Totals (Line 28) .....	15,096,955	0	15,096,955
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	2,366,099		2,366,099
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	610,912		610,912
11. Unearned premiums (Line 9) .....	3,266,434		3,266,434
12. Advance premiums (Line 10) .....	34,445		34,445
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	2,214,000		2,214,000
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) .....	22,917		22,917
17. Provision for reinsurance (Line 16) .....	0		0
18. Other liabilities .....	367,235		367,235
19. Total liabilities excluding protected cell business (Line 26) .....	8,882,042	0	8,882,042
20. Protected cell liabilities (Line 27) .....			0
21. Surplus as regards policyholders (Line 37)	6,214,913	XXX	6,214,913
22. Totals (Line 38)	15,096,955	0	15,096,955

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. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2015	535	349	186	120	57	0	0	43	20	0	86	XXX
9. 2016	3,073	2,214	859	499	230	0	0	56	27	0	298	XXX
10. 2017	7,971	3,768	4,203	35,202	34,016	53	47	1,509	1,401	0	1,300	XXX
11. 2018	13,470	8,303	5,167	1,076	684	30	18	101	57	0	448	XXX
12. Totals	XXX	XXX	XXX	36,897	34,987	83	65	1,709	1,505	0	2,132	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						
	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	XXX
2. 2009	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2015	66	35	18	7	0	0	0	0	0	0	0	42	XXX
9. 2016	27	13	316	100	0	0	0	0	13	7	0	236	XXX
10. 2017	13,460	12,949	2,768	2,454	0	0	0	0	1,095	1,035	0	885	XXX
11. 2018	912	499	2,375	1,637	0	0	0	0	114	62	0	1,203	XXX
12. Totals	14,465	13,496	5,477	4,198	0	0	0	0	1,222	1,104	0	2,366	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
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2009	0	0	0	0.0	0.0	0.0	0	0		0	0
3. 2010	0	0	0	0.0	0.0	0.0	0	0		0	0
4. 2011	0	0	0	0.0	0.0	0.0	0	0		0	0
5. 2012	0	0	0	0.0	0.0	0.0	0	0		0	0
6. 2013	0	0	0	0.0	0.0	0.0	0	0		0	0
7. 2014	0	0	0	0.0	0.0	0.0	0	0		0	0
8. 2015	247	119	128	46.2	34.1	68.8	0	0		42	0
9. 2016	911	377	534	29.6	17.0	62.2	0	0		230	6
10. 2017	54,087	51,902	2,185	678.5	1,377.4	52.0	0	0		825	60
11. 2018	4,608	2,957	1,651	34.2	35.6	32.0	0	0		1,151	52
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	2,248	118

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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009							0	0	0	0	0	0
3. 2010	XXX						0	0	0	0	0	0
4. 2011	XXX	XXX					0	0	0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	93	117	110	105	(5)	(12)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	525	527	499	(28)	(26)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,029	2,017	(12)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,555	XXX	XXX
12. Totals											(45)	(38)

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2009							0	0	0	0	XXX	XXX
3. 2010	XXX						0	0	0	0	XXX	XXX
4. 2011	XXX	XXX					0	0	0	0	XXX	XXX
5. 2012	XXX	XXX	XXX				0	0	0	0	XXX	XXX
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0	XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0	XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	28	60	61	63	XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	151	252	269	XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	870	1,192	XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	404	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009								0	0	0
3. 2010	XXX							0	0	0
4. 2011	XXX	XXX						0	0	0
5. 2012	XXX	XXX	XXX					0	0	0
6. 2013	XXX	XXX	XXX	XXX				0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX			0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX		47	41	40
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	285	189
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	518
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	738

ANNUAL STATEMENT FOR THE YEAR 2018 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. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
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						
	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. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
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. 2009											
3. 2010											
4. 2011											
5. 2012											
6. 2013											
7. 2014											
8. 2015											
9. 2016											
10. 2017											
11. 2018											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2018 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. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	8	4	4	2	1	0	0	0	0	0	0	1
9. 2016	70	22	48	38	20	0	0	3	1	0	0	20
10. 2017	135	44	91	98	59	0	0	15	9	0	0	45
11. 2018	158	73	85	151	95	0	0	14	9	0	0	61
12. Totals	XXX	XXX	XXX	289	175	0	0	32	19	0	0	127

	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. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2016	1	0	6	1	0	0	0	0	0	0	0	6	0
10. 2017	15	9	8	0	0	0	0	0	3	2	0	15	0
11. 2018	24	15	23	4	0	0	0	0	9	5	0	32	0
12. Totals	40	24	37	5	0	0	0	0	12	7	0	53	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. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2015	2	1	1	25.0	25.0	25.0	0	0	0.0	0	0
9. 2016	48	22	26	68.6	100.0	54.2	0	0	0.0	6	0
10. 2017	139	79	60	103.0	179.5	65.9	0	0	0.0	14	1
11. 2018	221	128	93	139.9	175.3	109.4	0	0	0.0	28	4
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	48	5

**ANNUAL STATEMENT FOR THE YEAR 2018 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. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	39	23	16	19	9	0	0	6	4	0	12	8
9. 2016	99	85	14	35	18	0	0	1	0	0	18	0
10. 2017	728	378	350	175	103	0	0	30	18	0	84	0
11. 2018	1,138	820	318	220	135	0	0	37	22	0	100	0
12. Totals	XXX	XXX	XXX	449	265	0	0	74	44	0	214	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. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	17	10	0	0	0	0	0	0	0	0	0	7	0
9. 2016	0	0	20	17	0	0	0	0	0	0	0	3	0
10. 2017	69	55	192	97	0	0	0	0	9	7	0	111	0
11. 2018	156	93	303	268	0	0	0	0	23	14	0	107	0
12. Totals	242	158	515	382	0	0	0	0	32	21	0	228	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. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2015	42	23	19	107.7	100.0	118.8	0	0	0.0	7	0
9. 2016	56	35	21	56.6	41.2	150.0	0	0	0.0	3	0
10. 2017	475	280	195	65.2	74.1	55.7	0	0	0.0	109	2
11. 2018	739	532	207	64.9	64.9	65.1	0	0	0.0	98	9
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	217	11

ANNUAL STATEMENT FOR THE YEAR 2018 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. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
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. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
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. 2009											
3. 2010											
4. 2011											
5. 2012											
6. 2013											
7. 2014											
8. 2015											
9. 2016											
10. 2017											
11. 2018											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2018 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. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	185	85	100	37	16	0	0	32	15	0	38	27
9. 2016	1,872	1,339	533	259	110	0	0	41	20	0	170	0
10. 2017	4,671	2,692	1,979	29,523	28,706	0	0	1,077	1,003	0	891	0
11. 2018	8,534	5,722	2,812	148	74	0	0	43	21	0	96	0
12. Totals	XXX	XXX	XXX	29,967	28,906	0	0	1,193	1,059	0	1,195	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. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	49	25	5	0	0	0	0	0	0	0	0	29	0
9. 2016	20	10	202	45	0	0	0	0	7	4	0	170	0
10. 2017	11,792	11,340	2,097	2,000	0	0	0	0	669	621	0	597	0
11. 2018	423	209	1,386	1,047	0	0	0	0	68	33	0	588	0
12. Totals	12,284	11,584	3,690	3,092	0	0	0	0	744	658	0	1,384	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. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2015	123	56	67	66.5	65.9	67.0	0	0	0.0	29	0
9. 2016	529	189	340	28.3	14.1	63.8	0	0	0.0	167	3
10. 2017	45,158	43,670	1,488	966.8	1,622.2	75.2	0	0	0.0	549	48
11. 2018	2,068	1,384	684	24.2	24.2	24.3	0	0	0.0	553	35
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,298	86

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 2018 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. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	83	45	38	1	0	0	0	2	0	0	0	3
9. 2016	315	133	182	24	12	0	0	2	2	0	0	12
10. 2017	599	235	364	74	42	0	0	8	5	0	0	35
11. 2018	697	423	274	5	3	0	0	3	2	0	0	3
12. Totals	XXX	XXX	XXX	104	57	0	0	15	9	0	0	53

	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. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	0	0	12	7	0	0	0	0	0	0	0	0	5
9. 2016	5	3	79	31	0	0	0	0	0	0	0	0	50
10. 2017	4	2	123	32	0	0	0	0	1	1	0	0	93
11. 2018	6	4	299	181	0	0	0	0	1	1	0	0	120
12. Totals	15	9	513	251	0	0	0	0	2	2	0	0	268

	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. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2015	15	7	8	18.1	15.6	21.1	0	0	0.0	5	0
9. 2016	110	48	62	34.9	36.1	34.1	0	0	0.0	50	0
10. 2017	210	82	128	35.1	34.9	35.2	0	0	0.0	93	0
11. 2018	314	191	123	45.1	45.2	44.9	0	0	0.0	120	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	268	0

ANNUAL STATEMENT FOR THE YEAR 2018 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. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
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. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
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. 2009											
3. 2010											
4. 2011											
5. 2012											
6. 2013											
7. 2014											
8. 2015											
9. 2016											
10. 2017											
11. 2018											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 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. 2017	820	(136)	956	4,454	4,399	0	0	357	350	0	62	XXX
3. 2018	1,386	229	1,157	30	22	0	0	4	3	0	9	XXX
4. Totals	XXX	XXX	XXX	4,484	4,421	0	0	361	353	0	71	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. 2017	1,471	1,444	325	320	0	0	0	0	375	369	0	38	0
3. 2018	10	2	120	18	0	0	0	0	1	1	0	110	0
4. Totals	1,481	1,446	445	338	0	0	0	0	376	370	0	148	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. 2017	6,982	6,882	100	851.5	(5,060.3)	10.5	0	0	0.0	32	6
3. 2018	165	46	119	11.9	20.1	10.3	0	0	0.0	110	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	142	6

ANNUAL STATEMENT FOR THE YEAR 2018 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. 2017	885	445	440	878	707	53	47	22	16	0	183	0
3. 2018	1,349	846	503	522	355	30	18	0	0	0	179	0
4. Totals	XXX	XXX	XXX	1,400	1,062	83	65	22	16	0	362	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	1	0	8	3	0	0	0	0	6	3	0	9	0
2. 2017	109	99	16	0	0	0	0	0	38	35	0	29	0
3. 2018	293	176	150	33	0	0	0	0	12	8	0	238	0
4. Totals	403	275	174	36	0	0	0	0	56	46	0	276	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	6	3
2. 2017	1,116	904	212	126.1	203.1	48.2	0	0	0.0	26	3
3. 2018	1,007	590	417	74.6	69.7	82.9	0	0	0.0	234	4
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	266	10

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 2018 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. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	0	0	0	30	15	0	0	1	0	0	0	16
9. 2016	50	62	(12)	0	0	0	0	0	0	0	0	0
10. 2017	133	110	23	0	0	0	0	0	0	0	0	0
11. 2018	208	190	18	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						
	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. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2016	0	0	2	3	0	0	0	0	0	0	0	(1)	0
10. 2017	0	0	7	5	0	0	0	0	0	0	0	2	0
11. 2018	0	0	94	86	0	0	0	0	0	0	0	8	0
12. Totals	0	0	103	94	0	0	0	0	0	0	0	9	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. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2015	31	15	16	0.0	0.0	0.0	0	0	0.0	0	0
9. 2016	2	3	(1)	4.0	4.8	8.3	0	0	0.0	(1)	0
10. 2017	7	5	2	5.3	4.5	8.7	0	0	0.0	2	0
11. 2018	94	86	8	45.2	45.3	44.4	0	0	0.0	8	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	9	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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018.....	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. 2009.....							0	0	0	0	0	0
3. 2010.....	XXX						0	0	0	0	0	0
4. 2011.....	XXX	XXX					0	0	0	0	0	0
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	0
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	3	2	2	1	(1)	(1)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	20	24	4	(5)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	53	11	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84	XXX	XXX
12. Totals											14	(6)

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

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009.....							0	0	0	0	0	0
3. 2010.....	XXX						0	0	0	0	0	0
4. 2011.....	XXX	XXX					0	0	0	0	0	0
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	0
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	9	22	13	17	4	(5)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	21	20	(1)	1
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204	181	(23)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	183	XXX	XXX
12. Totals											(20)	(4)

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

1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX											
10. 2017.....	XXX				XXX							
11. 2018.....	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. 2009.....							0	0	0	0	0	0
3. 2010.....	XXX						0	0	0	0	0	0
4. 2011.....	XXX	XXX					0	0	0	0	0	0
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	0
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	45	50	53	50	(3)	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	304	335	316	(19)	12
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,312	1,366	54	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	627	XXX	XXX
12. Totals											32	12

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	13	12	12	6	(6)	(6)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	63	62	(1)	(3)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126	125	(1)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	122	XXX	XXX
12. Totals											(8)	(9)

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation  
**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	2	2	0	(6)
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101	87	(14)	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	XXX	XXX
4. Totals											(14)	(6)

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	46	31	22	(9)	(24)						
2. 2017.....	XXX	243	203	(40)	XXX							
3. 2018.....	XXX	413	XXX	XXX								
4. Totals											(49)	(24)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior.....	XXX											
2. 2017.....	XXX					XXX						
3. 2018.....	XXX			XXX	XXX							
4. Totals												

**NONE**

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

1. Prior.....	XXX											
2. 2017.....	XXX					XXX						
3. 2018.....	XXX			XXX	XXX							
4. Totals												

**NONE**

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX											
7. 2014.....	XXX											
8. 2015.....	XXX											
9. 2016.....	XXX											
10. 2017.....	XXX				XXX							
11. 2018.....	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 2018 OF THE One Alliance Insurance Corporation  
**SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009								0	0	0	0	0
3. 2010	XXX							0	0	0	0	0
4. 2011	XXX	XXX						0	0	0	0	0
5. 2012	XXX	XXX	XXX					0	0	0	0	0
6. 2013	XXX	XXX	XXX	XXX				0	0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX			0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX		15	15	15	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(1)	(1)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	1	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	XXX	XXX
12. Totals											0	(1)

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX											
10. 2017	XXX				XXX							
11. 2018	XXX		XXX	XXX								
12. Totals												

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

1. Prior	XXX											
2. 2017	XXX				XXX							
3. 2018	XXX		XXX	XXX								
4. Totals												

**SCHEDULE P - PART 2T - WARRANTY**

1. Prior	XXX											
2. 2017	XXX				XXX							
3. 2018	XXX		XXX	XXX								
4. Totals												

ANNUAL STATEMENT FOR THE YEAR 2018 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			
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018			
1. Prior	.000												
2. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	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. 2009								.0	.0	.0	.0	.0	.0
3. 2010	XXX							.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX						.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX					.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	XXX				.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX			.0	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX		.1	.1	.1	.0	.0	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	14	18	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	39	.0	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56			

**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. 2009								.0	.0	.0	.0	.0	.0
3. 2010	XXX							.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX						.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX					.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	XXX				.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX			.0	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX		3	10	10	10	4	4
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	17	17	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	72	.0	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85			

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

1. Prior	.000												
2. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	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. 2009								.0	.0	.0	.0	.0	.0
3. 2010	XXX							.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX						.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX					.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	XXX				.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX			.0	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX		9	18	19	21	10	17
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63	136	149	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	669	817	.0	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74			

**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			
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018			
1. Prior	.000												
2. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	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. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	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. 2009												XXX	XXX
3. 2010	XXX											XXX	XXX
4. 2011	XXX	XXX										XXX	XXX
5. 2012	XXX	XXX	XXX									XXX	XXX
6. 2013	XXX	XXX	XXX	XXX								XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2018	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. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	1	1
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	12	12	12	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	32	32	0	0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0	0

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

1. Prior	.000												
2. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation  
**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		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	2	2	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	55	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	.000	16	16								
2. 2017	XXX	131	177	0	0							
3. 2018	XXX	XXX	179	0	0							

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	XXX			XXX	XXX							
2. 2017	XXX			XXX	XXX							
3. 2018	XXX		XXX	XXX								

**NONE**

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

1. Prior	XXX			XXX	XXX							
2. 2017	XXX			XXX	XXX							
3. 2018	XXX		XXX	XXX								

**NONE**

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	.000										XXX	XXX
2. 2009											XXX	XXX
3. 2010	XXX										XXX	XXX
4. 2011	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	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 2018 OF THE One Alliance Insurance Corporation  
**SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS 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			
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018			
1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009								0	0	0	0	0	0
3. 2010	XXX							0	0	0	0	0	0
4. 2011	XXX	XXX						0	0	0	0	0	0
5. 2012	XXX	XXX	XXX					0	0	0	0	0	0
6. 2013	XXX	XXX	XXX	XXX				0	0	0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX			0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX		15	15	15	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2018	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. 2009													
3. 2010	XXX												
4. 2011	XXX	XXX											
5. 2012	XXX	XXX	XXX										
6. 2013	XXX	XXX	XXX	XXX									
7. 2014	XXX	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	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. 2017	XXX				XXX	XXX							
3. 2018	XXX	XXX			XXX	XXX							

**NONE**

**SCHEDULE P - PART 3T - WARRANTY**

1. Prior	XXX	.000											
2. 2017	XXX												
3. 2018	XXX	XXX											

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XX							
6. 2013	XXX	XXX	XX	XX						
7. 2014	XXX	XXX	XX	XX	XX					
8. 2015	XXX	XXX	XX	XXX	XXX	XX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	3	1	1	0
9. 2016	XXX	12	3	5						
10. 2017	XXX	16	8							
11. 2018	XXX	19								

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	4	6	2	0
9. 2016	XXX	0	2	3						
10. 2017	XXX	142	95							
11. 2018	XXX	35								

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XX	XXX	XXX					
8. 2015	XXX	XXX	XX	XXX	XXX	XX				
9. 2016	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2017	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2018	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. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	25	22	26	5
9. 2016	XXX	182	126	157						
10. 2017	XXX	164	97							
11. 2018	XXX	339								

**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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XX							
6. 2013	XXX	XXX	XX	XX						
7. 2014	XXX	XXX	XX	XX	XX					
8. 2015	XXX	XXX	XX	XXX	XXX	XX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX	XX				
9. 2016	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2017	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
11. 2018	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. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX	XX				
9. 2016	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2017	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
11. 2018	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. 2009										
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	12	11	11	5
9. 2016	XXX	56	51	48						
10. 2017	XXX	112	91							
11. 2018	XXX	118								

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX	XX				
9. 2016	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2017	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.1	.0	.0
2. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.64	.5
3. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	102

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior	.XXX	.35	.7	.5						
2. 2017	.XXX	.19	.16							
3. 2018	.XXX	117								

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior	.XXX									
2. 2017	.XXX									
3. 2018	.XXX									

**NONE**

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

1. Prior	.XXX									
2. 2017	.XXX									
3. 2018	.XXX									

**NONE**

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior										
2. 2009										
3. 2010	.XXX									
4. 2011	.XXX	.XXX								
5. 2012	.XXX	.XXX	.XXX							
6. 2013	.XXX	.XXX	.XXX	.XXX						
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2016	.XXX									
10. 2017	.XXX									
11. 2018	.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 2018 OF THE One Alliance Insurance Corporation  
**SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS 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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009									.0	.0
3. 2010	.XXX								.0	.0
4. 2011	.XXX	.XXX							.0	.0
5. 2012	.XXX	.XXX	.XXX						.0	.0
6. 2013	.XXX	.XXX	.XXX	.XXX					.0	.0
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX				.0	.0
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0	.0
9. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.0	(1)
10. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.1	.2
11. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.8

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

1. Prior										
2. 2009										
3. 2010	.XXX									
4. 2011	.XXX	.XXX								
5. 2012	.XXX	.XXX	.XXX							
6. 2013	.XXX	.XXX	.XXX	.XXX						
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2016	.XXX									
10. 2017	.XXX									
11. 2018	.XXX									

**NONE**

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

1. Prior	.XXX									
2. 2017	.XXX									
3. 2018	.XXX									

**NONE**

**SCHEDULE P - PART 4T - WARRANTY**

1. Prior	.XXX									
2. 2017	.XXX									
3. 2018	.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 2018 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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2018	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	9	8	8	8
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2018	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 2018 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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10	10
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2018	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	12			
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	39	27	27	27
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2018	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 2018 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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2018	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009							0	0	0	0
3. 2010	XXX						0	0	0	0
4. 2011	XXX	XXX					0	0	0	0
5. 2012	XXX	XXX	XXX				0	0	0	0
6. 2013	XXX	XXX	XXX	XXX			0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	XXX		0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2018	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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2009.....							0	0	0	0	0	
3. 2010.....	XXX						0	0	0	0	0	
4. 2011.....	XXX	XXX					0	0	0	0	0	
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	39	39	39	39	39	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	99	99	99	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	728	728	728	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,138	1,138	1,138
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,138
13. Earned Premiums (Sch P-Pt. 1)							39	99	728	1,138	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2009.....							0	0	0	0	0	
3. 2010.....	XXX						0	0	0	0	0	
4. 2011.....	XXX	XXX					0	0	0	0	0	
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	23	23	23	23	23	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	85	85	85	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	378	378	378	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	820	820	820
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	820
13. Earned Premiums (Sch P-Pt. 1)							23	85	378	820	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals.....	XXX	XXX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Earned Premiums (Sch P-Pt. 1)												XXX

ANNUAL STATEMENT FOR THE YEAR 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2009.....							0	0	0	0	0	
3. 2010.....	XXX						0	0	0	0	0	
4. 2011.....	XXX	XXX					0	0	0	0	0	
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	185	185	185	185	185	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,872	1,872	1,872	1,872	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,671	4,671	4,671	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,534	8,534	8,534
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,534
13. Earned Premiums (Sch P-Pt. 1)								185	1,872	4,671	8,534	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2009.....							0	0	0	0	0	
3. 2010.....	XXX						0	0	0	0	0	
4. 2011.....	XXX	XXX					0	0	0	0	0	
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	85	85	85	85	85	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,339	1,339	1,339	1,339	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,692	2,692	2,692	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,722	5,722	5,722
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,722
13. Earned Premiums (Sch P-Pt. 1)								85	1,339	2,692	5,722	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2009.....							0	0	0	0	0	
3. 2010.....	XXX						0	0	0	0	0	
4. 2011.....	XXX	XXX					0	0	0	0	0	
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	83	83	83	83	83	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	315	315	315	315	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	599	599	599	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	697	697	697
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	697
13. Earned Premiums (Sch P-Pt. 1)								83	315	599	697	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	
2. 2009.....							0	0	0	0	0	
3. 2010.....	XXX						0	0	0	0	0	
4. 2011.....	XXX	XXX					0	0	0	0	0	
5. 2012.....	XXX	XXX	XXX				0	0	0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX			0	0	0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX		0	0	0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	45	45	45	45	45	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	133	133	133	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	235	235	235	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	423	423	423
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	423
13. Earned Premiums (Sch P-Pt. 1)								45	133	235	423	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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2009.....								0	0	0	
3. 2010.....	XXX							0	0	0	
4. 2011.....	XXX	XXX						0	0	0	
5. 2012.....	XXX	XXX	XXX					0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	50	50	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	133	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	208	208
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	208
13. Earned Premiums (Sch P-Pt. 1)								50	133	208	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2009.....								0	0	0	
3. 2010.....	XXX							0	0	0	
4. 2011.....	XXX	XXX						0	0	0	
5. 2012.....	XXX	XXX	XXX					0	0	0	
6. 2013.....	XXX	XXX	XXX	XXX				0	0	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX			0	0	0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62	62	62	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110	110	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190	190
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190
13. Earned Premiums (Sch P-Pt. 1)								62	110	190	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	XXX						
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018.....	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 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	XXX						
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018.....	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 2018 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 .....	53		0.0	80		0.0
3. Commercial Auto/Truck Liability/ Medical .....	228		0.0	379		0.0
4. Workers' Compensation .....			0.0	.0		0.0
5. Commercial Multiple Peril .....	1,384		0.0	3,332		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 .....	268		0.0	304		0.0
10. Other Liability - Claims-Made .....			0.0	.0		0.0
11. Special Property .....	148		0.0	1,203		0.0
12. Auto Physical Damage .....	276		0.0	540		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 .....	9		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	2,366	0	0.0	5,852	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XX							
6. 2013.....	XXX	XXX	XX	XX						
7. 2014.....	XXX	XXX	XX	XX	XX					
8. 2015.....	XXX	XXX	XX	XXX	XX	X				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XX							
6. 2013.....	XXX	XXX	XX	XX						
7. 2014.....	XXX	XXX	XX	XX	XX					
8. 2015.....	XXX	XXX	XX	XXX	XX	X				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	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 2018 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 .....	53		0.0	80		0.0
3. Commercial Auto/Truck Liability/Medical .....	228		0.0	379		0.0
4. Workers' Compensation .....			0.0	0		0.0
5. Commercial Multiple Peril .....	1,384		0.0	3,332		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 .....	268		0.0	304		0.0
10. Other Liability - Claims-Made .....			0.0	0		0.0
11. Special Property .....	148		0.0	1,203		0.0
12. Auto Physical Damage .....	276		0.0	540		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 .....	9		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	2,366	0	0.0	5,852	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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XX							
6. 2013.....	XXX	XXX	XX	XX						
7. 2014.....	XXX	XXX	XX	XX	XX					
8. 2015.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XX							
6. 2013.....	XXX	XXX	XX	XX						
7. 2014.....	XXX	XXX	XX	XX	XX					
8. 2015.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	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 2018 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)? .....\$ .....0
- 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 [ ] N/A [ X ]
- 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	2009 .....		
1.603	2010 .....		
1.604	2011 .....		
1.605	2012 .....		
1.606	2013 .....		
1.607	2014 .....		
1.608	2015 .....		
1.609	2016 .....		
1.610	2017 .....		
1.611	2018 .....		
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 .....0  
 5.2 Surety .....0

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 (a)	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	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	L	14,676,257	13,470,533	0	31,905,046	20,312,959	19,942,145	
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	XXX		14,676,257	13,470,533	0	31,905,046	20,312,959	19,942,145	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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile.....	0	N - None of the above - Not allowed to write business in the state.....	56

(b) Explanation of basis of allocation of premiums by states, etc.

**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**

STATEMENT AS OF DECEMBER 31, 2018 OF 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 2018 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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	SEE EXPLANATION
<b>JUNE FILING</b>	
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
<b>AUGUST FILING</b>	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....	YES

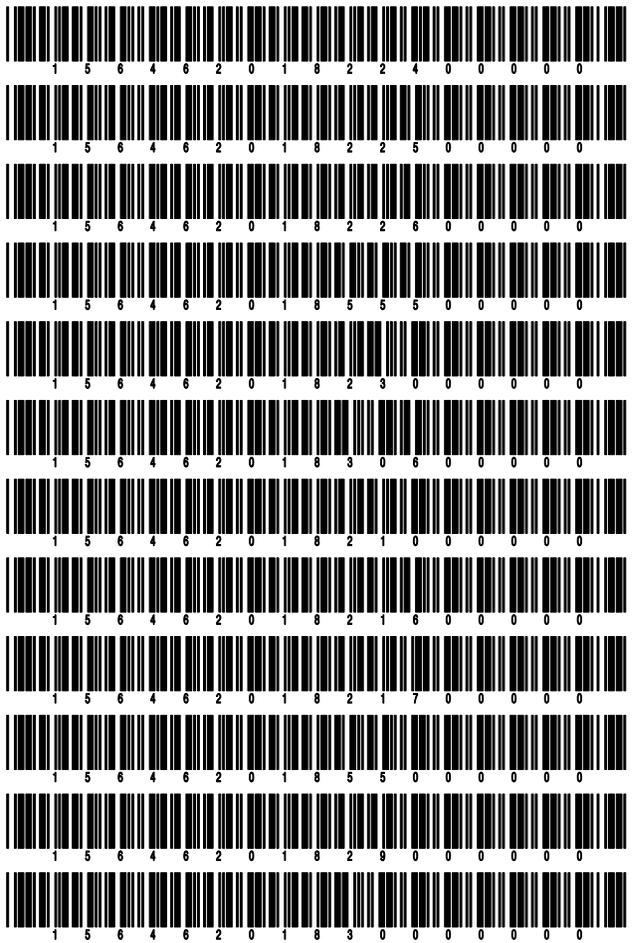
The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed,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

<b>MARCH FILING</b>	
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? .....	SEE EXPLANATION
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	YES
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....	SEE EXPLANATION
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? .....	SEE EXPLANATION
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	SEE EXPLANATION
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
<b>APRIL FILING</b>	
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
35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:	
1. DUE DATE IN PR MARCH 31.	
2. MARCH 31	
3. DUE DATE IN PR MARCH 31.	
4. DUE DATE MARCH 31.	
8. N/A	
12. N/A	
13.	
14.	
15.	
16.	
18. DUE DATE IN PR MARCH 31.	
19.	
21. DUE IN PR MARCH 31.	
22. DUE IN PR MARCH 31.	
23.	
24. N/A	
25. N/A	
26. N/A	
27. N/A	
28. N/A	
29. N/A	
30. N/A	
31. N/A	
32. N/A	
33. N/A	
34. N/A	
35. N/A	
36. N/A	

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]	
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 2018 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]
- 35. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]
- 36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]



**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	599,971	7.444	599,971	0	599,971	5.203
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	5,981,460	74.217	5,981,460	0	5,981,460	51.871
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	1,002,177	12.435	1,002,177	0	1,002,177	8.691
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	94,120	1.168	94,120	0	94,120	0.816
1.43 Revenue and assessment obligations	381,671	4.736	381,671	0	381,671	3.310
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	1,909,113		1,909,113	16.556
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	0	0.000	1,562,938	0	1,562,938	13.554
11. Other invested assets		0.000			0	0.000
12. Total invested assets	8,059,399	100.000	11,531,450	0	11,531,450	100.000

## SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year .....	2,059,658
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 .....	150,545
8.2	Totals, Part 3, Column 9 .....	150,545
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	1,909,113
10.	Deduct total nonadmitted amounts .....	0
11.	Statement value at end of current period (Line 9 minus Line 10) .....	1,909,113

## 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 2018 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 .....	8,872,846
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	149,930
3.	Accrual of discount .....	3,317
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 .....	962,000
7.	Deduct amortization of premium .....	4,693
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.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2) .....	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	8,059,399
12.	Deduct total nonadmitted amounts .....	0
13.	Statement value at end of current period (Line 11 minus Line 12) .....	8,059,399

ANNUAL STATEMENT FOR THE YEAR 2018 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
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	599,971	594,849	594,871	600,000
	2. Canada .....				
	3. Other Countries .....				
	4. Totals	599,971	594,849	594,871	600,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	1,002,177	1,041,545	1,019,872	990,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	94,120	97,928	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	6,363,131	6,117,686	6,379,657	6,355,000
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans 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	8,059,399	7,852,008	8,088,251	8,040,000
<b>PREFERRED STOCKS</b>					
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
<b>COMMON STOCKS</b>					
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	8,059,399	7,852,008	8,088,251	

ANNUAL STATEMENT FOR THE YEAR 2018 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 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1	297,971	302,000	0	0	0	XXX	599,971	7.4	1,000,439	11.3	599,971	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	297,971	302,000	0	0	0	XXX	599,971	7.4	1,000,439	11.3	599,971	0
<b>2. All Other Governments</b>												
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
<b>3. U.S. States, Territories and Possessions etc., Guaranteed</b>												
3.1 NAIC 1	0	55,280	0	0	946,897	XXX	1,002,177	12.4	1,026,843	11.6	1,002,177	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	0	55,280	0	0	946,897	XXX	1,002,177	12.4	1,026,843	11.6	1,002,177	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed</b>												
4.1 NAIC 1	94,120	0	0	0	0	XXX	94,120	1.2	94,040	1.1	94,120	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	94,120	0	0	0	0	XXX	94,120	1.2	94,040	1.1	94,120	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1	231,951	1,641,700	3,128,497	1,285,044	75,939	XXX	6,363,131	79.0	6,751,523	76.1	6,363,131	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	231,951	1,641,700	3,128,497	1,285,044	75,939	XXX	6,363,131	79.0	6,751,523	76.1	6,363,131	0

ANNUAL STATEMENT FOR THE YEAR 2018 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 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial &amp; Miscellaneous (Unaffiliated)</b>												
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
<b>7. Hybrid Securities</b>												
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
<b>8. Parent, Subsidiaries and Affiliates</b>												
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
<b>9. SVO Identified Funds</b>												
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
<b>10. Bank Loans</b>												
10.1 NAIC 1						XXX	0	0.0	XXX	XXX		0
10.2 NAIC 2						XXX	0	0.0	XXX	XXX		0
10.3 NAIC 3						XXX	0	0.0	XXX	XXX		0
10.4 NAIC 4						XXX	0	0.0	XXX	XXX		0
10.5 NAIC 5						XXX	0	0.0	XXX	XXX		0
10.6 NAIC 6						XXX	0	0.0	XXX	XXX		0
10.7 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0

9015

ANNUAL STATEMENT FOR THE YEAR 2018 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 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>11. Total Bonds Current Year</b>												
11.1 NAIC 1	(d) 624,042	1,998,980	3,128,497	1,285,044	1,022,836	0	8,059,399	100.0	XXX	XXX	8,059,399	0
11.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.7 Totals	624,042	1,998,980	3,128,497	1,285,044	1,022,836	0	(b) 8,059,399	100.0	XXX	XXX	8,059,399	0
11.8 Line 11.7 as a % of Col. 7	7.7	24.8	38.8	15.9	12.7	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>12. Total Bonds Prior Year</b>												
12.1 NAIC 1	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	XXX	XXX	8,872,846	100.0	8,872,846	0
12.2 NAIC 2							XXX	XXX	0	0.0	0	0
12.3 NAIC 3							XXX	XXX	0	0.0	0	0
12.4 NAIC 4							XXX	XXX	0	0.0	0	0
12.5 NAIC 5							XXX	XXX	(c) 0	0.0	0	0
12.6 NAIC 6							XXX	XXX	(c) 0	0.0	0	0
12.7 Totals	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	XXX	XXX	(b) 8,872,846	100.0	8,872,846	0
12.8 Line 12.7 as a % of Col. 9	16.0	23.2	35.0	16.7	9.2	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>13. Total Publicly Traded Bonds</b>												
13.1 NAIC 1	624,042	1,998,980	3,128,497	1,285,044	1,022,836	0	8,059,399	100.0	8,872,846	100.0	8,059,399	XXX
13.2 NAIC 2							0	0.0	0	0.0	0	XXX
13.3 NAIC 3							0	0.0	0	0.0	0	XXX
13.4 NAIC 4							0	0.0	0	0.0	0	XXX
13.5 NAIC 5							0	0.0	0	0.0	0	XXX
13.6 NAIC 6							0	0.0	0	0.0	0	XXX
13.7 Totals	624,042	1,998,980	3,128,497	1,285,044	1,022,836	0	8,059,399	100.0	8,872,846	100.0	8,059,399	XXX
13.8 Line 13.7 as a % of Col. 7	7.7	24.8	38.8	15.9	12.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	7.7	24.8	38.8	15.9	12.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>14. Total Privately Placed Bonds</b>												
14.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 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
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	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 of bonds with Z designations, \$ \_\_\_\_\_ prior year of bonds with Z designations and \$ \_\_\_\_\_ 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 of bonds with 5GI designations, \$ \_\_\_\_\_ prior year of bonds with 5\* or 5GI designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 6\* designations. "5GI" 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 \$ \_\_\_\_\_

S107

ANNUAL STATEMENT FOR THE YEAR 2018 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 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.1 Issuer Obligations .....	297,971	302,000	0	0	0	XXX	599,971	7.4	1,000,439	11.3	599,971	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	297,971	302,000	0	0	0	XXX	599,971	7.4	1,000,439	11.3	599,971	0
<b>2. All Other Governments</b>												
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
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.1 Issuer Obligations .....	0	55,280	0	0	946,897	XXX	1,002,177	12.4	1,026,843	11.6	1,002,177	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	0	55,280	0	0	946,897	XXX	1,002,177	12.4	1,026,843	11.6	1,002,177	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 Issuer Obligations .....	94,120	0	0	0	0	XXX	94,120	1.2	94,040	1.1	94,120	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	94,120	0	0	0	0	XXX	94,120	1.2	94,040	1.1	94,120	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed</b>												
5.1 Issuer Obligations .....	231,951	1,641,700	3,128,497	1,285,044	75,939	XXX	6,363,131	79.0	6,751,523	76.1	6,363,131	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	231,951	1,641,700	3,128,497	1,285,044	75,939	XXX	6,363,131	79.0	6,751,523	76.1	6,363,131	0
<b>6. Industrial and Miscellaneous</b>												
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
<b>7. Hybrid Securities</b>												
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
<b>8. Parent, Subsidiaries and Affiliates</b>												
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 2018 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 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>9. SVO Identified Funds</b>												
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
<b>10. Bank Loans</b>												
10.1 Bank Loans - Issued						XXX	0	0.0	XXX	XXX		0
10.2 Bank Loans - Acquired						XXX	0	0.0	XXX	XXX		0
10.3 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
<b>11. Total Bonds Current Year</b>												
11.1 Issuer Obligations	624,042	1,998,980	3,128,497	1,285,044	1,022,836	XXX	8,059,399	100.0	XXX	XXX	8,059,399	0
11.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.7 Totals	624,042	1,998,980	3,128,497	1,285,044	1,022,836	0	8,059,399	100.0	XXX	XXX	8,059,399	0
11.8 Line 11.7 as a % of Col. 7	7.7	24.8	38.8	15.9	12.7	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>12. Total Bonds Prior Year</b>												
12.1 Issuer Obligations	1,417,581	2,055,591	3,103,807	1,483,607	812,261	XXX	XXX	XXX	8,872,846	100.0	8,872,846	0
12.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
12.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
12.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0	0	0
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12.7 Totals	1,417,581	2,055,591	3,103,807	1,483,607	812,261	0	XXX	XXX	8,872,846	100.0	8,872,846	0
12.8 Line 12.7 as a % of Col. 9	16.0	23.2	35.0	16.7	9.2	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>13. Total Publicly Traded Bonds</b>												
13.1 Issuer Obligations	624,042	1,998,980	3,128,497	1,285,044	1,022,836	XXX	8,059,399	100.0	8,872,846	100.0	8,059,399	XXX
13.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
13.6 Bank Loans						XXX	0	0.0	XXX	XXX	0	XXX
13.7 Totals	624,042	1,998,980	3,128,497	1,285,044	1,022,836	0	8,059,399	100.0	8,872,846	100.0	8,059,399	XXX
13.8 Line 13.7 as a % of Col. 7	7.7	24.8	38.8	15.9	12.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	7.7	24.8	38.8	15.9	12.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>14. Total Privately Placed Bonds</b>												
14.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
14.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 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
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	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 2018 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	3,791,970	1,732,312	2,059,658	2,059,658	150,545			(150,545)			
0299999. Property occupied by the reporting entity - Administrative						3,791,970	1,732,312	2,059,658	2,059,658	150,545	0	0	(150,545)	0	0	0
0399999. Total Property occupied by the reporting entity						3,791,970	1,732,312	2,059,658	2,059,658	150,545	0	0	(150,545)	0	0	0
0699999 - Totals						3,791,970	1,732,312	2,059,658	2,059,658	150,545	0	0	(150,545)	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 2018 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	B o n d C h a r	NAIC Designation and Administrative Symbol	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-A8-3	UNITED STATES TREASURY				1	306,024	99.7560	299,268	300,000	302,000	0	(971)	0	0	2.375	2.033	JD	20	10,688	09/17/2014	12/31/2020
912828-UB-4	UNITED STATES TREASURY				1	288,847	98.5270	295,581	300,000	297,971	0	2,189	0	0	1.000	1.751	MM	264	3,000	09/17/2014	11/30/2019
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						594,871	XXX	594,849	600,000	599,971	0	1,217	0	0	XXX	XXX	XXX	283	13,688	XXX	XXX
0599999. Total - U.S. Government Bonds						594,871	XXX	594,849	600,000	599,971	0	1,217	0	0	XXX	XXX	XXX	283	13,688	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 COMINTLTH			2	1FE	44,971	100.2370	45,107	45,000	44,983	0	3	0	0	4.500	0.000	JJ	0	2,025	06/16/2015	07/01/2023
745144-D4-6	PUERTO RICO COMINTLTH			2	1FE	10,002	102.0600	10,206	10,000	10,001	0	0	0	0	4.000	0.000	JJ	0	400	06/16/2015	07/01/2022
745144-D6-1	PUERTO RICO COMINTLTH			2	1FE	9,892	101.8080	10,181	10,000	9,930	0	11	0	0	4.125	0.000	JJ	0	413	06/16/2015	07/01/2024
745144-D7-9	PUERTO RICO COMINTLTH			2	1FE	20,024	102.2150	20,443	20,000	20,024	0	(34)	0	0	4.250	0.000	JJ	0	850	07/10/2017	07/01/2025
745144-IP-9	PUERTO RICO COMINTLTH			2	1FE	51,501	101.3070	50,654	50,000	50,000	0	0	0	0	5.000	0.000	JJ	0	2,500	06/17/2015	07/01/2020
745144-NH-6	PUERTO RICO COMINTLTH			2	1FE	35,098	103.2920	36,152	35,000	34,671	0	62	0	0	5.000	0.000	JJ	0	1,750	06/29/2015	07/01/2023
745144-SF-5	PUERTO RICO COMINTLTH			2	1FE	75,305	103.3340	77,501	75,000	74,995	0	1	0	0	5.000	0.000	JJ	0	3,750	06/30/2015	07/01/2024
745144-UF-1	PUERTO RICO COMINTLTH			2	1FE	10,244	103.7810	10,378	10,000	10,000	0	0	0	0	5.250	0.000	JJ	0	525	06/16/2015	07/01/2025
745144-WE-3	PUERTO RICO COMINTLTH			2	1FE	15,602	106.7280	16,009	15,000	15,325	0	(83)	0	0	5.500	4.819	JJ	413	825	06/18/2015	07/01/2022
745144-WJ-2	PUERTO RICO COMINTLTH		SD	2	1FE	509,130	106.2990	520,865	490,000	498,599	0	(3,174)	0	0	5.375	0.000	JJ	0	26,338	06/25/2015	07/01/2025
745144-WJ-2	PUERTO RICO COMINTLTH		SD	2	1FE	57,136	106.2990	58,464	55,000	55,961	0	(355)	0	0	5.375	0.000	JJ	0	2,956	06/25/2015	07/01/2025
745144-WN-3	PUERTO RICO COMINTLTH		SD	2	1FE	180,967	106.0490	185,586	175,000	177,688	0	(993)	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						1,019,872	XXX	1,041,545	990,000	1,002,177	0	(4,562)	0	0	XXX	XXX	XXX	413	51,519	XXX	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds						1,019,872	XXX	1,041,545	990,000	1,002,177	0	(4,562)	0	0	XXX	XXX	XXX	413	51,519	XXX	XXX
745277-PD-9	PUERTO RICO MUN FIN AGY		SD	2	1FE	93,850	103.0820	97,928	95,000	94,120	0	80	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	97,928	95,000	94,120	0	80	0	0	XXX	XXX	XXX	1,979	4,750	XXX	XXX
2499999. Total - U.S. Political Subdivisions Bonds						93,850	XXX	97,928	95,000	94,120	0	80	0	0	XXX	XXX	XXX	1,979	4,750	XXX	XXX
3130A8-2N-2	FEDERAL HOME LOAN BANKS		SD	2	1	345,005	96.1520	331,724	345,000	345,000	0	0	0	0	2.830	2.830	MM	1,031	9,784	05/26/2016	05/23/2029
3130A8-FH-8	FEDERAL HOME LOAN BANKS		SD	2	1	750,005	93.5880	701,910	750,000	750,037	0	(2)	0	0	2.890	2.890	JD	903	22,759	06/07/2016	06/16/2031
3130A8-GH-7	FEDERAL HOME LOAN BANKS		SD	2	1	90,005	95.9320	86,339	90,000	90,004	0	0	0	0	2.900	2.900	JD	109	2,610	06/09/2016	06/16/2031
3130A8-K2-8	FEDERAL HOME LOAN BANKS		SD	2	1	100,005	95.9990	95,999	100,000	100,004	0	0	0	0	2.830	2.830	JD	24	2,830	06/16/2016	06/28/2030
3130A8-VT-7	FEDERAL HOME LOAN BANKS		SD	2	1	640,005	96.3160	616,422	640,000	640,003	0	0	0	0	1.750	3.028	FA	4,169	8,000	07/28/2016	08/17/2026
3130A9-KF-7	FEDERAL HOME LOAN BANKS		SD	2	1	446,967	93.5440	420,948	450,000	447,567	0	283	0	0	2.180	2.256	AO	2,126	9,810	11/10/2016	10/13/2026
3130A9-NX-0	FEDERAL HOME LOAN BANKS		SD	2	1	149,930	99.0100	148,515	150,000	149,945	0	15	0	0	1.625	2.644	JD	14	2,438	01/08/2018	06/29/2022
31331K-A9-1	FEDERAL FARM CREDIT BANKS		SD	2	1	52,116	99.4190	49,710	50,000	50,823	0	(465)	0	0	2.260	1.300	MS	289	1,130	03/08/2016	09/29/2020
313379-Q6-9	FEDERAL HOME LOAN BANKS		SD	2	1	812,406	98.2990	796,222	810,000	811,261	0	(350)	0	0	2.125	2.078	JD	1,004	17,213	08/13/2015	06/10/2022
313380-Z7-5	FEDERAL HOME LOAN BANKS		SD	2	1	24,513	98.8990	24,725	25,000	24,920	0	97	0	0	1.370	1.771	AO	84	343	09/17/2014	10/24/2019
3133EG-FB-6	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	344,037	95.6460	325,196	340,000	340,000	0	0	0	0	2.360	2.360	JD	334	8,024	07/28/2016	06/16/2025
3133EG-FN-0	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	7,997	98.3550	7,868	8,000	7,998	0	1	0	0	1.400	1.414	JD	5	112	06/28/2017	06/15/2020
3133EG-HN-8	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	519,236	96.2680	490,967	510,000	510,000	0	0	0	0	2.420	2.420	JD	34	18,513	07/06/2016	06/30/2025
3133EG-JH-9	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	515,752	94.9760	482,478	508,000	508,000	0	0	0	0	2.240	2.240	JJ	5,532	11,379	07/06/2016	01/06/2025
3133EG-KZ-7	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	19,921	99.1530	19,831	20,000	19,980	0	38	0	0	1.020	1.211	JJ	96	204	06/05/2017	07/12/2019
3133EG-NA-9	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	125,005	93.7050	117,131	125,000	125,003	0	0	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		SD	2	1	105,604	94.6040	99,334	105,000	105,000	0	0	0	0	0.900	2.000	FA	753	2,100	09/26/2016	08/22/2025
3133EG-SW-6	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	145,875	94.5660	137,121	145,000	145,000	0	0	0	0	2.000	2.000	MS	910	2,900	09/26/2016	09/08/2025
3133EG-UB-9	FEDERAL FARM CREDIT BANKS FUNDING CORP		SD	2	1	198,425	92.6320	185,264	200,000	198,683	0	123	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		SD	2	1	99,049	91.9510	91,951	100,000	99,237	0	89	0	0	2.140	2.248	AO	511	2,140	11/10/2016	10/05/2026
3134G8-KU-2	FEDERAL HOME LOAN MORTGAGE CORP		SD	2	1	44,875	99.0760	44,584	45,000	45,829	0	461	0	0	1.500	2.335	FA	234	563	12/27/2016	02/26/2021
3134G9-KJ-5	FEDERAL HOME LOAN MORTGAGE CORP		SD	2	1	203,068	98.7080	202,351	205,000	208,184	0	2,445	0	0	1.250	2.376	MM	256	2,434	12/27/2016	05/25/2021
3134G9-P2-7	FEDERAL HOME LOAN MORTGAGE CORP		SD	2	1	120,005	98.7040	118,445	120,000	122,977	0	1,166	0	0	1.250	2.042	JJ	642	1,200	07/14/2016	07/27/2022
3136G3-IU-5	FEDERAL NATIONAL MORTGAGE ASSOCIATION		SD	2	1	11,966	98.5230	11,823	12,000	11,987	0	13	0	0	1.150	1.262	JD	0	207	05/12/2017	12/30/2019
3136G3-YV-1	FEDERAL NATIONAL MORTGAGE ASSOCIATION		SD	2	1	122,005	96.6550	117,919	122,000	124,018	0	840	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		SD	2	1FE	10,005	96.3550	9,636	10,000	10,003	0	(1)	0	0	2.600	2.594	MM	43	260	06/09/2016	11/01/2024
745160-PY-1	PUERTO RICO COMINTLTH AQUEDUCT & SWIR AUTH		SD	2	1FE	151,534	103.3340	155,001	150,000	150,002	0	(269)	0	0	5.000	5.000	JJ	3,750	7,500	06/26/2015	07/01/2025
745235-YB-1	PUERTO RICO PUB BLDGS AUTH REV GTD		SD	2	1FE	77,918	103.1750	77,381	75,000	75,939	0	(583)	0	0	5.250	0.000	JJ	0	3,938	06/17/2015	07/01/2020
745277-QH-9	PUERTO RICO MUN FIN AGY		SD	2	1FE	15,001	101.3880	15,208	15,000	15,000	0	0	0	0	5.000	4.998	FA	313	750	06/29/2015	08/01/2020
745277-RH-8																					

ANNUAL STATEMENT FOR THE YEAR 2018 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 Designation and Administrative Symbol	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
745277-SF-1	PUERTO RICO MUN FIN AGY				1FE	19,404	106.0410	21,208	20,000	19,669	0	81	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	106.8720	53,436	50,000	50,994	0	(190)	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					6,379,657	XXX	6,117,686	6,355,000	6,363,131	0	3,678	0	0	XXX	XXX	XXX	28,064	154,378	XXX	XXX
3199999	Total - U.S. Special Revenues Bonds					6,379,657	XXX	6,117,686	6,355,000	6,363,131	0	3,678	0	0	XXX	XXX	XXX	28,064	154,378	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
6599999	Subtotal - Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7799999	Total - Issuer Obligations					8,088,251	XXX	7,852,008	8,040,000	8,059,399	0	414	0	0	XXX	XXX	XXX	30,739	224,335	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
8299999	Total - Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999	Total Bonds					8,088,251	XXX	7,852,008	8,040,000	8,059,399	0	414	0	0	XXX	XXX	XXX	30,739	224,335	XXX	XXX

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 2018 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
3130AB-NX-0	FEDERAL HOME LOAN BANKS		01/08/2018	Popular Securities		149,930	150,000	68
3199999. Subtotal - Bonds - U.S. Special Revenues						149,930	150,000	68
8399997. Total - Bonds - Part 3						149,930	150,000	68
8399998. Total - Bonds - Part 5								
8399999. Total - Bonds						149,930	150,000	68
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						149,930	XXX	68

ANNUAL STATEMENT FOR THE YEAR 2018 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-A7-5	UNITED STATES TREASURY		12/31/2018	Maturity @ 100.00		100,000	100,000	105,377	101,889	0	(1,889)	0	(1,889)	0	100,000	0	0	0	2,250	12/31/2018	
912828-RY-8	UNITED STATES TREASURY		12/31/2018	Maturity @ 100.00		150,000	150,000	149,146	149,796	0	204	0	204	0	150,000	0	0	0	3,094	12/31/2018	
912828-UE-8	UNITED STATES TREASURY		01/02/2018	Maturity @ 100.0		150,000	150,000	148,410	150,000	0	0	0	0	0	150,000	0	0	0	563	12/31/2017	
0599999	Subtotal - Bonds - U.S. Governments					400,000	400,000	402,933	401,686	0	(1,686)	0	(1,686)	0	400,000	0	0	0	5,906	XXX	
74514L-UD-7	PUERTO RICO COMMLTH		07/03/2018	Maturity @ 100.00		20,000	20,000	20,604	20,105	0	(105)	0	(105)	0	20,000	0	0	0	950	07/01/2018	
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions					20,000	20,000	20,604	20,105	0	(105)	0	(105)	0	20,000	0	0	0	950	XXX	
3133EF-RH-2	FEDERAL FARM CREDIT BANKS FUNDING CORP		11/30/2018	Maturity @ 100.00		542,000	542,000	546,178	542,000	0	0	0	0	0	542,000	0	0	0	7,263	11/30/2018	
3199999	Subtotal - Bonds - U.S. Special Revenues					542,000	542,000	546,178	542,000	0	0	0	0	0	542,000	0	0	0	7,263	XXX	
8399997	Total - Bonds - Part 4					962,000	962,000	969,714	963,790	0	(1,790)	0	(1,790)	0	962,000	0	0	0	14,119	XXX	
8399998	Total - Bonds - Part 5																			XXX	
8399999	Total - Bonds					962,000	962,000	969,714	963,790	0	(1,790)	0	(1,790)	0	962,000	0	0	0	14,119	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					962,000	XXX	969,714	963,790	0	(1,790)	0	(1,790)	0	962,000	0	0	0	14,119	XXX	

E 14

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 2018 OF THE One Alliance Insurance Corporation

**SCHEDULE E - PART 1 - CASH**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
BANCO POPULAR .....		0.000	0	0	1,449,033	XXX
FIRST BANK .....					9,969	XXX
CITI BANK .....					1,005	XXX
BANCO ACTIVO .....					93,438	XXX
BANCO SANTANDER .....					9,493	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	1,562,938	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	1,562,938	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
.....						
.....						
.....						
.....						
.....						
.....						
0599999 Total - Cash	XXX	XXX	0	0	1,562,938	XXX

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

1. January.....	(1,336,209)	4. April.....	(1,331,988)	7. July.....	(1,250,849)	10. October.....	(1,260,299)
2. February.....	(1,332,222)	5. May.....	(1,324,368)	8. August.....	(1,244,234)	11. November.....	(710,819)
3. March.....	(1,333,785)	6. June.....	(1,301,916)	9. September.....	(1,262,984)	12. December.....	(435,060)

**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
<b>NONE</b>								
8899999 - Total Cash Equivalents								

ANNUAL STATEMENT FOR THE YEAR 2018 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	1,521,449	1,507,294	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	1,521,449	1,507,294	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**

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

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## Relief from the Requirements for Audit Committees

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Financial Guaranty Insurance Exhibit

**N O N E**

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

**NONE**

Financial Guaranty Insurance Exhibit Part 4G

**NONE**

Financial Guaranty Insurance Exhibit Part 4H

**NONE**

Financial Guaranty Insurance Exhibit Part 4I

**NONE**

Financial Guaranty Insurance Exhibit - Part 5A

**NONE**

Financial Guaranty Insurance Exhibit - Part 5B

**NONE**

Financial Guaranty Insurance Exhibit - Part 5C

**NONE**

Financial Guaranty Insurance Exhibit - Part 6A

**NONE**

Financial Guaranty Insurance Exhibit - Part 6B

**NONE**

Financial Guaranty Insurance Exhibit - Part 6C

**NONE**

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

**NONE**



SUPPLEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2018  
 (To Be Filed by March 1)

FOR THE STATE OF .....  
 NAIC Group Code ..... NAIC Company Code .....  
 ADDRESS (City, State and Zip Code) , .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015			Policies Issued in 2016; 2017; 2018				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
 .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: , .....  
 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: , .....  
 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2018 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, 2018

Signed:

Chief Executive Officer	Date	Chief Financial Officer	Date





# NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

## SCHEDULES SIS

### STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2018

(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

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COMPANY



**SUPPLEMENT FOR THE YEAR 2018 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.

SUPPLEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

**STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

1 Name and title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	2 Title of Security	3 Nature of Ownership	Number of Shares				8 Owned at End of Current Year	9 Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year
			4 Owned at end of Prior Year	5 Acquired During Current Year	Disposed of During Current Year			
					6 Held Less Than 6 Months	7 Held 6 Months or More		

Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer ..... If answer is "no" explain in detail on separate sheet.  
 State the number of stockholders of record of the company at the end of the year. Answer .....  
 Has the state of domicile granted an exemption or disclaimer of control? Answer .....  
 If answer is "yes" explain:



## Statement of Actuarial Opinion

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**Exhibit B: DISCLOSURES**

1  
Amount

1. Name of the Appointed Actuary .....
  2. The Appointed Actuary's relationship to the Company. Enter E or C based upon the following: .....  
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 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 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) .....
  6. Are there Significant Risks that could result in Material Adverse Deviation? ..... Yes [ ] No [ ] N/A [ ]
  7. Statutory Surplus (Liabilities, Surplus and Other Funds page, Col 1, Line 37) .....
  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) .....
  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 .....
  - 9.2 Tabular Discount [Notes, Line 32A23, (Amounts 1 & 2)], Electronic Filing Col 1 & 2 .....
  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. ....
  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 .....
  - 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 .....
  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 .....
  - 12.2 Amount reported as unearned premium reserves .....
  13. The net reserves for the A&H Long Duration Contracts that the Company carries on the following lines on the Liabilities, Surplus and Other Funds page:  
13.1 Losses .....
  - 13.2 Loss Adjustment Expenses .....
  - 13.3 Unearned Premium .....
  - 13.4 Write-In (list separately, adding additional lines as needed, and identify (e.g., "Premium Deficiency Reserves", "Contract Reserves other than Premium Deficiency Reserves" or "AG 51 Reserves"))
- 
14. 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 2018 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								
59. Total								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								

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



SUPPLEMENT FOR THE YEAR 2018 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 .....	
<b>ADDITIONS TO LIABILITIES:</b>	
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
<b>DEDUCTIONS FROM LIABILITIES:</b>	
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
<b>DETAILS OF WRITE-INS</b>	
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 2018 OF THE One Alliance Insurance Corporation

Bail Bond Supplement

FOR THE YEAR ENDED DECEMBER 31, 2018

(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 columns: Current Year, % of GPW, Prior Year, % of GPW, % of GPE, % of NPE. Rows include: 9. Face amount of bail bonds written, 10. Direct premiums written (gross), 11. Commissions and brokerage expenses, 12. Premium written net of agent commissions and brokerage expenses, 13. Direct premiums earned (gross), 14. Premium earned net of agent commissions and brokerage expenses, 15. Direct unearned premium reserves, 16. Direct losses paid (deducting salvage), 17. Direct losses incurred, 18. Direct losses unpaid, 19. Direct defense and cost containment expense paid, 20. Direct defense and cost containment expense incurred, 21. Direct defense and cost containment expense unpaid, 22. Taxes, licenses and fees, 23. Build-up fund account balances as of beginning of period, 24. Gross deposits to BUF accounts (including interest earned), 25. Gross withdrawals from build-up fund accounts, 26. Build-up fund account balances as of end of period.

500



SUPPLEMENT FOR THE YEAR 2018 OF THE One Alliance Insurance Corporation

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2018  
(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
\$ .....	\$ .....	\$ .....	\$ .....	% .....	% .....



## ALPHABETICAL INDEX

### ANNUAL STATEMENT BLANK

Assets .....	2
Cash Flow .....	5
Exhibit of Capital Gains (Losses) .....	12
Exhibit of Net Investment Income .....	12
Exhibit of Nonadmitted Assets .....	13
Exhibit of Premiums and Losses (State Page) .....	19
Five-Year Historical Data .....	17
General Interrogatories .....	15
Jurat Page .....	1
Liabilities, Surplus and Other Funds .....	3
Notes To Financial Statements .....	14
Overflow Page For Write-ins .....	100
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 2 - Verification Between Years .....	SI15
Schedule E - Part 3 - Special Deposits .....	E28
Schedule F - Part 1 .....	20
Schedule F - Part 2 .....	21
Schedule F - Part 3 .....	22
Schedule F - Part 4 .....	27
Schedule F - Part 5 .....	28
Schedule F - Part 6 .....	29
Schedule H - Accident and Health Exhibit - Part 1 .....	30
Schedule H - Part 2, Part 3 and 4 .....	31
Schedule H - Part 5 - Health Claims .....	32

**ANNUAL STATEMENT BLANK (Continued)**

Schedule P - Part 1 - Summary .....	33
Schedule P - Part 1A - Homeowners/Farmowners .....	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical .....	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical .....	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	38
Schedule P - Part 1E - Commercial Multiple Peril .....	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence .....	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made .....	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery) .....	42
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence .....	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made .....	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) .....	45
Schedule P - Part 1J - Auto Physical Damage .....	46
Schedule P - Part 1K - Fidelity/Surety .....	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health) .....	48
Schedule P - Part 1M - International .....	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property .....	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability .....	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines .....	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence .....	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made .....	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty .....	55
Schedule P - Part 1T - Warranty .....	56
Schedule P - Part 2, Part 3 and Part 4 - Summary .....	34
Schedule P - Part 2A - Homeowners/Farmowners .....	57
Schedule P - Part 2B - Private Passenger Auto Liability/Medical .....	57
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical .....	57
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	57
Schedule P - Part 2E - Commercial Multiple Peril .....	57
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence .....	58
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made .....	58
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	58
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence .....	58
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made .....	58
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) .....	59
Schedule P - Part 2J - Auto Physical Damage .....	59
Schedule P - Part 2K - Fidelity, Surety .....	59
Schedule P - Part 2L - Other (Including Credit, Accident and Health) .....	59
Schedule P - Part 2M - International .....	59
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property .....	60
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability .....	60
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines .....	60
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence .....	61
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made .....	61
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty .....	61
Schedule P - Part 2T - Warranty .....	61
Schedule P - Part 3A - Homeowners/Farmowners .....	62
Schedule P - Part 3B - Private Passenger Auto Liability/Medical .....	62
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical .....	62
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	62
Schedule P - Part 3E - Commercial Multiple Peril .....	62
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence .....	63
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made .....	63
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	63
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence .....	63
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made .....	63
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) .....	64
Schedule P - Part 3J - Auto Physical Damage .....	64
Schedule P - Part 3K - Fidelity/Surety .....	64
Schedule P - Part 3L - Other (Including Credit, Accident and Health) .....	64
Schedule P - Part 3M - International .....	64
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property .....	65
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability .....	65
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines .....	65
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence .....	66
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made .....	66
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty .....	66
Schedule P - Part 3T - Warranty .....	66

**ANNUAL STATEMENT BLANK (Continued)**

Schedule P - Part 4A - Homeowners/Farmowners .....	67
Schedule P - Part 4B - Private Passenger Auto Liability/Medical .....	67
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical .....	67
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	67
Schedule P - Part 4E - Commercial Multiple Peril .....	67
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence .....	68
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made .....	68
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	68
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence .....	68
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made .....	68
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft) .....	69
Schedule P - Part 4J - Auto Physical Damage .....	69
Schedule P - Part 4K - Fidelity/Surety .....	69
Schedule P - Part 4L - Other (Including Credit, Accident and Health) .....	69
Schedule P - Part 4M - International .....	69
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property .....	70
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability .....	70
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines .....	70
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence .....	71
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made .....	71
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty .....	71
Schedule P - Part 4T - Warranty .....	71
Schedule P - Part 5A - Homeowners/Farmowners .....	72
Schedule P - Part 5B - Private Passenger Auto Liability/Medical .....	73
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical .....	74
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	75
Schedule P - Part 5E - Commercial Multiple Peril .....	76
Schedule P - Part 5F - Medical Professional Liability - Claims-Made .....	78
Schedule P - Part 5F - Medical Professional Liability - Occurrence .....	77
Schedule P - Part 5H - Other Liability - Claims-Made .....	80
Schedule P - Part 5H - Other Liability - Occurrence .....	79
Schedule P - Part 5R - Products Liability - Claims-Made .....	82
Schedule P - Part 5R - Products Liability - Occurrence .....	81
Schedule P - Part 5T - Warranty .....	83
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical .....	84
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	84
Schedule P - Part 6E - Commercial Multiple Peril .....	85
Schedule P - Part 6H - Other Liability - Claims-Made .....	86
Schedule P - Part 6H - Other Liability - Occurrence .....	85
Schedule P - Part 6M - International .....	86
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property .....	87
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability .....	87
Schedule P - Part 6R - Products Liability - Claims-Made .....	88
Schedule P - Part 6R - Products Liability - Occurrence .....	88
Schedule P - Part 7A - Primary Loss Sensitive Contracts .....	89
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts .....	91
Schedule P Interrogatories .....	93
Schedule T - Exhibit of Premiums Written .....	94
Schedule T - Part 2 - Interstate Compact .....	95
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	96
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	97
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	98
Statement of Income .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	99
Underwriting and Investment Exhibit Part 1 .....	6
Underwriting and Investment Exhibit Part 1A .....	7
Underwriting and Investment Exhibit Part 1B .....	8
Underwriting and Investment Exhibit Part 2 .....	9
Underwriting and Investment Exhibit Part 2A .....	10
Underwriting and Investment Exhibit Part 3 .....	11