

FORM 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form must be filed by the plaintiff or petitioner for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to section 25.075, Florida Statutes. (See instructions for completion.)

I. CASE STYLE

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

Case No.: _____
Judge: _____

Florida Department of Financial Services
Plaintiff
vs.
Windhaven Insurance Company
Defendant

II. TYPE OF CASE

- Condominium
- Contracts and indebtedness
- Eminent domain
- Auto negligence
- Negligence – other
 - Business governance
 - Business torts
 - Environmental/Toxic tort
 - Third party indemnification
 - Construction defect
 - Mass tort
 - Negligent security
 - Nursing home negligence
 - Premises liability – commercial
 - Premises liability – residential
- Products liability
- Real Property/Mortgage foreclosure
 - Commercial foreclosure \$0 - \$50,000
 - Commercial foreclosure \$50,001 - \$249,999
 - Commercial foreclosure \$250,000 or more
 - Homestead residential foreclosure \$0 – 50,000
 - Homestead residential foreclosure \$50,001 - \$249,999
 - Homestead residential foreclosure \$250,000 or more
 - Non-homestead residential foreclosure \$0 - \$50,000
 - Non-homestead residential foreclosure \$50,001 - \$249,999

- Non-homestead residential foreclosure \$250,00 or more
- Other real property actions \$0 - \$50,000
- Other real property actions \$50,001 - \$249,999
- Other real property actions \$250,000 or more
- Professional malpractice
 - Malpractice – business
 - Malpractice – medical
 - Malpractice – other professional
- Other
 - Antitrust/Trade Regulation
 - Business Transaction
 - Circuit Civil - Not Applicable
 - Constitutional challenge-statute or ordinance
 - Constitutional challenge-proposed amendment
 - Corporate Trusts
 - Discrimination-employment or other
 - Insurance claims
 - Intellectual property
 - Libel/Slander
 - Shareholder derivative action
 - Securities litigation
 - Trade secrets
 - Trust litigation

COMPLEX BUSINESS COURT

This action is appropriate for assignment to Complex Business Court as delineated and mandated by the Administrative Order. Yes No

- III. REMEDIES SOUGHT** (check all that apply):
- Monetary;
 - Non-monetary declaratory or injunctive relief;
 - Punitive

- IV. NUMBER OF CAUSES OF ACTION:** ()
(Specify)

1

- V. IS THIS CASE A CLASS ACTION LAWSUIT?**
- Yes
 - No

- VI. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?**
- No
 - Yes – If “yes” list all related cases by name, case number and court:

- VII. IS JURY TRIAL DEMANDED IN COMPLAINT?**
- Yes
 - No

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief, and that I have read and will comply with the requirements of Florida Rule of Judicial Administration 2.425.

Signature s/ Jamila G Gooden FL Bar No.: 46740
Attorney or party

(Bar number, if attorney)

Jamila G Gooden 12/09/2019
(Type or print name)

Date

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

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

Relator

CASE NO.:

v.

Windhaven Insurance Company
Respondent.

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

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation (“Department”), hereby petitions this Court pursuant to sections 631.031 and 631.051, Florida Statutes (2019), for the entry of a Consent Order Appointing the Department as Receiver of Windhaven Insurance Company (“Respondent” or “Company”) for purposes of rehabilitation, injunction, and notice of automatic stay. In support of its petition, the Department states:

1. Respondent was licensed by the Office of Insurance Regulation (“OIR”) on March 29, 2006, as a state of Florida domestic property and casualty insurer authorized to write Private Passenger Automobile Liability and Private Passenger Automobile Physical Damage coverage pursuant to Part III of Chapter 624, Florida Statutes. Respondent’s principal place of business is located at: 3155 NW 77 Avenue, Doral FL 33122.

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

3. This Court has original jurisdiction over these proceedings and can exercise

jurisdiction over any person required by section 631.391, Florida Statutes, to cooperate with OIR and over all other persons made subject to this Court's jurisdiction by other provisions of law. §§ 631.021(1) and 631.025, Fla. Stat. Additionally, this Court is authorized to enter all necessary or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, sections 631.001 *et seq.*, Florida Statutes. § 631.021(1), Fla. Stat.

4. Venue is proper in the Circuit Court of Leon County. § 631.021(2), Fla. Stat.

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

6. By letter dated December 5, 2019, and pursuant to section 631.031(1), Florida Statutes, David Altmaier, Commissioner of OIR, advised Florida's Chief Financial Officer, Jimmy Patronis, that grounds exist for the initiation of delinquency proceedings against Respondent. A copy of the letter is attached hereto and incorporated herein as **Department Exhibit A**.

7. Section 631.031(2), Florida Statutes, empowers the Department to petition this Court for a consent order directing it to rehabilitate a domestic insurer, and section 631.051, Florida Statutes, provides that the Department may apply for such order upon the existence of any of the grounds specified in that section. Based on the documentation received from OIR, including an affidavit from Robert W. Ridenour, a Financial Administrator within the Property & Casualty Financial Oversight unit, the Department has confirmed that grounds exist that warrant the rehabilitation of Respondent. A copy of the Affidavit of Robert W. Ridenour is attached hereto and incorporated herein as **Department Exhibit B**.

8. **Basis One for Rehabilitation:** Respondent is impaired within the meaning of

section 631.011(13), Florida Statutes. Section 631.051(1), Florida Statutes, authorizes the initiation of delinquency proceedings against an insurer if the insurer is impaired. The basis for the determination of impairment is summarized as follows:

a. An insurer's surplus is considered impaired, as defined by section 631.011(13), Florida Statutes, if the surplus does not meet the requirements of section 624.408, Florida Statutes. Respondent is required by section 624.408(1), Florida Statutes, to maintain a minimum surplus of not less than the greater of \$4 million or 10% of Respondent's total liabilities.

b. On October 21, 2019, Respondent filed its monthly financial statement with OIR for the period ending September 30, 2019 ("September Financial Statement"). A copy of the September 30, 2019, Financial Statement is attached hereto as **Exhibit 2 to Department Exhibit B**.¹

c. On the September Financial Statement, Respondent reported a \$26,072,438 surplus as regards policyholders. (See page 4, line 39 of Exhibit 2 to Department Exhibit B)

d. On November 13, 2019, Respondent notified OIR that a contingent commission liability of \$19.1 million was being realized, but that the liability had not been reflected on the September Financial Statement. The accrual of the contingent commission liability reduced Respondent's surplus by \$19.1 million.

e. Additionally, Respondent notified OIR that it had a reserve deficiency of \$7 million which reduced Respondent's surplus by an additional \$7 million.

f. OIR determined that Respondent's surplus fell below the minimum required by law and was therefore impaired after Respondent's liabilities were adjusted to take into account the \$19.1 million contingent commission liability and the \$7 million reserve deficiency.

¹ The Department continued the use of the numbering system used by OIR as to its exhibits. Thus, there is no Exhibit B-3 attached to the Department's Consent Petition.

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

a. An insurer is insolvent when all of the assets of the insurer, if made immediately available, would not be sufficient to discharge all its liabilities or that the insurer is unable to pay its debts as they become due in the usual course of business. § 631.011(14), Fla. Stat.

b. Respondent's total liabilities as reported on the September Financial Statement were \$131,448,583 and its total assets were \$157,537,420. OIR has determined that after adjusting Respondent's liabilities to account for the \$19.1 million contingent commission liability and the \$7 million reserve deficiency, Respondent's assets are not sufficient to discharge all its liabilities and Respondent is therefore insolvent.

10. **Basis Three for Rehabilitation:** OIR has determined that Respondent's further transaction of insurance is hazardous to policyholders, creditors, stockholders, or the public. Section 631.051(3), Florida Statutes, authorizes the initiation of delinquency proceedings if a domestic insurer is found by OIR "to be in such condition or is using ... such methods or practices in the conduct of its business...to render its further transaction of insurance presently or prospectively hazardous to its policyholders, creditors, stockholders, or the public." The basis for the determination that Respondent's continued transaction of insurance is hazardous is as follows:

a. As outlined above in paragraphs 8 and 9, Respondent is insolvent and in an unsound financial condition.

b. As reported in Respondent's annual statement for the year ending December

31, 2018 (“2018 Annual Statement”), Respondent’s policyholder surplus declined by \$10,833,349 or 22.28%, between 2017 to 2018. A copy of Respondent’s 2018 Annual Statement is attached hereto as **Exhibit 4 to Department Exhibit B.**

c. The 2018 Annual Statement also reflects that Respondent suffered a \$9,712,162 net loss for 2018 which represents 19.97% of Respondent’s 2017 year-end surplus as regards policyholders.

d. Respondent’s 2018 Annual Statement also shows a pattern of adverse loss reserve development which reflects that Respondent has been “consistently under-estimating its actual losses and failing to establish adequate reserves for such losses.”

e. Lastly, Respondent’s cash and invested assets declined from \$74,215,327 (Exhibit 4, page 2, line 17) in the first nine months of 2019 to \$41,086,714 (see Exhibit 2, page 2, line 17) which represents a 44.64% decrease.

11. **Basis Four for Rehabilitation:** Respondent, through a majority of its directors, consented to the entry of an order placing Respondent into receivership. Section 631.051(11), Florida Statutes, authorizes the initiation of delinquency proceedings against an insurer if the insurer has consented through a majority of its directors, stockholders, members or subscribers to the entry of an order placing Respondent into receivership. On November 18, 2019, Respondent and OIR executed a Consent Order for Administrative Supervision (“Supervision Consent Order”), in which Respondent agreed that should it fail to comply with any provision of the Supervision Consent Order, such failure would constitute a consent to the entry of an Order appointing the Department as Receiver. Respondent failed to comply with provisions of the Supervision Consent Order. A copy of the Supervision Order is attached hereto and incorporated herein as **Exhibit 1 to Department Exhibit B.**

a. The Supervision Consent Order required Respondent to provide OIR with a bank statement, reflecting a capital contribution of at least \$30 million in cash or cash equivalents by November 29, 2019. (See Exhibit 1, page 3, paragraph 6.b. to Department Exhibit B.) Respondent failed to provide the required bank statement by the due date and to date has not contributed any of the required cash or cash equivalents.

b. On November 15, 2019, attendant to Respondent's execution of the Supervision Consent Order, Respondent, through a resolution of its board of directors, executed a Consent to Order of Receivership consenting to the appointment of the Department as Receiver of Respondent. A copy of the Consent to Order of Receivership is attached hereto and incorporated herein as **Exhibit 5 to Department Exhibit B.**

c. The Consent to Order of Receivership admits that "grounds exist for the appointment of a Receiver for Rehabilitation or Liquidation" pursuant to section 631.051 and 631.061, Florida Statutes; that Respondent consents, through a majority of its directors, to the entry of an Order of Rehabilitation or Liquidation, at the sole discretion of the Department; and waives any right to contest the initiation of delinquency proceedings by the Department or to a hearing on the Department's petition.

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

WHEREFORE, the Florida Department of Financial Services, Division of Rehabilitation and Liquidation, respectfully requests that this Court enter a Consent Order appointing the

Department of Financial Services as receiver of Windhaven Insurance Company for the purposes of rehabilitation, injunction, and notice of automatic stay.

RESPECTFULLY SUBMITTED this the 9th day of December, 2019.

/signed//

JAMILA G. GOODEN

Senior Attorney

Florida Bar No. 46740

Jamila.Gooden@myfloridacfo.com

MIRIAM O. VICTORIAN

Chief Attorney

Florida Bar No. 355471

Miriam.Victorian@myfloridacfo.com

Florida Department of Financial Services

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Division of Rehabilitation and Liquidation

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Doral, Florida 33166

Telephone: (786) 336-1382



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

FINANCIAL SERVICES
COMMISSION

RON DESANTIS
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

ASHLEY MOODY
ATTORNEY GENERAL

NICOLE "NIKKI" FRIED
COMMISSIONER OF
AGRICULTURE

December 5, 2019

SENT VIA FACSIMILE
(850) 413-2950

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

Re: Windhaven Insurance Company

Dear Chief Financial Officer Patronis:

Pursuant to Chapter 631, Florida Statutes, the Office of Insurance Regulation has determined that one or more grounds exist for the Department of Financial Services, Division of Rehabilitation and Liquidation, to initiate delinquency proceedings against Windhaven Insurance Company. Included with this letter please find an affidavit setting forth those grounds along with a consent to order of receivership signed by the company so that the Division can promptly initiate those proceedings.

Please be aware that an attachment to the affidavit contains financial information that was submitted to the Office by Windhaven as trade secret pursuant to Section 624.4213, Florida Statutes. Accordingly, please ensure the affidavit is afforded appropriate protection from public disclosure when filed with the Circuit Court.

As always, the Office stands ready to provide any additional information or assistance the Department needs in order for this matter to proceed as expeditiously as possible. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "David Altmaier".

David Altmaier

cc: Peter Penrod, Chief of Staff
Department of Financial Services

Enclosures

DFS Exhibit A

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

AFFIDAVIT OF ROBERT W. RIDENOUR

STATE OF FLORIDA

COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Robert W. Ridenour, who after being duly sworn, deposes and says:

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

2. I have been employed by the Florida Office of Insurance Regulation (hereinafter referred to as "OFFICE") since May 2000.

3. Since October 2017, I have held the position of Financial Administrator within the Property & Casualty Financial Oversight business unit. In this position, I supervise a team of twenty persons specifically assigned to the financial analysis of insurance companies licensed to do business in Florida.

4. I have a Bachelor of Science degree in Business Administration with a major in Finance from the University of Florida.

5. Windhaven Insurance Company (hereinafter referred to as "WINDHAVEN") holds a license as a state of Florida domestic Property and Casualty insurer and is authorized to write in the lines of (192) Private Passenger Auto Liability and (211) Private Passenger Auto Physical Damage, pursuant to Part III of Chapter 624, Florida Statutes.

6. As a licensed insurer, WINDHAVEN is subject to the regulation of the OFFICE pursuant to the Florida Insurance Code.

DFS Exhibit B

7. On November 18, 2019, WINDHAVEN and the OFFICE executed Consent Order 255482-19-CO (hereinafter referred to as “Supervision Consent Order”). Pursuant to the Supervision Consent Order, WINDHAVEN was placed in Administrative Supervision for the purposes of protecting its assets and the interests of its insureds. A true and correct copy of the Supervision Consent Order is attached hereto as Exhibit 1.

8. The OFFICE has worked with WINDHAVEN during the period of Administrative Supervision to review and evaluate the true financial position of WINDHAVEN.

9. The OFFICE has now determined that grounds exist for the Department of Financial Services (hereinafter referred to as “DEPARTMENT”) to petition for an order, under Section 631.051 or 631.061, Florida Statutes, directing the DEPARTMENT to rehabilitate WINDHAVEN or appointing the DEPARTMENT as receiver for purposes of liquidating the business of WINDHAVEN. The four bases for this determination are summarized as follows:

BASIS ONE: WINDHAVEN IS IMPAIRED

Authority: § 631.051(1) Fla. Stat.

10. On October 21, 2019, the OFFICE received WINDHAVEN’s monthly financial statement (“Statement”) for the period ending September 30, 2019. A true and correct copy of the Statement is attached as Exhibit 2.

11. In the Statement, WINDHAVEN reported surplus as regards policyholders totaling \$26,072,438 United States Dollars (“USD”). See Exhibit 2, page 4, line 37.

12. On or about November 13, 2019, the OFFICE was notified by WINDHAVEN that a contingent commission liability triggered by thresholds of profitability and offset by receivables, previously deferred, was suddenly being realized.

13. On November 14, 2019, WINDHAVEN estimated the contingent liability at about \$19.1 million and indicated that it had not yet accrued this liability in its financial statement.

14. In addition to the above contingent commission liability, WINDHAVEN represented that it had a reserve deficiency of \$7 million dollars that would also negatively impact its surplus position and the financial representations made in its Statement.

15. On November 22, 2019, WINDHAVEN submitted as Trade Secret, pursuant to Section 624.4213, Florida Statutes, pro forma statements to the OFFICE in accordance with the terms of Supervision Consent Order. A true and correct copy of the pro formas is attached hereto in a sealed envelope as Exhibit 3.

16. The pro forma statements indicate a different contingent commission liability than that indicated in paragraph 13 (see Exhibit 3, UCCA Proforma Financial Statements Assumptions page).

17. Section 631.011(13), Florida Statutes, defines “impairment of surplus” as a surplus in an amount that “does not meet the requirements of section 624.408.” Pursuant to Section 624.408, Florida Statutes, WINDHAVEN is required to “at all times” maintain surplus as to policyholders of at least the greater of \$4 million or 10% of its total liabilities.

18. Based on WINDHAVEN’s Statement and pursuant to Section 624.408, Florida Statutes, WINDHAVEN was required to maintain surplus as to policyholders in the amount of \$4,095,398. For the purposes of calculating minimum surplus and pursuant to Section 625.041(5), Florida Statutes, liabilities do not include taxes, expenses, and other obligations due or accrued at

the date of the statement. Liabilities do include items enumerated in Section 625.041 (1) – (4), Florida Statutes, which are reserve and unearned premium related items.

19. Adjusting the liabilities owed by WINDHAVEN to take into account the contingent commission liability and the reserve deficiency, surplus as to policyholders is reduced by the same amounts leaving surplus as to policyholders at September 30, 2019, at a negative amount.

20. The OFFICE has determined that WINDHAVEN is impaired.

BASIS TWO: WINDHAVEN IS INSOLVENT OR ABOUT TO BECOME INSOLVENT

Authority: §§ 631.051(1) and 631.061(2) Fla. Stat.

21. Section 631.011(14), Florida Statutes, defines “insolvency” as a condition in which all of the assets of the insurer, if made immediately available, would be insufficient to discharge all of the liabilities of the insurer.

22. WINDHAVEN’s total liabilities reported on its Statement were \$131,448,583 (see Exhibit 2, page 3, line 28) and its total assets were \$157,537,420, (see Exhibit 2, page 2, line 8).

23. Adjusting the liabilities owed by WINDHAVEN to take into account the contingent commission liability and the reserve deficiency, WINDHAVEN’s assets are insufficient to discharge all its liabilities thereby rendering WINDHAVEN insolvent as of September 30, 2019.

24. The OFFICE has determined that WINDHAVEN is insolvent.

BASIS THREE: FURTHER TRANSACTION OF INSURANCE IS HAZARDOUS TO POLICYHOLDERS, CREDITORS, STOCKHOLDERS, OR THE PUBLIC

Authority: §631.051(3), Fla. Stat.

25. As reported in its December 31, 2018 Annual Statement, WINDHAVEN's policyholder surplus declined by \$10,833,349, or 22.28%, from 2017 to 2018. Additionally, WINDHAVEN's net loss for the period ending December 31, 2018, was \$9,712,162 which loss represents 19.97% of WINDHAVEN's prior year-end surplus as regards policyholders. A true and correct copy WINDHAVEN's December 31, 2018 Annual Statement is attached hereto as Exhibit 4.

26. WINDHAVEN also reported in its December 31, 2018 Annual Statement loss reserve development for the past two (2) years as follows:

One-Year Loss Reserve Development:	2017 - \$8,963,000 2018 - \$33,106,000 (Exhibit 4, page 18, line 74).
Two-Year Loss Reserve Development:	2017 - \$5,394,000 2018 - \$38,732,000 (Exhibit 4, page 18, line 76).

27. This adverse loss reserve development pattern reflects that WINDHAVEN has been consistently under-estimating its actual losses and failing to establish adequate reserves for such losses.

28. WINDHAVEN's cash and invested assets declined 44.64% in the first nine (9) months of 2019 from \$74,215,327 (Exhibit 4, page 2, line 17) to \$41,086,714 (see Exhibit 2, page 2, line 17). WINDHAVEN's cash and invested assets have continued to decline during the period of Supervision.

29. Based on the above, the OFFICE has determined that WINDHAVEN is operating in an unsound condition that is hazardous to policyholders, creditors, stockholders, and the public.

BASIS FOUR: CONSENT TO REHABILITATION OR LIQUIDATION

Authority: §631.051(11), Fla. Stat.

30. The Supervision Consent Order required WINDHAVEN to provide a bank statement to the OFFICE reflecting a capital contribution of at least \$30 million in cash or cash equivalents into WINDHAVEN by November 29, 2019. See Exhibit 1, page 3, paragraph 6.b.

31. WINDHAVEN failed to provide the required bank statement by the due date above and to date has not contributed any required cash or cash equivalents.

32. The Supervision Consent Order states “[s]hould WINDHAVEN fail to comply with any provision of this consent order, WINDHAVEN consents to the entry of an Order appointing the Department as Receiver and acknowledges that the Department may apply to the Court for an Order of Rehabilitation or Liquidation, at the sole discretion of the Department, on the basis that WINDHAVEN has consented to the entry of such Order.” See Exhibit 1, page 5, paragraph 16.

33. On November 15, 2019, WINDHAVEN, through a majority of its directors, executed a Consent to Order of Receivership (hereinafter referred to as “the Consent”) for the appointment of the Department of Financial Services, Division of Rehabilitation and Liquidation as Receiver. A true and correct copy of the Consent is attached hereto as Exhibit 5.

34. The Consent admits “that grounds exist for the appointment of a Receiver for Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.” See Exhibit 5, paragraph 2.

35. The Consent states as follows:

Pursuant to Sections 631.051(11) and 631.061 (on grounds of consent), Florida Statutes, Respondent consents, through a majority of its directors, stockholders, members, or subscribers, to the entry of an Order of Rehabilitation or Liquidation, at the sole discretion of the Department of Financial Services (herein, the “DFS”) as Receiver for the purposes of Rehabilitation or Liquidation, and

consents to any injunctions this Court deems necessary and appropriate.

Exhibit 5, paragraph 3.

36. Further, the consent states:

Respondent agrees not to contest the initiation of delinquency proceedings by the DFS in the Circuit Court of the Second Judicial Circuit, in and for Leon County, Florida. Respondent agrees further that no hearing need be held on the DFS' petition for an order appointing the DFS as Receiver.

Id.

CONCLUSION

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

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FURTHER AFFIANT SAYETH NOT.



Robert W. Ridenour, Financial Administrator
Property & Casualty Financial Oversight
Office of Insurance Regulation

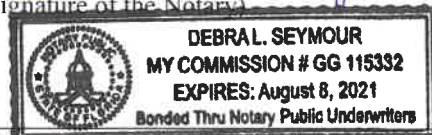
STATE OF Florida

COUNTY OF Leon

The foregoing affidavit was sworn to and subscribed before me this 5th day of December
2019, by Robert W. Ridenour



(Signature of the Notary)



(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires August 8, 2021



FILED

NOV 18 2019

OFFICE OF
INSURANCE REGULATION

Docketed by:

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 255482-19-CO

WINDHAVEN INSURANCE COMPANY /

CONFIDENTIAL
Pursuant to Section
624.82, Florida Statutes

CONSENT ORDER FOR ADMINISTRATIVE SUPERVISION

THIS CAUSE came on for consideration upon examination by the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") of the financial condition of WINDHAVEN INSURANCE COMPANY ("WINDHAVEN"). After a complete review of the entire record, and upon consideration thereof, and otherwise being fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the parties and subject matter of this action.
2. WINDHAVEN is a domestic property and casualty insurer domiciled in Florida and authorized to do business in Florida and subject to regulation by the OFFICE, pursuant to the Florida Insurance Code.
3. The OFFICE has determined that grounds exist for WINDHAVEN to be placed in administrative supervision pursuant to Section 624.81(2), Florida Statutes.
4. WINDHAVEN has been fully cooperative with the OFFICE and agrees to be placed under administrative supervision for a period of 120 days from the date of execution of this Consent Order and to be subject to the provisions of Sections 624.80-.87, Florida Statutes, as if an order were issued by the OFFICE. WINDHAVEN further agrees that administrative supervision

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Pursuant to Section 624.82, Florida Statutes

may be extended in 60-day increments or longer not to exceed 120 days, at the OFFICE's sole discretion.

5. WINDHAVEN hereby knowingly and voluntarily waives the requirement of written notice under Section 624.81(1), Florida Statutes, and therefore agrees that any timelines outlined in this Consent Order will be binding, notwithstanding any timelines provided for in Section 624.81, Florida Statutes.

6. Pursuant to Section 624.81(3), Florida Statutes, WINDHAVEN and the OFFICE agree that the commitments and requirements in paragraphs six and seven of this Consent Order constitute the Corrective Action Plan ("Plan") for WINDHAVEN. All filings and notifications required in the Plan must be made on the date indicated by 5 pm EST.

a. By November 22, 2019, WINDHAVEN shall file with the OFFICE alternative Pro Formas on UCAA forms showing the next 18 months of projections under the following 2 scenarios:

i. The first set of Pro Formas shall:

- 1) assume no capital infusions;
- 2) assume renewal of its existing policies;
- 3) assume no new policies;
- 4) show all reserve adjustments identified by WINDHAVEN's consulting actuary;
- 5) include a separate schedule of recoverables from and payments due to Greenlight Reinsurance Limited; and
- 6) include a separate schedule of recoverables from and payments due to Greenlight Reinsurance Limited affiliates.

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Pursuant to Section 624.82, Florida Statutes

ii. The second set of Pro Formas shall:

- 1) assume no capital infusions;
- 2) assume non-renewal of its existing policies;
- 3) assume no new policies;
- 4) show all reserve adjustments identified by WINDHAVEN's consulting actuary;
- 5) include a separate schedule of recoverables from and payments due to Greenlight Reinsurance Limited; and
- 6) include a separate schedule of recoverables from and payments due to Greenlight Reinsurance Limited affiliates.

b. By November 29, 2019, WINDHAVEN shall provide a bank statement to the OFFICE reflecting a capital contribution of at least \$30 million in cash or cash equivalents into WINDHAVEN. If provided, the OFFICE will review WINDHAVEN's sufficiency of capital going forward to determine if any further corrective action is needed.

c. If WINDHAVEN fails to receive the required capital contribution by November 29, 2019, WINDHAVEN acknowledges that the OFFICE may refer WINDHAVEN to the Department of Financial Services ("Department") pursuant to paragraph 16 of this Consent Order.

7. WINDHAVEN shall stop writing any new business and shall not write any new business during the pendency of the administrative supervision. WINDHAVEN shall notify its agents, by close of business November 18, 2019, that it is no longer writing new business.

8. WINDHAVEN shall obtain prior written consent from the OFFICE before conducting any of the activities enumerated in Section 624.83, Florida Statutes.

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Pursuant to Section 624.82, Florida Statutes

9. WINDHAVEN shall not enter into any new, or amend any existing, agreements with any affiliate(s), as defined in Section 631.011(1), Florida Statutes, without prior written consent of the OFFICE.

10. WINDHAVEN shall not expend funds or make any payments without the prior written consent of the OFFICE. If, after approval of a transaction has been granted by the OFFICE, the OFFICE becomes aware of additional facts or circumstances that materially affect such approval, the OFFICE reserves the right to require such corrective action as it may deem necessary or advisable. WINDHAVEN need not obtain prior written approval for payment of claims; however, the OFFICE may retrospectively review such payments.

11. The OFFICE may appoint a Deputy Supervisor pursuant to Section 624.87, Florida Statutes. Such Deputy Supervisor shall represent the OFFICE and shall be under the control of the OFFICE.

12. WINDHAVEN shall be responsible for administrative supervision expenses pursuant to Section 624.87, Florida Statutes. WINDHAVEN shall reimburse the OFFICE for any reasonable expenses of supervision and will pay directly all contractors, including any Deputy Supervisor retained by the OFFICE, for assistance with the administrative supervision. Such reimbursement shall be made biweekly or as otherwise directed by the OFFICE.

13. WINDHAVEN agrees that the OFFICE and the Department may have examiners or other designees present at the offices of WINDHAVEN to supervise activities, obtain independent information, verify transactions, verify the conditions and status of WINDHAVEN and its progress in developing and complying with its Plan, and perform any other duty as designated by the OFFICE. WINDHAVEN shall cooperate with and facilitate the presence and work of such examiners or designees.

CONFIDENTIAL

Pursuant to Section 624.82, Florida Statutes

14. Administrative supervision is confidential as provided in Section 624.82, Florida Statutes, unless otherwise specified within that Section. The OFFICE reserves the right to make this Administrative Supervision, including this Consent Order, public pursuant to Section 624.82(4), Florida Statutes.

15. WINDHAVEN agrees and affirms that all information, submissions, explanations, representations, and documents provided to the OFFICE in connection with this matter, including all comments and supplements thereto, are true and correct and material to the issuance of this Consent Order.

16. Should WINDHAVEN fail to comply with any provision of this consent order, WINDHAVEN consents to the entry of an Order appointing the Department as Receiver and acknowledges that the Department may apply to the Court for an Order of Rehabilitation or Liquidation, at the sole discretion of the Department, on the basis that WINDHAVEN has consented to the entry of such an Order. WINDHAVEN further agrees that the Department shall have the sole discretion to determine whether WINDHAVEN shall be placed into rehabilitation or liquidation. In the event that the Department initially obtains an Order appointing it as Receiver of WINDHAVEN for purposes of Rehabilitation, WINDHAVEN further consents to the Department obtaining a subsequent Order appointing the Department as Receiver for the purposes of Liquidation, should the Department, at any time and in its sole discretion, determine that Rehabilitation of Respondent is not feasible. See Exhibit 1 Consent to Order of Receivership attached.

17. WINDHAVEN expressly waives its rights to a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. WINDHAVEN hereby

CONFIDENTIAL

Pursuant to Section 624.82, Florida Statutes

knowingly and voluntarily waives all rights to challenge or contest this Consent Order in any forum now or in the future available to it, including the rights to any administrative proceeding, state or federal court action, or any appeal.

18. WINDHAVEN acknowledges that the execution of this Consent Order does not prohibit other administrative action upon the Certificate of Authority of WINDHAVEN deemed appropriate by the OFFICE in accordance the Florida Insurance Code or with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

19. WINDHAVEN agrees that if the OFFICE expends staff time or funds because further proceedings are required to enforce the terms of this Consent Order, or if administrative proceedings are initiated by WINDHAVEN regarding this administrative supervision and the OFFICE prevails in such proceedings, WINDHAVEN shall reimburse the OFFICE for reasonable attorney's fees and costs. Otherwise, each party to this Consent Order shall bear its own costs and attorney's fees.

20. Any prior Order(s) of the OFFICE, or Consent Order(s) or corrective action plan(s) that WINDHAVEN has entered into with the OFFICE prior to the issuance of this Consent Order, shall apply and remain in full force and effect for WINDHAVEN unless inconsistent with this Consent Order.

21. Any deadlines set forth in this Consent Order may be extended by written approval of the OFFICE. Approval of any deadline extension is subject to statutory and administrative regulation limitations.

22. WINDHAVEN agrees that it has entered into this Consent Order voluntarily, without coercion from the OFFICE, or any agent, employee, or designee of the OFFICE, and that

CONFIDENTIAL

Pursuant to Section 624.82, Florida Statutes

WINDHAVEN has obtained legal counsel from its attorney(s) prior to entering into this Consent Order.

23. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of WINDHAVEN or its authorized representative, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, WINDHAVEN agrees that its signature, as affixed to this Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between WINDHAVEN INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED. FURTHER, all terms and conditions contained herein to place WINDHAVEN INSURANCE COMPANY in administrative supervision are hereby ORDERED.

DONE and ORDERED this 18 day of November, 2019.




David Altmaier, Commissioner
Office of Insurance Regulation

CONFIDENTIAL

Pursuant to Section 624.82, Florida Statutes

By execution hereof, WINDHAVEN INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind WINDHAVEN INSURANCE COMPANY to the terms and conditions of this Consent Order. The undersigned also certifies that he/she has provided the signature below voluntarily and without coercion, based upon the assistance of legal counsel for WINDHAVEN INSURANCE COMPANY.

WINDHAVEN INSURANCE COMPANY

By: [Signature]

Print Name: Jimmy E. White

Title: CEO

Date: 11/15/19

[Corporate Seal]

STATE OF FL
COUNTY OF Miami Dade

The foregoing instrument was acknowledged before me this 15 day of November 2019,

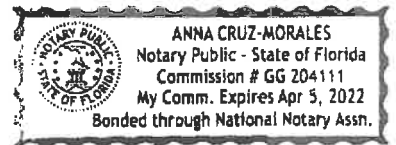
by Jimmy White as CEO
(name of person) (type of authority; e.g., officer, trustee, attorney in fact)

for windhaven insurance company
(company name)

[Signature]
(Signature of the Notary)

[Notary Seal]

Anna Cruz-Morales
(Print, Type, or Stamp Commissioned Name of Notary)



Personally Known X OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires April 5, 2022

CONFIDENTIAL

Pursuant to Section 624.82, Florida Statutes

COPIES FURNISHED TO:

JIMMY WHITED, CHIEF EXECUTIVE OFFICER
WINDHAVEN INSURANCE COMPANY
3155 NW 77th Ave
Miami, FL 33122
Email: Jimmy.Whited@windhaven.com

BEN TURNER, PRESIDENT
WINDHAVEN INSURANCE COMPANY
9050 N Capital of TX HWY, Suite 200
Austin, TX 78759
Email: Ben.J.Turner@windhaven.com

FRED KARLINSKY, SHAREHOLDER
GREENBERG TRAUER
401 East Las Olas Blvd, Suite 200
Fort Lauderdale FL 33301
Email: karlinskyf@gtlaw.com

VIRGINIA CHRISTY, DIRECTOR
Property & Casualty Financial Oversight
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399
Email: virginia.christy@flor.com

SARAH BERNER, CHIEF LEGAL COUNSEL
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399
Telephone: (850) 413-4169
Email: Sarah.Berner@flor.com

CONSENT TO ORDER OF RECEIVERSHIP
WINDHAVEN INSURANCE COMPANY
EXHIBIT 1

IT IS HEREBY agreed as follows:

1. WINDHAVEN INSURANCE COMPANY (herein "Respondent") is a Florida corporation and is a domestic property and casualty insurer authorized to transact insurance business in the state of Florida.

2. Respondent admits that grounds exist for the appointment of a Receiver for Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.


3. Pursuant to Sections 631.051 and 631.061, Florida Statutes, Respondent consents through a majority of its directors, stockholders, members, or subscribers, to the entry of an Order of Rehabilitation or Liquidation, at the sole discretion of the Department of Financial Services (hereinafter referred to as "DFS"), appointing DFS as Receiver, for purposes of Rehabilitation or Liquidation, and consents to any injunctions this Court deems necessary and appropriate. The Resolution of the Board of Directors of WINDHAVEN INSURANCE COMPANY is attached hereto as Attachment "A".

CONSENT TO ORDER OF RECEIVERSHIP
WINDHAVEN INSURANCE COMPANY
EXHIBIT 1

Dated this 15th day of November, 2019.

(Corporate Seal)

WINDHAVEN INSURANCE COMPANY

By: 

Print Name: Jimmy E. Whited

Title: CEO

Date: 11/15/19

[Corporate Seal]

STATE OF FL
COUNTY OF Miami Dade

The foregoing instrument was acknowledged before me this 15 day of November 2019,
by Jimmy Whited as CEO
(name of person) (type of authority; e.g., officer, trustee, attorney in fact)
for Windhaven Insurance Company.
(company name)


(Signature of the Notary)

[Notary Seal]


ANNA CRUZ-MORALES
(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____
Type of Identification Produced _____
My Commission Expires April 5, 2022

CONSENT TO ORDER OF RECEIVERSHIP
WINDHAVEN INSURANCE COMPANY
EXHIBIT 1

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the ~~immediate~~ appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

Dated this 15 day of November, 2019.

(Corporate Seal)

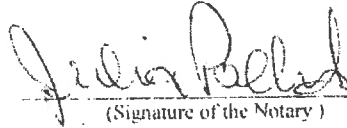
Directors of Windhaven Insurance Company



The foregoing instrument was acknowledged before me this 15 day of November 2019,

by Edward Dew as Director
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for Windhaven Insurance Company
(company name)


(Signature of the Notary)

Julia Pollard
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification X

Type of Identification Produced Driver's License

JULIA POLLARD
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 60687953
MY COMMISSION EXPIRES AUGUST 9, 2023

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

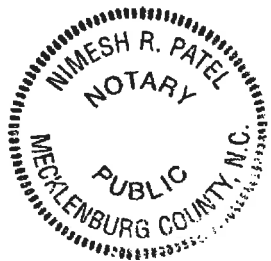
Dated this 15th day of November, 2019.

(Corporate Seal)

Directors of Windhaven Insurance Company



The foregoing instrument was acknowledged before me this 15th day of November 2019,
by Elliot Backerman as Director
(name of person) (type of authority e.g. officer, trustee attorney in fact)
for Windhaven Insurance Company.
(company name)



Nimesh R Patel
(Signature of the Notary)

Nimesh R Patel
(Print, Type or Stamp Commissioned Name of Notary)
Commission Exp 11/7/24

Personally Known _____ OR Produced Identification

Type of Identification Produced NC Driver License

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;


FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.


FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

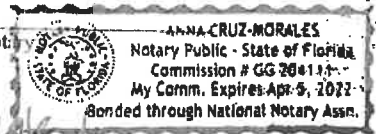
Dated this 15th day of November, 2019.

(Corporate Seal)

Directors of Windhaven Insurance Company


The foregoing instrument was acknowledged before me this 15 day of NOV. 2019,
by Jimmy White as CEO
(name of person) (type of authority e.g. officer, trustee attorney in fact)
for WINDHAVEN Insurance Company
(company name)


(Signature of the Notary)



ANNA CRUZ MORALES

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 15 day of NOV 2019,
by Susan Wollenberg as CFO
(name of person) (type of authority e.g. officer, trustee attorney in fact)
for Windhaven Insurance Company
(company name)

[Handwritten Signature]
(Signature of the Notary)
ANNA CRUZ-MORALES
(Print, Type or Stamp Commissioned Name of Notary)
ANNA CRUZ-MORALES
Notary Public - State of Florida
Commission # GG 204111
My Comm. Expires Apr 5, 2022
Bonded through National Notary Ass'n

Personally Known OR Produced Identification

Type of Identification Produced _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2019,
by _____ as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)
for _____
(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2019,

by _____ as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for _____
(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2019,

by _____ as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for _____
(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

Dated this 15th day of December, 2019.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

On November 15th 2019 before me, Alex Barsoum, Notary Public

personally appeared Hugh M. O'Donnell

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

A handwritten signature in cursive script, appearing to read "Alex Barsoum", written over a horizontal line.

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document


Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

(Corporate Seal)

Directors of Windhaven Insurance Company



The foregoing instrument was acknowledged before me this 15th day of June 2019,

by Mark O'Donnell as Director
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for Windhaven Insurance Company
(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

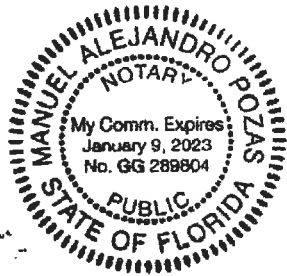
Dated this _____ day of _____, 2019.

(Corporate Seal)

Directors of Windhaven Insurance Company

[Signature]

The foregoing instrument was acknowledged before me this 15th day of Nov. 2019,
by John Lie-Nielsen as Board of Directors
(name of person) (type of authority e.g. officer, trustee attorney in fact)
for Windhaven Insurance Company
(company name)



[Signature]
(Signature of the Notary)

MANUEL A. POZAS
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification _____

Type of Identification Produced Personally Known

(Corporate Seal)

Directors of Windhaven Insurance Company

Ben J. Tom

The foregoing instrument was acknowledged before me this 15 day of November 2019,

by Benjamin Turner as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)

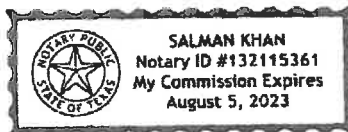
for _____
(company name)

[Signature]
(Signature of the Notary)

Salman Khan
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced Driver's License



**MINUTES OF THE BOARD OF DIRECTORS MEETING
OF WINDHAVEN INSURANCE COMPANY**

November 15, 2019

Board Chairman Jimmy Whited called the meeting to order at 3:48 EST.

The following directors were in attendance: Mr. Whited, Ben Turner, Hugh O'Donnell, Elliot Backerman, Susan Wollenberg, John Lie-Nielson, Edward Dew.

All directors are in attendance – quorum established.

Also in attendance were JD Horwitz, Executive Vice-President of Windhaven Insurance Company, Stephen Simeonidis, Deputy General Counsel of Windhaven Insurance Company and Board Secretary, Sachin Sarnobat, Managing Director of Atalaya Capital and Biyuan Zhao of Atalaya Capital.

Mr. Whited informed the board regarding the Consent Order for Administrative Supervision from the Florida Office of Insurance, which was sent to all parties on the call.

Mr. Simeonidis walked the board through the Consent Order, its ramifications and other logistics including the fact that it was currently confidential.

Mr. Backerman moved and Mr. Lie-Nielson seconded approving a resolution with the following text, both including and excluding the word “immediate” in paragraph 3 and it passed unanimously:

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

No objection to “notice” of this meeting was made.

Mr. Dew moved to adjourn the meeting, Mr. Backerman seconded, and it passed unanimously. The meeting adjourned at 4:08pm EST.

The forgoing has been certified as an accurate recording of the November 15, 2019 Board of Directors Meeting by both the Chairman and the Secretary, as indicated below:

By: [Signature]

Print Name: Jimmy E. Whited

Title: CEO and Chairman of the Board

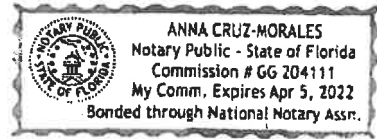
Date: November 15, 2019

[Corporate Seal]

[Signature]

(Signature of the Notary)

[Notary Seal]



Anna Cruz-Morales

(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires April 5, 2022

INTENTIONALLY LEFT BLANK

By: _____

Print Name: Steve Simeonidis

Title: Deputy General Counsel and Board Secretary

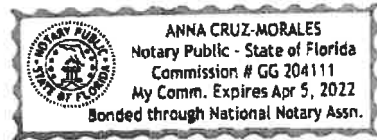
Date: November 15, 2019

[Corporate Seal]

AS

(Signature of the Notary)

[Notary Seal]



Anna Cruz-Morales

(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires April 5, 2022

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019
OF THE CONDITION AND AFFAIRS OF THE

Windhaven Insurance Company

NAIC Group Code: 4820 (Primary Market) 4810 (Prior Market) NAIC Company Code: 12541 Employer's ID Number: 22-4003638
 Organized under the Laws of: FLORIDA State of Domicile or Part of Entry: FL
 Country of Domicile: US
 Incorporated/Organized: December 23, 2005 Commenced Business: February 1, 2006
 Secretary Home Office: 3155 NW 77 AVENUE CORAL FL US 33122
 Main Administrative Office: 3155 NW 77 AVENUE CORAL FL US 33122 (Seven and Number) 786-709-4950 (Area Code) Telephone Number
 Mail Address: 3155 NW 77 AVENUE CORAL FL US 33122 (City or Town, State, County and Zip Code) 786-709-4950 (Area Code) Telephone Number
 Primary Location of Books and Records: 3155 NW 77 AVENUE CORAL FL US 33122 (City or Town, State, County and Zip Code) 786-709-4950 (Area Code) Telephone Number
 Internet Website Address: www.windhaven.com
 Secretary Electronic Contact: bryan.dean@WINDHAVENINSURANCE.COM 786-228-8157 (E-mail Address) (Area Code) Telephone Number (Extension) (Fax Number)

OFFICERS

Name	Title
1. Benjamin Joel Turner	President
2. Susan Beth Wollenberg	Treasurer & CFO
3. Jimmy Eric Whited	CEO
4. Douglas Thomas Swickard	Secretary

VICE-PRESIDENTS

Name	Title	Name	Title

DIRECTORS OR TRUSTEES

BENJAMIN JOEL TURNER	SUSAN BETH WOLLENBERG	JOHN LIE-NIELSEN
JIMMY ERIC WHITED	ELLIOT SACHERMAN	

State of Florida
 County of Miami-Dade

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 explanatory items enclosed, executed 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 disbursements thereon 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 statement by the described officers also includes the related non-reporting 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 fee of or in addition to the enclosed statement.

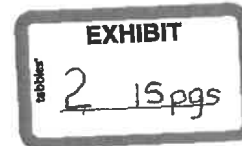
(Signature) BENJAMIN JOEL TURNER (Printed Name) 1. PRESIDENT (Title)
(Signature) SUSAN BETH WOLLENBERG (Printed Name) 2. TREASURER (Title)
(Signature) JIMMY ERIC WHITED (Printed Name) 3. CEO (Title)

Subscribed and sworn to before me this 12th day of December, 2019.
(Signature)

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



DFS Exhibit B-2



QUARTERLY STATEMENT

OF THE

Windhaven Insurance Company

of **Miami**

in the state of **Florida**

TO THE

Insurance Department

OF THE

STATE OF

FLORIDA

FOR THE QUARTER ENDED

September 30, 2019

PROPERTY AND CASUALTY

2019



QUARTERLY STATEMENT

12041201920100103

AS OF SEPTEMBER 30, 2019
OF THE CONDITION AND AFFAIRS OF THE

Windhaven Insurance Company

NAIC Group Code 4868 (Current Period) 4888 (Prior Period) NAIC Company Code 12541 Employer's ID Number 20-4003338

Organized under the Laws of FLORIDA State of Domicile or Port of Entry FL

Country of Domicile US

Incorporated/Organized December 23, 2005 Commenced Business February 1, 2006

Statutory Home Office 3155 NW 77 AVENUE (Street and Number) DORAL FL US 33122 (City or Town, State, Country and Zip Code)

Main Administrative Office 3155 NW 77 AVENUE (Street and Number) DORAL FL US 33122 (City or Town, State, Country and Zip Code) 786-709-4800 (Area Code) (Telephone Number)

Mail Address 3155 NW 77 AVENUE (Street and Number or P.O. Box) DORAL FL US 33122 (City or Town, State, Country and Zip Code) 786-709-4800 (Area Code) (Telephone Number)

Primary Location of Books and Records 3155 NW 77 AVENUE (Street and Number) DORAL FL US 33122 (City or Town, State, Country and Zip Code) 786-709-4800 (Area Code) (Telephone Number)

Internet Website Address www.windhaven.com (E-Mail Address) bryan.deutsch@WINDHAVENINSURANCE.COM (E-Mail Address)

Statutory Statement Contact BRYAN WAYNE DEUTSCH (Name) 786-709-4500 (Area Code) (Telephone Number) 888-289-6157 (Extension) (Fax Number)

OFFICERS

Name	Title
1. <u>Benjamin Joel Turner</u>	<u>President</u>
2. <u>Susan Beth Wollenberg</u>	<u>Treasurer & CFO</u>
3. <u>Jimmy E. Whitte</u>	<u>CEO</u>
4. <u>Stephen Thomas Smeckle</u>	<u>Secretary</u>

VICE-PRESIDENTS

Name	Title	Name	Title

DIRECTORS OR TRUSTEES

<u>BENJAMIN JOEL TURNER</u>	<u>SUSAN BETH WOLLENBERG</u>	<u>JIMMY E. WHITE</u>	<u>JOHN LIE-NIELSEN</u>
<u>JIMMY ERIC WHITE</u>	<u>ELLIOT BACKERMAN</u>		

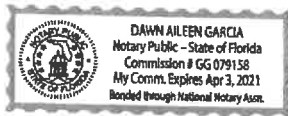
State of Florida
County of Miami-Dade

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 the statement, together with related exhibits, schedules and explanations therein contained, accrued 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 registrars in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
<u>BENJAMIN JOEL TURNER</u>	<u>SUSAN BETH WOLLENBERG</u>	<u>JIMMY ERIC WHITE</u>
(Printed Name)	(Printed Name)	(Printed Name)
1.	TREASURER	3.
PRESIDENT	(Title)	(Title)
(Title)		

Superseded and corrected by this
2019
10/10/2019

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



ASSETS

	Current Statement Date			
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds	16,487,414		16,487,414	37,033,715
2. Stocks:				
2.1 Preferred stocks	630,447		630,447	841,309
2.2 Common stocks	2,322,338		2,322,338	6,768,822
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	16,750,000		16,750,000	16,653,944
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 4,896,515), cash equivalents (\$ 0), and short-term investments (\$ 0)	4,896,515		4,896,515	12,916,537
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	41,086,714		41,086,714	74,215,327
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	200,850		200,850	416,538
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	33,126,181		33,126,181	48,772,572
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	79,415,592		79,415,592	46,344,511
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	244,847		244,847	4,278,118
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	2,366,056		2,366,056	31,973,635
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	1,097,180	16,399	1,080,781	380,908
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	157,537,420	16,399	157,521,021	206,381,607
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total Lines 26 and 27	157,537,420	16,399	157,521,021	206,381,607

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Premium Tax Recoverable	1,080,782		1,080,782	
2502. Security Deposit	16,398	16,399	(1)	
2503. State Income Tax Recoverable				380,908
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,097,180	16,399	1,080,781	380,908

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Statement Date	December 31, Prior Year
1. Losses (current accident year \$ 8,624,152)	14,163,616	33,659,449
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	11,203,806	23,534,881
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	464,310	559,874
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	145,338	576,008
7.1. Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
7.2. Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 27,721,353 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	15,581,565	18,196,271
10. Advance premium		
11. Dividends declared and unpaid:		
11.1. Stockholders		
11.2. Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	70,930,824	71,852,000
13. Funds held by company under reinsurance treaties	5,000	5,000
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ 0 certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	18,954,124	20,198,211
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ 0 and interest thereon \$ 0		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	131,448,583	168,581,694
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	131,448,583	168,581,694
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	6,200,000	6,200,000
31. Preferred capital stock	14,000,000	14,000,000
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes	7,900,000	7,900,000
34. Gross paid in and contributed surplus	19,700,000	19,700,000
35. Unassigned funds (surplus)	(21,727,562)	(10,000,087)
36. Less treasury stock, at cost:		
36.1. 0 shares common (value included in Line 30 \$ 0)		
36.2. 0 shares preferred (value included in Line 31 \$ 0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	26,072,438	37,799,913
38. Totals (Page 2, Line 28, Col. 3)	157,521,021	206,381,607

DETAILS OF WRITE-IN LINES		
2501.	NONE	
2502.	NONE	
2503.	NONE	
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.	NONE	
2902.	NONE	
2903.	NONE	
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.	NONE	
3202.	NONE	
3203.	NONE	
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 149,430,820)	172,920,788	275,285,813	335,533,001
1.2 Assumed (written \$ 0)			
1.3 Ceded (written \$ 98,120,903)	118,996,182	181,734,701	223,126,635
1.4 Net (written \$ 51,309,917)	53,924,626	93,551,112	112,406,366
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 31,382,502):			
2.1 Direct	106,274,732	188,096,482	256,648,039
2.2 Assumed			
2.3 Ceded	78,166,097	124,553,601	169,889,318
2.4 Net	28,109,635	63,542,881	86,758,721
3. Loss adjustment expenses incurred	26,387,731	21,558,914	7,811,796
4. Other underwriting expenses incurred	13,184,196	18,373,799	30,253,279
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	67,681,562	103,475,594	124,623,796
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(13,756,936)	(9,924,482)	(12,217,430)
INVESTMENT INCOME			
9. Net investment income earned	255,224	1,089,980	1,343,535
10. Net realized capital gains (losses) less capital gains tax of \$ 0	744,762	1,440,944	1,006,924
11. Net investment gain (loss) (Lines 9 + 10)	999,986	2,530,924	2,350,459
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	12,744		
15. Total other income (Lines 12 through 14)	12,744		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(12,744,206)	(7,393,558)	(9,866,971)
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)	(12,744,206)	(7,393,558)	(9,866,971)
19. Federal and foreign income taxes incurred		(86,161)	(154,809)
20. Net income (Line 18 minus Line 19) (to Line 22)	(12,744,206)	(7,327,397)	(9,712,162)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	37,799,913	48,633,262	48,633,262
22. Net income (from Line 20)	(12,744,206)	(7,327,397)	(9,712,162)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0	647,349	(1,388,970)	(1,832,164)
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax		1,809,876	(2,210,901)
27. Change in nonadmitted assets	(808,118)	(1,132,114)	121,878
28. Change in provision for reinsurance			
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			
33. Surplus adjustments:			
33.1 Paid in		2,800,000	2,800,000
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus	1,177,501		
38. Change in surplus as regards policyholders (Lines 22 through 37)	(11,727,474)	(5,238,605)	(10,833,349)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	26,072,439	43,394,657	37,799,913

DETAILS OF WRITE-IN LINES			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 05 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)			
1401. Tax refund interest	12,616		
1402. Miscellaneous income	128		
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	12,744		
3701. Correction of overaccrued premium taxes	1,177,501		
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	1,177,501		

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	66,034,899	80,582,284	147,096,839
2. Net investment income	865,239	1,977,456	2,697,223
3. Miscellaneous income	12,743		
4. Total (Lines 1 to 3)	66,912,881	82,559,742	149,793,862
5. Benefit and loss related payments	80,876,538	73,586,203	121,856,251
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	52,718,890	38,091,134	41,904,893
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	4,033,271		
10. Total (Lines 5 through 9)	129,362,847	112,677,337	163,761,144
11. Net cash from operations (Line 4 minus Line 10)	(62,450,066)	(30,117,595)	(13,967,282)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	20,272,216	10,889,579	38,697,699
12.2 Stocks	6,434,245	8,481,110	
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	26,706,461	19,350,689	38,697,699
13. Cost of investments acquired (long-term only):			
13.1 Bonds		3,206,730	9,656,488
13.2 Stocks	463,748	6,128,839	
13.3 Mortgage loans			
13.4 Real estate		4,340,058	5,674,855
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	463,748	13,675,627	15,531,343
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	26,242,713	5,675,062	23,166,356
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock		2,800,000	2,800,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	28,187,331	3,347,259	(19,247,671)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	28,187,331	6,147,259	(16,447,671)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(8,020,022)	(18,295,274)	(7,248,597)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	12,916,537	20,165,134	20,165,134
19.2 End of period (Line 18 plus Line 19.1)	4,896,515	1,869,860	12,916,537
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			
20.0002			
20.0003			

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

If yes, complete Schedule Y, Parts 1, and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group _____

4.1 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 for the annual filing corresponding to this period.

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/12/2016

6.4 By what department or departments?
 FLORIDA DEPARTMENT OF INSURANCE

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

GENERAL INTERROGATORIES

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information

.....

.....

.....

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

.....

.....

8.3 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
.....

9.1 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?

(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. Yes [X] No []

9.11 If the response to 9.1 is No, please explain:

.....

.....

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

.....

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

.....

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____ 0

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____ 0

13. Amount of real estate and mortgages held in short-term investments: \$ _____ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1		2
	Prior Year-End Book/Adjusted Carrying Value		Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0		\$ 0
14.22 Preferred Stock	\$ 0		\$ 0
14.23 Common Stock	\$ 0		\$ 0
14.24 Short-Term Investments	\$ 0		\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0		\$ 0
14.26 All Other	\$ 0		\$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0		\$ 0
14.28 Total Investment in Parent Included in Lines 14.21 to 14.26 above	\$ 0		\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

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

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

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

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

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

1	2
Name of Custodian(s)	Custodian Address
Comerica Bank & Trust	411 West Lafayette, Detroit, MI 48226

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

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

GENERAL INTERROGATORIES

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
UBS	U

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
8174	UBS	BFM8T61CT2L1QCCEMIK50	SEC	NO

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

18.2 If no, list exceptions:

.....

19. By self-designating SGI securities, the reporting entity is certifying the following elements for each self-designated SGI 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 SGI securities? Yes [] No [X]

20. 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, 2016.
- 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]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A [X]
 If yes, attach an explanation.
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

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

3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:
- 5.1. A&H loss percent _____ %
- 5.2. A&H cost containment percent _____ %
- 5.3. A&H expense percent excluding cost containment expenses _____ %
- 6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____ 0
- 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____ 0
7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity Yes [] No [X]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
Current Year To Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama	AL	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	L	149,430,820	259,482,870	151,110,234	192,904,133	47,959,494
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	N					
55. U.S. Virgin Islands	VI	N					
56. Northern Mariana Islands	MP	N					
57. Canada	CAN	N					
58. Aggregate Other Alien	OT	X X X					
59. Totals	X X X		149,430,820	259,482,870	151,110,234	192,904,133	47,959,494
59. Totals		X X X	149,430,820	259,482,870	151,110,234	192,904,133	47,959,494
59. Totals		X X X	149,430,820	259,482,870	151,110,234	192,904,133	47,959,494

DETAILS OF WRITE-INS							
58001.		X X X					
58002.		X X X					
58003.		X X X					
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X					
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X					

NONE

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

PART 1 – LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability-occurrence				
11.2 Medical professional liability-claims made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability-occurrence				
17.2 Other liability-claims made				
17.3 Excess Workers' Compensation				
18.1 Products liability-occurrence				
18.2 Products liability-claims made				
18.1, 18.2 Private passenger auto liability	141,499,264	80,390,705	56.8	65.3
19.3, 19.4 Commercial auto liability				
21. Auto physical damage	31,421,524	25,884,027	82.4	86.5
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. TOTALS	172,920,788	106,274,732	61.5	68.3

DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)			

NONE

PART 2 – DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability-occurrence			
11.2 Medical professional liability-claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence			
17.2 Other liability-claims made			
17.3 Excess Workers' Compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
18.1, 18.2 Private passenger auto liability	34,551,242	122,375,734	212,771,268
19.3, 19.4 Commercial auto liability			
21. Auto physical damage	7,600,796	27,055,086	46,711,571
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. TOTALS	42,152,038	149,430,820	259,482,869

DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)			

NONE

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2018 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2018 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2018 Loss and LAE Payments (Cols 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss & LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 - 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 - 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2018 + prior	21,179	4,743	25,922	30,880	81	30,961	12,994	26	(8,737)	5,882	22,285	(11,394)	10,901
2. 2017	4,319	3,374	7,693	4,186	42	4,228	2,947	29	908	3,882	2,614	(2,397)	417
3. Subtotal 2017 + prior	25,498	8,117	33,615	35,066	103	35,169	15,941	54	(5,831)	9,764	25,109	(13,791)	11,918
4. 2016	14,769	8,789	23,558	19,678	1,679	21,357	1,504	126	1,198	2,900	9,671	(5,885)	786
5. Subtotal 2016 + prior	40,267	16,906	57,173	54,744	1,882	56,626	17,126	190	(4,832)	12,873	31,780	(19,676)	12,104
6. 2015	X X X	X X X	X X X	X X X	28,700	28,700	X X X	8,073	3,921	12,794	X X X	X X X	X X X
7. Totals	40,287	16,806	57,093	54,942	31,382	86,324	17,125	8,053	(711)	25,467	31,780	(19,676)	12,104

8. Prior Year-End Surplus As Regards Policyholders 37,800

Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
As % of Col. 1,	As % of Col. 2,	As % of Col. 3,
Line 7	Line 7	Line 7
1. <u>78.884</u>	2. <u>-118.385</u>	3. <u>21.163</u>
		Col. 13, Line 7
		Line 8
		4. <u>32.021</u>

ANNUAL STATEMENT

OF THE

Windhaven Insurance Company

of **Miami**

STATE OF **Florida**

TO THE

Insurance Department

OF THE

FLORIDA

FOR THE YEAR ENDED

December 31, 2018

PROPERTY AND CASUALTY

DFS Exhibit B-4

2018





ANNUAL STATEMENT

For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Windhaven Insurance Company

NAIC Group Code: 4888 (Current Period) / 4888 (Prior Period) | NAIC Company Code: 12541 | Employer's ID Number: 20-4003838

Organized under the Laws of: FLORIDA | State of Domicile or Port of Entry: FL

Country of Domicile: US

Incorporated/Organized: December 23, 2005 | Commenced Business: February 1, 2008

Statutory Home Office: 3155 NW 77 AVENUE (Street and Number) | DORAL, FL, US 33122 (City or Town, State, Country and Zip Code)

Main Administrative Office: 3155 NW 77 AVENUE (Street and Number) | DORAL, FL, US 33122 (City or Town, State, Country and Zip Code) | 786-709-4800 (Area Code) (Telephone Number)

Mail Address: 3156 NW 77 AVENUE (Street and Number or P.O. Box) | DORAL, FL, US 33122 (City or Town, State, Country and Zip Code) | 786-709-4800 (Area Code) (Telephone Number)

Primary Location of Books and Records: 3156 NW 77 AVENUE (Street and Number) | DORAL, FL, US 33122 (City or Town, State, Country and Zip Code) | 786-709-4800 (Area Code) (Telephone Number)

Internet Web Site Address: www.windhaveninsurance.com

Statutory Statement Contact: BRYAN WAYNE DEUTSCH (Name) | 786-709-4800 (Area Code) (Telephone Number) (Extension) | bryan.deutsch@WINDHAVENINSURANCE.COM (E-Mail Address) | 888-289-8187 (Fax Number)

OFFICERS

Name	Title
1. BENJAMIN JOEL TURNER	PRESIDENT
2. JOHN ROSLIER #	SECRETARY & CFO
3. JIMMY ERIC WHITED	TREASURER & CEO

VICE-PRESIDENTS

Name	Title	Name	Title

DIRECTORS OR TRUSTEES

BENJAMIN JOEL TURNER	SUSAN BETH WOLLENBERG	HUGH O'DONNELL	JOHN LIE-NIELSEN
JIMMY ERIC WHITED	BOB FORNESS	ELLIOT BACKERMAN	

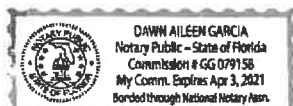
State of Florida
County of Miami-Dade

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.

(Signature)	(Signature)	(Signature)
BENJAMIN JOEL TURNER	JIMMY ERIC WHITED	JOHN ROSLIER
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer & CEO	Secretary & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to (or affirmed) before me this on this 14 day of March, 2019.

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



State of Florida
Dade County

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)	37,033,715		37,033,715	65,253,747
2. Stocks (Schedule D):				
2.1 Preferred stocks	841,309		841,309	1,231,390
2.2 Common stocks	8,769,822		8,769,822	9,432,263
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	16,653,944		16,653,944	10,779,088
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 7,524,852, Schedule E - Part 1), cash equivalents (\$ 0, Schedule E - Part 2), and short-term investments (\$ 5,391,685, Schedule DA)	12,916,537		12,916,537	20,165,134
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	74,215,327		74,215,327	106,661,622
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	416,536		416,536	729,490
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				1,940,622
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	46,772,572		46,772,572	83,423,452
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	46,344,511		46,344,511	13,655,316
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	4,278,118		4,278,118	4,123,309
18.2 Net deferred tax asset				1,847,924
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	31,973,635		31,973,635	5,002,764
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	397,306	16,398	380,908	377,404
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	206,398,005	16,398	206,381,607	217,961,903
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	206,398,005	16,398	206,381,607	217,961,903

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. State Income Tax Recoverable	380,908		380,908	377,404
2502. Security Deposit	16,398	16,398		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	397,306	16,398	380,908	377,404

NONE

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Year	Prior Year
1. Losses (Part 2A, Line 35, Column 8)	33,659,449	36,067,774
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	23,534,881	27,275,847
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	559,874	323,133
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	578,008	1,110,272
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 49,098,000 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	18,196,271	32,312,547
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	71,852,000	59,637,168
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	5,000	5,000
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 3 Column 78)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	20,198,211	12,586,882
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ 0 and interest thereon \$ 0		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	168,581,594	169,328,641
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	168,581,594	169,328,641
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	6,200,000	6,200,000
31. Preferred capital stock	14,000,000	14,000,000
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes	7,900,000	7,900,000
34. Gross paid in and contributed surplus	19,700,000	16,900,000
35. Unassigned funds (surplus)	(10,000,087)	3,633,282
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0)		
36.2 0 shares preferred (value included in Line 31 \$ 0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	37,799,913	48,633,282
38. Totals (Page 2, Line 28, Col. 3)	206,381,607	217,961,903

DETAILS OF WRITE-IN LINES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	NONE	
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	NONE	
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	NONE	
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	1	2
	Current Year	Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	112,408,368	124,170,106
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	88,758,721	70,955,569
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	7,611,796	26,384,620
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	30,253,279	36,944,464
5. Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)	124,823,796	134,284,653
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(12,217,430)	(10,114,547)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	1,343,535	1,627,895
10. Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))	1,006,924	672,422
11. Net investment gain (loss) (Lines 9 + 10)	2,350,459	2,300,317
OTHER INCOME		
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)		
13. Finance and service charges not included in premiums		
14. Aggregate write-ins for miscellaneous income		
15. Total other income (Lines 12 through 14)		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(9,866,971)	(7,814,230)
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)	(9,866,971)	(7,814,230)
19. Federal and foreign income taxes incurred	154,809	2,018,707
20. Net income (Line 18 minus Line 19) (to Line 22)	(9,712,162)	(5,795,523)
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	48,633,262	47,537,766
22. Net income (from Line 20)	(9,712,162)	(5,795,523)
23. Net transfers (to) from Protected Cell accounts		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0	(1,832,164)	1,689,491
25. Change in net unrealized foreign exchange capital gain (loss)		
26. Change in net deferred income tax	(2,210,901)	(762,670)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 29, Col. 3)	121,878	(35,802)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
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		
33. Surplus adjustments:		
33.1 Paid in	2,800,000	8,000,000
33.2 Transferred to capital (Stock Dividend)		
33.3 Transferred from capital		
34. Net remittances from or (to) Home Office		
35. Dividends to stockholders		
36. Change in treasury stock (Page 3, Lines 38.1 and 38.2, Column 2 minus Column 1)		
37. Aggregate write-ins for gains and losses in surplus		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	(10,833,349)	1,095,496
39. Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	37,799,913	48,633,262

DETAILS OF WRITE-IN LINES		
0501.		
0502.		
0503.		
0588. Summary of remaining write-ins for Line 05 from overflow page	NONE	
0589. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401. Proceeds from lawsuits		
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
3701.		
3702.		
3703.		
3788. Summary of remaining write-ins for Line 37 from overflow page	NONE	
3789. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	147,096,639	115,045,507
2. Net investment income	2,697,223	2,732,725
3. Miscellaneous income		
4. Total (Lines 1 through 3)	149,793,862	117,778,232
5. Benefit and loss related payments	121,856,251	64,386,007
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	41,904,893	51,014,484
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		
10. Total (Lines 5 through 9)	163,761,144	115,380,491
11. Net cash from operations (Line 4 minus Line 10)	13,987,262	2,397,741
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	38,697,699	13,306,194
12.2 Stocks		3,288,822
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	38,697,699	16,595,016
13. Cost of investments acquired (long-term only):		
13.1 Bonds	9,656,488	21,364,262
13.2 Stocks		2,685,565
13.3 Mortgage loans		
13.4 Real estate	5,874,855	10,779,088
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	15,531,343	34,828,915
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	23,166,356	(18,233,899)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	2,800,000	6,000,000
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(19,247,671)	3,384,432
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(16,447,671)	9,384,432
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(7,248,597)	(6,451,726)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	20,165,134	26,616,860
19.2 End of year (Line 18 plus Line 19.1)	12,916,537	20,165,134

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

20.0001		
20.0002		
20.0003		

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS EARNED

	1	2	3	4
Line of Business	Net Premiums Written per Column 6, Part 1B	Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability—occurrence				
11.2 Medical professional liability—claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability—occurrence				
17.2 Other liability—claims-made				
17.3 Excess workers' compensation				
18.1 Products liability—occurrence				
18.2 Products liability—claims-made				
19.1,19.2 Private passenger auto liability	81,343,386	26,970,896	15,146,729	93,167,533
19.3,19.4 Commercial auto liability				
21. Auto physical damage	16,946,724	5,341,651	3,049,542	19,238,633
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-nonproportional assumed property				
32. Reinsurance-nonproportional assumed liability				
33. Reinsurance-nonproportional assumed financial lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS	98,290,090	32,312,547	18,196,271	112,406,366

DETAILS OF WRITE-IN LINES				
3401.				
3402.				
3403.				
3498. Sum of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				

NONE

**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					
2. Allied lines					
3. Farmowners multiple peril					
4. Homeowners multiple peril					
5. Commercial multiple peril					
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11.1 Medical professional liability—occurrence					
11.2 Medical professional liability—claims-made					
12. Earthquake					
13. Group accident and health					
14. Credit accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation					
17.1 Other liability—occurrence					
17.2 Other liability—claims-made					
17.3 Excess workers' compensation					
18.1 Products liability—occurrence					
18.2 Products liability—claims-made					
18.1,19.2 Private passenger auto liability	15,146,729				15,146,729
19.3,19.4 Commercial auto liability					
21. Auto physical damage	3,049,542				3,049,542
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary and theft					
27. Boiler and machinery					
28. Credit					
29. International					
30. Warranty					
31. Reinsurance-nonproportional assumed property					
32. Reinsurance-nonproportional assumed liability					
33. Reinsurance-nonproportional assumed financial lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS	18,196,271				18,196,271
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					18,196,271

DETAILS OF WRITE-IN LINES					
3401.					
3402.					
3403.					
3496. Sum of remaining write-ins for Line 34 from overflow page					
3499. Totals (Lines 3401 through 3403 plus 3496) (Line 34 above)					

NONE

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

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						
2. Allied lines						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical professional liability—occurrence						
11.2 Medical professional liability—claims-made						
12. Earthquake						
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability—occurrence						
17.2 Other liability—claims-made						
17.3 Excess workers' compensation						
18.1 Products liability—occurrence						
18.2 Products liability—claims-made						
19.1,19.2 Private passenger auto liability	245,982,402				164,639,036	81,343,366
19.3,19.4 Commercial auto liability						
21. Auto physical damage	54,288,971			250,000	37,072,247	16,946,724
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
29. International						
30. Warranty						
31. Reinsurance-nonproportional assumed property	X X X					
32. Reinsurance-nonproportional assumed liability	X X X					
33. Reinsurance-nonproportional assumed financial lines	X X X					
34. Aggregate write-ins for other lines of business						
35. TOTALS	300,251,373			250,000	201,711,283	98,290,090

DETAILS OF WRITE-IN LINES						
3401.						
3402.						
3403.						
3498. Sum of remaining write-ins for Line 34 from overflow page						
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)						

NONE

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

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

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

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 – LOSSES PAID AND INCURRED**

Line of Business	Losses Paid Less Salvage					Percentage of Losses Incurred to Premiums Earned (Col. 7, Part 2) (Col. 4, Part 1)		
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1+2-3)	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)
1. Fire								
2. Allied lines								
3. Farmowners multiple peril								
4. Homeowners multiple peril								
5. Commercial multiple peril								
6. Mortgage guaranty								
7. Ocean marine								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11. Medical liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
18. Excess workers' compensation								
19.1 Excess liability—occurrence								
19.2 Excess liability—claims-made								
19.3, 19.4 Private passenger auto liability	216,266,573		140,657,619	75,766,554	31,901,650	34,455,606	76,571	
20. Commercial auto liability	42,865,905		29,718,413	13,410,462	1,767,822	1,612,266	70,482	
21. Auto physical damage								
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
25. Burglary and theft								
26. Boiler and machinery								
27. Cyber								
28. Contract								
29. Marine								
30. Warranty								
31. Reinsurance-nonoperational assumed property								
32. Reinsurance-nonoperational assumed liability								
33. Reinsurance-nonoperational assumed financial lines								
34. Aggregate write-ins for other lines of business								
35. TOTALS	258,190,478		170,013,432	88,167,046	33,900,449	30,069,774	86,756,721	77,183

DETAILS OF WRITE-IN LINES	
3401.	
3402.	
3403.	
3488.	Sum of remaining write-ins for Line 34 from overflow page
3489.	Totals Lines 3401 through 3403 plus 3488 and 3489 Line 34 above

NONE

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

Line of Business	Reported Losses			Incurred But Not Reported		Net Losses Incurred But Not Reported (Col. 4 + 5 - 3)	Reinsurance Assumed	Reinsurance Cycled	Net Losses Unpaid (Cols. 4 + 5 + 8 - 7)	Net Unpaid Loss Adjustment Expenses
	1	2	3	4	5					
1. Fire										
2. Allied lines										
3. Farmowners multiple perils										
4. Homeowners multiple perils										
5. Commercial multiple perils										
6. Commercial multiple perils										
7. Commercial multiple perils										
8. Commercial multiple perils										
9. Commercial multiple perils										
10. Financial guaranty										
11.1 Medical professional liability—occurrence										
11.2 Medical professional liability—claims-made										
12. Earthquake										
13. Group accident and health										
14. Group accident and health										
15. Other accident and health										
16. Workers compensation										
17.1 Other liability—occurrence										
17.2 Other liability—claims-made										
17.3 Excess workers compensation										
18.1 Products liability—occurrence										
18.2 Products liability—claims-made										
18.3 Products liability—occurrence										
18.3.1 Products liability—occurrence										
18.3.1.4 Commercial liability										
21. Auto physical damage										
22. Aircraft (all perils)										
23. Fidelity										
24. Surety										
25. Burglary and theft										
27. Boiler and machinery										
28. Construction										
29. Commercial										
30. Warranty										
31. Reinsurance-nonproportional assumed property										
32. Reinsurance-nonproportional assumed liability										
33. Reinsurance-nonproportional assumed financial lines										
34. Aggregate write-ins for other lines of business										
35. TOTALS	49,070,028		29,832,870	10,237,158	43,724,998	28,302,875	33,655,448	22,534,881		

DETAILS OF WRITE-IN LINES	3	4	5
3401			
3402			
3403			
3404			
3405			
3406			
3407			
3408			
3409			
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3500			

NONE

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

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	26,620,032			26,620,032
1.2 Reinsurance assumed	(19,008,236)			(19,008,236)
1.3 Reinsurance ceded				
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	7,611,796			7,611,796
2. Commission and brokerage:				
2.1 Direct, excluding contingent		36,805,125		36,805,125
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		39,143,826		39,143,826
2.4 Contingent—direct				
2.5 Contingent—reinsurance assumed				
2.6 Contingent—reinsurance ceded				
2.7 Policy and membership fees		9,827,728		9,827,728
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		7,489,027		7,489,027
3. Allowances to manager and agents		5,135,181		5,135,181
4. Advertising		68,848		68,848
5. Boards, bureaus and associations		404,222		404,222
6. Surveys and underwriting reports				
7. Audit of assurads' records				
8. Salary and related items:				
8.1 Salaries		8,366,890		8,366,890
8.2 Payroll taxes		586,552		586,552
9. Employee relations and welfare		519,042		519,042
10. Insurance				
11. Directors' fees		166,000		166,000
12. Travel and travel items		91,297		91,297
13. Rent and rent items		940,422		940,422
14. Equipment				
15. Cost or depreciation of EDP equipment and software		13,058		13,058
16. Printing and stationery		32,764		32,764
17. Postage, telephone and telegraph, exchange and express		279,406		279,406
18. Legal and auditing		676,568		676,568
19. Totals (Lines 3 to 18)		17,280,250		17,280,250
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ 0		5,119,377		5,119,377
20.2 Insurance department licenses and fees				
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)		(3,571)		(3,571)
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		5,115,806		5,115,806
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses		384,691	396,993	761,684
25. Total expenses incurred	7,611,796	30,249,774	396,993 (a)	38,258,563
26. Less unpaid expenses—current year	23,534,881			23,534,881
27. Add unpaid expenses—prior year	27,275,847	1,433,404		28,709,251
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	11,352,762	31,683,178	396,993	43,432,933

DETAILS OF WRITE-IN LINES				
2401. Investment Expenses			396,993	396,993
2402. Contribution		279,500		279,500
2403. Other Professional Fees		85,191		85,191
2498. Sum of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)		384,691	396,993	761,684

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 5,398	5,398
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 1,724,261	1,411,337
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b) 80,501	80,501
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates	205,751	205,751
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 34,604	37,541
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	2,050,515	1,740,528
11. Investment expenses		(g) 396,893
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		396,893
17. Net investment income (Line 10 minus Line 16)		1,343,535

DETAILS OF WRITE-IN LINES			
0901.		NONE	
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 09 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)		
1501.		NONE	
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1699.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a)	Includes \$ 7,952 accrual of discount less \$ 1,051,093 amortization of premium and less \$ 26,287 paid for accrued interest on purchases.
(b)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
(c)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
(d)	Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
(e)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
(f)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
(g)	Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h)	Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
(i)	Includes \$ 0 depreciation on real estate and \$ 0 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	(600)		(600)		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(460,921)		(460,921)	(41,717)	
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)	(14,214)		(14,214)	(81,699)	
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	1,482,658		1,482,658	(2,071,824)	
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)				362,977	
10. Total capital gains (losses)	1,006,924		1,006,924	(1,832,163)	

DETAILS OF WRITE-IN LINES			
0901.	Change in Net Deferred Income Tax		362,977
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 09 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)		362,977

EXHIBIT OF NONADMITTED 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)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First lines			
3.2 Other than first lines			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and instalments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other-than-invested assets	16,398	138,276	121,878
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	16,398	138,276	121,878
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	16,398	138,276	121,878

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Account Receivable Employee	16,398		(16,398)
2502. Rent Deposit		122,354	122,354
2503. Prepaid Expenses		15,922	15,922
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	16,398	138,276	121,878

NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Windhaven Insurance Company (The “Company”) have been prepared on the statutory basis of accounting as defined and in accordance with the National Association of Insurance Commissioners’ (“NAIC’s) *Accounting Practices and Procedures* manual except to the extent state law differs. The Commissioner of the Florida Office of Insurance Regulation (referred to as “OIR”) has the right to permit specific practices that deviate from prescribed practices.

The Company was granted a Certificate of Authority by the OIR on March 29, 2006 and began issuing insurance policies on May 1, 2006.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Florida is shown below:

NET INCOME	2018	2017
Company state basis	(9,712,162)	(5,795,523)
State Prescribed Practices that increase/(decrease) NAIC SAP		
State permitted Practices that increase/(decrease) NAIC SAP		
NAIC SAP	<u>(9,712,162)</u>	<u>(5,795,523)</u>
SURPLUS		
Company state basis	37,799,912	48,633,262
State Prescribed Practices that increase/(decrease) NAIC SAP		
State permitted Practices that increase/ (decrease) NAIC SAP		
NAIC SAP	<u>37,799,912</u>	<u>48,633,262</u>

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

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

C. Accounting Policies

Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by daily pro-rata methods over the term of the policies.

Expenses incurred in connection with acquiring new and renewal insurance business, including such acquisition costs as commissions paid to its general agent, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at amortized value using the interest method.
3. Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at market.
4. Preferred stocks are stated in accordance with the guidance provided in SAAP No. 32.
5. The Company holds no first-lien mortgage loans on real estate.

NOTES TO FINANCIAL STATEMENTS

6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.
 7. The Company has no investments in insurance subsidiaries.
 8. The Company has no investments in limited partnerships.
 9. The Company holds no derivative or option investments.
 10. The Company has no premium deficiency reserve.
 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. While management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are prospectively applied in the period determined.
 12. The Company has not modified its capitalization policy from the prior period.
 13. The Company has no pharmaceutical rebate receivables.
- D. Going Concern
Not applicable

Note 2 – Accounting Changes and Correction of Errors

Not applicable

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 – Discontinued Operations

Not applicable.

Note 5 - Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not applicable.
- B. Debt Restructuring
Not applicable.
- C. Reverse Mortgages
Not applicable.
- D. Loan-Backed Securities
 1. Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker-dealer survey values or internal estimates.
- E. Dollar Repurchase Agreements
Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable
- G. Reserve Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale
Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

NOTES TO FINANCIAL STATEMENTS

Not applicable

J. Real Estate
Not applicable.

K. Low Income Housing Tax Credits
Not applicable.

L. Restricted Assets
(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						Increase / (Decrease) (5 minus 6)
	Current Year					6	
	1	2	3	4	5		
Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Prot. Cell Acct Restricted Access	Prot'd Cell Acct Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	7	
Subject to contractual obligation for which liability is not shown	\$ 0	0	0	0	0	0	0
Collateral held under security lending agreements	\$ 0	0	0	0	0	0	0
Subject to repurchase agreements	\$ 0	0	0	0	0	0	0
Subject to reverse repurchase agreements	\$ 0	0	0	0	0	0	0
Subject to dollar repurchase agreements	\$ 0	0	0	0	0	0	0
Subject to dollar reverse repurchase agreements	\$ 0	0	0	0	0	0	0
Placed under option contracts	\$ 0	0	0	0	0	0	0
Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ 0	0	0	0	0	0	0
FHLB capital stock	\$ 0	0	0	0	0	0	0
On deposit with states	\$ 750,000	0	0	0	750,000	0	750,000
On deposit with other regulatory bodies	\$ 0	0	0	0	0	0	0
Pledged as collateral to FHLB (including assets backing funding agreements)	\$ 0	0	0	0	0	0	0
Pledged as collateral not captured in oth. categories	\$ 0	0	0	0	0	0	0
Other restricted Assets	\$ 0	0	0	0	0	0	0
Total Restricted Assets	\$ 750,000	0	0	0	750,000	0	750,000

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Current Year			
	8	9	Percentage	
	Total Nonadmitted Restricted	Total admitted Restricted (5 minus 8)	10	11
			Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
Subject to contractual obligation for which liability is not shown	\$ 0	0	0.000%	0.000%
Collateral held under security lending agreements	\$ 0	0	0.000%	0.000%
Subject to repurchase agreements	\$ 0	0	0.000%	0.000%
Subject to reverse repurchase agreements	\$ 0	0	0.000%	0.000%
Subject to dollar repurchase agreements	\$ 0	0	0.000%	0.000%
Subject to dollar reverse repurchase agreements	\$ 0	0	0.000%	0.000%
Placed under option contracts	\$ 0	0	0.000%	0.000%
Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ 0	0	0.000%	0.000%
FHLB capital stock	\$ 0	0	0.000%	0.000%
On deposit with states	\$ 0	750,000	0.000%	0.000%
On deposit with other regulatory bodies	\$ 0	0	0.000%	0.000%
Pledged as collateral to FHLB (including assets backing funding agreements)	\$ 0	0	0.000%	0.000%
Pledged as collateral not captured in oth. categories	\$ 0	0	0.000%	0.000%
Other restricted Assets	\$ 0	0	0.000%	0.000%
Total Restricted Assets	\$ 0	750,000	0.000%	0.000%

- (2) Detail of Assets Pledged as collateral Not Captured in Other Categories
Not applicable
- (3) Detail of Other Restricted Assets
Not applicable
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not applicable
- M. Working Capital Finance Investments
Not applicable
- N. Offsetting and Netting of Assets and Liabilities
Not applicable
- O. Structured Notes
Not applicable
- P. 5* Securities
Not applicable
- Q. Short Sales
Not applicable
- R. Prepayment Penalty and Acceleration Fees
Not applicable

NOTES TO FINANCIAL STATEMENTS

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 Impairments
Not applicable.

Note 7 – Investment Income

- A. Accrued Investment Income
The Company does not admit investment income due and accrued if amounts are over 90 days past due.
- B. Amounts Non-admitted
None.

Note 8 – Derivative Instruments

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 9 – Income Taxes

Windhaven Insurance Company
Income Tax Disclosures Required under SSAP 101
For the Year Ended December 31, 2018

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

1	December 31, 2018			December 31, 2017			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$4,418,728	\$91,679	\$4,510,407	\$2,119,222	\$0	\$2,119,222	\$2,299,506	\$91,679	\$2,391,185
(b) Statutory valuation allowance adjustments	\$4,150,088	\$91,679	\$4,241,767	\$0	\$0	\$0	\$4,150,088	\$91,679	\$4,241,767
(c) Adjusted gross deferred tax assets (1a - 1b)	\$268,640	\$0	\$268,640	\$2,119,222	\$0	\$2,119,222	(\$1,850,582)	\$0	\$6,632,952
(d) Deferred tax assets nonadmitted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$268,640	\$0	\$268,640	\$2,119,222	\$0	\$2,119,222	(\$1,850,582)	\$0	\$6,632,952
(f) Deferred tax liabilities	\$268,640	\$0	\$268,640	\$0	\$273,298	\$273,298	\$268,640	(\$273,298)	(\$7,658)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$0	\$0	\$0	\$2,119,222	(\$273,298)	\$1,847,924	(\$2,119,222)	\$273,298	(\$1,847,924)

Admission Calculation Components SSAP No. 101 (Paragraph 13):

2	December 31, 2018			December 31, 2017			Change			
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total	
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
(b) Assets from 2(a) above after application of the threshold limitation (the lesser of 2(b)1 and 2(b)2 below):	\$0	\$0	\$0	\$1,896,198	\$0	\$1,896,198	(\$1,896,198)	\$0	(\$1,896,198)	
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	\$0	\$0	\$0	\$1,896,198	\$0	\$1,896,198	(\$1,896,198)	\$0	(\$1,896,198)	
2. Adjusted gross deferred tax assets allowed per limitation threshold	\$5,699,461	\$0	\$5,699,461	\$4,678,334	\$0	\$4,678,334	\$990,927	\$0	\$990,927	
(c) Adjusted gross DTAs (excluding the amount of DTA from 2(a) and 2(b) above) of less, by gross DTAs	\$268,640	\$0	\$268,640	\$223,024	\$0	\$223,024	\$45,616	\$0	\$45,616	
(d) Deferred Tax Assets Admitted as the result of the application of SSAP No. 101, Total 2(a) + 2(b) - 2(c)	\$268,640	\$0	\$268,640	\$2,119,222	\$0	\$2,119,222	(\$1,850,582)	\$0	(\$1,850,582)	
3										
(a) Ratio percentage used to determine recovery period and threshold limitation amount	298.5	298.4								
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 37,796,407	\$ 46,785,338								

4. Impact of Tax Planning Strategies - Not Applicable

	December 31, 2018			December 31, 2017			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	268,640	\$0	268,640	2,119,222	\$0	2,119,222	(1,850,582)	\$0	(1,850,582)
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	268,640	\$0	268,640	2,119,222	\$0	2,119,222	(1,850,582)	\$0	(1,850,582)

8. The company does not have any unrecognized deferred tax liabilities

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

3. Current Tax	December 31, 2018	December 31, 2017	Change
(a) Federal	\$366,868	(2,247,331)	1,880,463
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	\$366,868	(2,247,331)	1,880,463
(d) Federal income tax on net capital gains	\$111,834	228,624	(\$17,200)
(e) Utilization of capital loss carryforwards	\$0	\$0	\$0
(f) Other	\$0	\$0	\$0
(g) Federal and foreign income taxes incurred	(\$154,809)	(2,018,707)	\$1,863,898

NOTES TO FINANCIAL STATEMENTS

	December 31, 2018	December 31, 2017	Change
2. Deferred tax assets			
(a) Ordinary			
Discounting of unpaid losses and LAE	\$573,171	\$331,698	\$241,474
Salvage and subrogation	\$18,364	\$18,364	\$0
Unearned premium reserve	\$764,243	\$1,357,127	(\$592,884)
Amortization	\$2,325	\$3,255	(\$930)
Investments	\$1,261		
AMT Credit	\$0	\$132,322	(\$132,322)
Nonadmitted assets	\$3,444	\$25,694	(\$22,251)
Net Operating Loss	\$2,996,119	\$205,661	\$2,790,458
Goodwill		\$0	\$0
Charitable Contributions Carryforward	\$59,801	\$45,101	\$14,700
(99) Subtotal ordinary deferred tax assets	\$4,418,728	\$2,119,222	\$2,298,245
(b) Statutory valuation allowance adjustments	\$4,150,088		
(c) Nonadmitted ordinary deferred tax assets	\$0		\$0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$268,640	\$2,119,222	\$2,298,245
(e) Capital			
Net Unrealized Capital Losses		\$0	\$0
(99) Subtotal capital deferred tax assets	\$91,679	\$0	\$91,679
(f) Statutory valuation allowance adjustments	\$91,679		
(g) Nonadmitted capital deferred tax assets	\$0		\$0
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$0	\$0	\$91,679
(i) Admitted deferred tax assets (2d + 2h)	\$268,640	\$2,119,222	\$2,389,924
3. Deferred tax liabilities			
(a) Ordinary			
Loss Reserves	\$268,640	\$0	\$268,640
(99) Subtotal ordinary deferred tax liabilities	\$268,640	\$0	\$268,640
(b) Capital			
Net Unrealized Gains		\$271,298	(\$271,298)
(99) Subtotal capital deferred tax liabilities	\$0	\$271,298	(\$271,298)
Inferred tax liabilities (3a99 + 3b99)	\$268,640	\$271,298	(\$2,658)
4. Net deferred tax assets/liabilities (2i - 3c)	\$0	\$1,847,924	\$2,392,582

D The significant items causing a difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

	December 31, 2018	Effective Tax Rate
Provision computed at statutory rate	(2,072,064)	21.0%
Dividend received deduction	(14,858)	0.2%
Tax exempt interest	(114,814)	1.2%
Meals and Entertainment	1,205	0.0%
Political contributions	43,995	-0.4%
Provision to return true-ups	(51,390)	0.5%
Change in Valuation Allowance	4,241,767	-43.0%
Change in Non-Admitted Assets	22,251	-0.2%
Deferred Tax True up - Prior Year	0	0.0%
Totals	2,056,092	-20.8%

	December 31, 2018	Effective Tax Rate
Federal and foreign income taxes incurred	(154,805)	1.6%
Change in net deferred income taxes	2,210,502	-22.4%
Total statutory income taxes	2,056,092	-20.8%

NOTES TO FINANCIAL STATEMENTS

Operating Loss and Tax Credit Carryforwards

1. At December 31, 2018, the Company has the following carryforwards

The Company has does not have any tax credit carryforwards at 12/31/2018

Net Operating Losses:

Year	Amount	Expiration
2017	1,242,712	2037
2018	13,024,519	2038

Charitable Contribution Carryforwards:

Year	Amount	Expiration
2016	44,319	2021
2017	170,450	2022
2018	70,000	2023

2. The following is income tax expense for 2018 and 2017 that is available for recoupment in the event of future net losses:

Year	Amount
2018	\$0
2017	\$0

3. The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F.

Consolidated Federal Income Tax Return

1

The Company's federal income tax return is consolidated with the following entity:
Windhaven Managers, Inc.

G

Federal or Foreign Federal Income Tax Loss Contingencies

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H

Repatriation Transition Tax (RTT)

The Company is not subject to the Repatriation Transition Tax

I

Alternative Minimum Tax Credit

1) Gross AMT Credit Recognized as:

- a) Current year Recoverable
- b) Deferred Tax Asset (DTA)

2) Beginning Balance of AMT Credit Carryforward	\$	132,322
3) Amounts Recovered	\$	132,322
4) Adjustments		0
5) Ending Balance of AMT Credit Carryforward (5= 2-3-4)	\$	0
6) Reduction for Sequestration		0
7) Non-admitted by Reporting Entity		0
8) Reporting Entity Ending Balance (8=5-6-7)	\$	0

NOTES TO FINANCIAL STATEMENTS

Note 10 – Information Concerning Parent, Subsidiaries and Affiliates

A. The Company is a wholly-owned subsidiary of Windhaven Managers, Inc. (“Managers”). On October 1st, 2015 the company contracted with an affiliated entity, Windhaven Claims Management, LLC (“WCM”) for the claims adjustment services and management and administrative services. An affiliated entity, Windhaven Underwriters, LLC (“WU”), is a managing general agent for the Company. The Company’s CEO is the managing member of and owns a minority membership interest in WU. In addition, an affiliated entity, Windhaven Select, LLC (“WS”), is a managing general agent for the Company. The Company’s CEO is the sole member of and owns 100% interest in WS.

All outstanding shares of the Company are owned by the parent Company, Windhaven Insurance Holding Corporation (WIHC). WIHC stock has been pledged as a portion of the collateral for a loan made to it.

B. – C. During 2018, the costs incurred for, and other information regarding, the services provided by its parent company or affiliates were as follows:

- a. WCM – The costs incurred for Claims adjustment and other services were \$11,358,211.
 - b. WU – The costs incurred for the services provided were \$19,274,865. The balance payable at December 31, 2018 for these services was \$1,632,691. The Company has payables of 0 to WU for various pass-through fees and 0 for agent balances receivable.
 - c. WS – The costs incurred for the services provided were \$ 27,357,922. The balance payable at December 31, 2018 for these services was \$ 1,178,251. The Company has payables of \$0 to WS for various pass-through fees and 0 for agent balances receivable.
- D. The company has receivables of \$20,500,000 from WCM, \$3,666,287 from WU and \$6,333,317 from WS for settlements related to certain losses and liabilities incurred by WIC as a result of the service companies performance of claims adjustments, defense activities, and underwriting forms under the service contracts.
- E. Not Applicable
- F. See A and B Thru D above.
- G. The nature and type of relationships, as well as the transactions undertaken, are disclosed above. Also, see Notes 16 and 19.
- H. Not applicable
- I. Not applicable
- J. Not applicable
- K. Not applicable
- L. Not applicable
- M. Not applicable
- N. Not applicable

Note 11 – Debt

Not applicable.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and other Postretirement Benefit Plans

- A. Defined Benefit Plan
Not applicable.
- B. Narrative description of Investment Policies and strategies
Not applicable
- C. Fair Value of each class of plan assets as of each date for which a statement of financial position is presented

NOTES TO FINANCIAL STATEMENTS

Not applicable

- D. Narrative Description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption
Not applicable
- E. Defined Contribution Plan
Not applicable.
- F. Multiemployer Plans
Not applicable.
- G. Consolidated / Holding Company Plans
The Company participates in a 401K Plan sponsored by the parent company in which it matches a portion of eligible employees' plan contributions and may make a discretionary profit sharing contribution. The Company's expense was \$63,547 for 2018.
- H. Post-Employment Benefits and Compensated Absences
The Company's obligation for post-employment benefits to current or former employees is limited to earned vacation pay, which is not material at December 31, 2018.
- I. Impact of Medicare Modernization Act on Postretirement Benefits
Not applicable.

Note 13 – Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1. Outstanding Shares
The Company has 100,000 shares of \$100 par value common capital stock authorized and 62,000 shares issued and outstanding. The Company has 150,000 shares of \$100 par value series A 5.8% cumulative preferred stock authorized and 140,000 shares issued and outstanding.
- 2. Dividend Rate of Preferred Stock
The dividend rate of the preferred shares is 5.80%. The liquidation value shall be an amount equal to \$100 per share subject to adjustment in the event of a stock split, stock dividend or similar event, plus an amount accruing at the rate of 5.80% per annum on the purchase price, from the issue date and compounding annually.
- 3. 4. 5. Dividend Restrictions
The maximum amount of dividends which can be paid by State of Florida insurance companies without prior approval of the Insurance Commissioner is subject to restrictions relating to statutory surplus. Section 628.371 Florida Statutes provides that a domestic stock insurer shall not pay any cash dividends to stockholders except out of its part of its available and accumulated surplus funds which are derived from realized net operating profit on its business and realized capital gain, but such cash dividend shall not exceed 10% of such surplus in any one year unless otherwise approved by the department; however, nothing herein shall in any way limit or be applicable to cash dividend payments out of the insurer's net operating profits and realized gain derived during the immediately preceding calendar year.

No dividends have been declared or paid during the year ended December 31, 2018.
- 6. Restrictions on Unassigned Funds
There are no restrictions on unassigned funds other than those described in paragraphs C.D.E. above.
- 7. Mutual Surplus Advances
Not applicable.
- 8. Company Stock Held for Special Purposes
Not applicable.
- 9. Changes in Special Surplus Funds
Not applicable.
- 10. Changes in Unassigned Funds
The portion of unassigned funds (surplus) represented or (reduced by) cumulative unrealized gains and losses is \$(436,567).

NOTES TO FINANCIAL STATEMENTS

11. Surplus Notes

The Company issued the following surplus debentures or similar obligations:

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Note * The Total should Agree w/Pg 3 L.33	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity
05/11/2012	8.000	1,350,000	1,350,000	0	122,794	594,148	03/31/2022
08/08/2012	8.000	1,100,000	1,100,000	0	79,079	484,121	06/30/2022
11/14/2012	8.000	1,200,000	1,200,000	0	59,967	528,132	06/30/2022
02/27/2013	8.000	1,500,000	1,500,000	0	40,767	660,164	06/30/2022
05/14/2013	5.000	1,900,000	1,900,000	0	12,233	522,630	06/30/2018
08/14/2013	5.000	850,000	850,000	0	0	239,281	09/30/2018
XXX	XXX	7,900,000	7,900,000	0	314,840	3,028,476	XXX

The surplus debentures were issued to Windhaven Insurance Limited, an affiliate, in exchange for cash.

The surplus debentures have the following repayment conditions and restrictions: Each payment of interest on and principal may be made only with the prior approval of the Florida Office of Insurance Regulation and only to the extent the Company has sufficient surplus, excluding capital, and only if the Company is in compliance with the Florida Insurance Code.

The surplus debentures have the following subordination terms and liquidation preference: In the event of reorganization, dissolution, 100% reinsurance or liquidation of the Company, after the retirement of all its outstanding obligations other than subordinated debentures, the holders of subordinated debentures remaining unpaid shall be entitled to a preferential right in remaining assets of the Company equal to the unpaid principal balance, plus accrued interest, before any distribution of such assets to shareholders or other owners.

12 and 13. Quasi Reorganizations
Not applicable.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments
Not applicable.

B. Guaranty Fund and Other Assessments
The Company is subject to assessment by the Florida Insurance Guaranty Association (FIGA) and the Florida Hurricane Cat Fund (FHCF). Obligations for assessments are recognized when the Company has the information available to reasonably estimate its liabilities.

C. Gain Contingencies
Not applicable.

D. Extra Contractual Obligations and Bad Faith Losses

The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

	Direct
Claims Related ECO and bad faith losses paid during the reporting period	\$2,565,000

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

0-25 claims	26-50 claims	51-100 claims	101-500 claims	More than 500 claims
X				

NOTES TO FINANCIAL STATEMENTS

Claim count information is disclosed per claim.

- E. Product Warranties
Not applicable.
- F. Joint and Several Liabilities
Not applicable
- G. All Other Contingencies
None. The Company has no assets that it considers to be impaired.

Note 15 – Leases

- A. (1) Lessee Operating Lease
The Company leases office space under an agreement which expires 11/30/2019. The Company paid \$ 940,422 rental payments in 2018.

- A. (2) Future minimum aggregate rental commitments are as follows:

Year Ending 12/31	Operating Leases
2019	\$ 630,888.00
2020	\$ -
2021	\$ -
TOTAL	\$ 630,888.00

- B. (1) Lessor Leases
Not applicable

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

- 1. Financial Instruments with Off-Balance Sheet Risk

The Company is a party to reinsurance agreements with both non-admitted reinsurance companies as well as admitted reinsurers. In the event any of its reinsurance companies are unable to honor their obligations, then the Company could be obligated for liabilities in excess of those reported in its financial statements.

The Company's contracts with its Reinsurers allow it to terminate the reinsurance contracts in the event reinsurers are unable to maintain, among other things, a minimum predetermined rating from A.M. Best. In addition, the Company requires Reinsurers to collateralize obligations to the Company with trust accounts or letters of credit. The Company has not incurred any losses in connection with its reinsurance agreements.

As discussed in Note 10 the Company and WCM entered into a contract whereby WCM is obligated to perform claims adjustment services for policies issued by the Company. In the event WCM was unable or failed to perform the contracted services, then claims adjustment services would be the Company's responsibility. The Company does not require WCM to provide it with any collateral or other financial assurance in connection with this agreement. Given the nature of the relationship between the Company and WCM, management believes the likelihood of a contractual default by WCM is small.

- 2. Financial Instruments with Concentrations of Credit Risk

The Company's cash deposits are in excess of the federally insured limit, which constitutes a concentration of credit risk. As of December 31, 2018, the Company's bank balances exceeded the federally insured limit by \$12,666,535.

The Company attempts to mitigate its exposure to any losses associated with these cash and money market fund deposits by periodically monitoring the financial stability of the banks and money market funds involved as well as conditions in the credit markets. The Company has not incurred any losses in connection with its cash or money market deposits.

NOTES TO FINANCIAL STATEMENTS

The Company engages an outside investment manager to invest a substantial amount of its excess cash in a diversified portfolio of bonds (including federal, municipal and corporate obligations) and stocks. Accordingly, the Company has exposure to credit-related losses in the event a bond issuer was to default on its obligation. The Company attempted to mitigate this exposure by investing in bonds whose issuers maintain investment grade credit ratings.

3. Accounting Loss for noncompliance
Not applicable
4. Required Collateral
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 to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

- A. Administrative Services Only (ASO) Plans
Not applicable
- B. Administrative Services Contract (ASC) Plans
Not applicable
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts
Not applicable

NOTES TO FINANCIAL STATEMENTS

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

Name & Address of Managing General Agent	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premium Written
Windhaven Underwriters, LLC 8550 NW 33rd Street, Suite 400 Miami, FL 33122	20-3381738	No	Private passenger auto	R,B,P,U	\$ 127,987,037
Windhaven Select, LLC 8550 NW 33rd Street, Suite 400 Miami, FL 33122	45-3110496	No	Private passenger auto	R,B,P,U	\$ 172,264,336
Total					\$300,251,373

Note 20 – Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value on a Recurring Basis

1. Fair Value Measurements at Reporting Date

Level 1 – Quoted Prices in Active Markets for Identical Assets and Liabilities: This category for items measured at fair value on a recurring basis includes exchange-traded bonds and preferred and common stocks. The estimated fair value of securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 – Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks, and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs.

Level 3 – The Company has no assets or liabilities measured at fair value on a non-recurring basis in this category.

	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Preferred Stock				
Industrial and Misc.	\$ 513,796	\$ -	\$ -	\$ 513,796
Parent, Subsidiaries and Affiliates	-	-	-	-
Redeemable Preferred Stocks				
Industrial and Misc.	327,511	-	-	327,511
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Preferred Stock	\$ 841,307	\$ -	\$ -	\$ 841,307
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
States, Territories & Possessions	22,402,011	-	-	22,402,011
Industrial and Misc.	13,594,861	-	-	13,594,861
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$35,996,872	\$ -	\$ -	\$35,996,872
Common stock				
Industrial and Misc.	\$ 6,769,821	\$ -	\$ -	\$ 6,769,821
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stock	\$ 6,769,821	\$ -	\$ -	\$ 6,769,821
Total assets at fair value	\$43,608,000	\$ -	\$ -	\$43,608,000
b. Liabilities at fair value				
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

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 between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

NOTES TO FINANCIAL STATEMENTS

2. Roll forward of Level 3 Items
Not applicable.

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 transfer into or out of Level 3 were required

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

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

5. Derivative Fair Values
Not applicable.

- B. Other Fair Value Disclosures
Not applicable.

- C. Aggregate Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 35,996,872	\$ 35,996,872	\$ 35,996,872			
Common Stocks	\$ 6,769,821	\$ 6,769,821	\$ 6,769,821			
Preferred Stocks	\$ 841,307	\$ 841,307	\$ 841,307			
Total	\$ 43,608,000	\$ 43,608,000	\$ 43,608,000			

- D. Reasons Not Practical to Estimate Fair Value
Not applicable.

Note 21 – Other Items

- A. Extraordinary Items
Not applicable

- B. Troubled Debt Restructuring
Not applicable

- C. Other Disclosures and Unusual Items

Agent Balances – The Company had uncollected premiums and agent balances receivable as set forth on page 2, line 15.1 of 0.

Assets in the amount of \$750,000 are on deposit with government authorities or trustees as required by Florida law.

- D. Business Interruption Insurance Recoveries
Not applicable

- E. State Transferable and Non-transferable Tax Credits
Not applicable

- F. Subprime Mortgage Related Risk Exposure
Subprime Mortgage Exposure

The Company invests in asset classes that could potentially be adversely affected by subprime mortgage exposure. These investments include debt obligations of financial institutions participating in subprime lending practices and equity investments in unaffiliated financial institutions. The Company believes that its greatest exposure is to unrealized losses from

NOTES TO FINANCIAL STATEMENTS

declines in asset values versus realized losses resulting from defaults or foreclosures. Conservative investment practices limit the Company's exposure to such losses.

Direct Exposure – Mortgage Loans
Not applicable.

Direct Exposure – Other Investment Classes

The Company has the following investment classes that could have subprime mortgage exposure:

- Debt obligations of financial institutions participating in subprime lending practices
- Equity investments in unaffiliated financial institutions

All bonds currently held that were issued by financial institutions participating in subprime lending activities are investment grade quality. Asset values for unaffiliated equity securities issued by financial institutions have been reflected in the financial statements.

G. Insurance Linked Securities
Not Applicable

Note 22 – Events Subsequent

No events have occurred subsequent to December 31, 2018 that merits disclosure.

Events Subsequent

	Current Year	Prior Year
Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	NO	
ACA fee assessment payable for the upcoming year	\$ 0	0
ACA fee assessment paid	\$ 0	0
Premium written subject to ACA 9010 assessment	\$ 0	0
Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 28)	\$ 37,799,913	
Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 28 minus 22B above)	\$ 37,799,913	
Authorized Control Level (Five-Year Historical Line 29)	\$ 10,404,924	
Would reporting the ACA assessment as of Dec. 31, 2018 have triggered an RBC action level (YES/NO)?		

Note 23 – Reinsurance

A. Unsecured Reinsurance Recoverable

ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Net Amount Recoverable From Reinsurers
43-1898350	11054	Maiden Reinsurance North America, Inc	MO	5,522,000
38-2145898	33499	Doranco Reinsurance Company	MI	1,388,000

B. Reinsurance Recoverable in Dispute

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

C. Reinsurance Assumed and Ceded

The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2018:

NOTES TO FINANCIAL STATEMENTS

REINSURANCE ASSUMED AND CEDED

Report the maximum amount of return commission which would have been due reinsurers

	Assumed		Ceded		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
Affiliates	\$ 0	0	137,363	0	(137,363)	0
All Other	\$ 0	0	48,980,637	(14,588,991)	(48,980,637)	14,588,991
TOTAL	\$ 0	0	49,098,000	(14,588,991)	(49,098,000)	14,588,991
Direct Unearned Premium Reserve	\$ 67,292,886					

Line (c) of Column 5 plus Line (d) must Equal page 3, Line 9, first inside amt.

Additional or return commission ... on any form of profit sharing arrangements

	REINSURANCE			
	Direct	Assumed	Ceded	Net
Contingent Commission	\$ 0	0	0	0
Sliding Scale Adjustments	\$ 0	0	14,764,406	(14,764,406)
Other Profit Commission Arrangements	\$ 0	0	0	0
TOTAL	\$ 0	0	14,764,406	(14,764,406)

The Company has no protected cell risks or exposures.

D. Uncollectible Reinsurance
Not applicable

E. Commutation of Ceded Reinsurance

The company has reported in its operations in the current year because of commutation of reinsurance with the companies listed below, the amounts that are reflected as:

- (1) Losses and Loss adjustment expenses incurred \$(18,737.09)
- (2) Premium Earned \$0
- (3) Other \$0
- (4) Company Amount
Dorinco Reinsurance Company

F. Retroactive Reinsurance
Not applicableG. Reinsurance Accounted for as a Deposit
Not applicableH. Disclosures for the Transfer of Property and Casualty Run-off Agreements
Not applicableI. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
Not applicableJ. Reinsurance Agreements Qualifying for Reinsurer Aggregation
Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

F.
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01.

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

NO

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2017 were \$63.3 million. As of December 31, 2018 \$ 55.9 million has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$33.6 million as a result of re-estimation of unpaid claims and claim adjustment expenses principally on private passenger auto liability lines of business. Therefore, there has been a \$26.2 million unfavorable prior year development since December 31, 2017 to December 31, 2018. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Note 26 – Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Accident and Health 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

Not applicable

Note 33 – Asbestos/Environmental Reserves

Not applicable

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 – Financial Guaranty Insurance

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
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?
 Yes No N/A
- 1.3 State Regulating?
 _____ FLORIDA _____
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 Yes No
- 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
- 2.2 If yes, date of change:

- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
 _____ 12/31/2014 _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
 _____ 12/31/2014 _____
- 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).
 _____ 03/12/2016 _____
- 3.4 By what department or departments?
 FLORIDA DEPARTMENT OF INSURANCE

- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?
 Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?
 Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes No
 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes No
 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 Yes No
 If yes, complete and file the merger history data file with the NAIC.

GENERAL INTERROGATORIES

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:

.....
.....
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control. _____ 0.00 %
 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, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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?
 DIXON HUGHES GOODMAN, LLP 1829 EASTCHESTER DRIVE, HIGH POINT, NC 27265

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 response to 10.1 is yes, provide information related to this exemption:

.....
.....
.....

GENERAL INTERROGATORIES

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 response to 10.3 is yes, provide information related to this exemption:

.....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain.

.....

11. What is the name, address and affiliation (office/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

PERR & KNIGHT 881 ALMA REAL DRIVE, SUITE 205, PACIFIC PALISADES, CA 90272

.....

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

	0
	0

12.2 If yes, provide explanation:

.....

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

.....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [X]

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 [X] 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?

- 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.

Yes [X] No []

14.11 If the response to 14.1 is no, please explain:

.....

GENERAL INTERROGATORIES

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).

.....

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
0	0
0	0
0	0

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 or is likely to 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 [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$ 0
20.12 To stockholders not officers	\$ 0
20.13 Trustees, supreme or grand (Fraternal only)	\$ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$ 0
20.22 To stockholders not officers	\$ 0
20.23 Trustees, supreme or grand (Fraternal only)	\$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

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

21.21 Rented from others	\$ 0
21.22 Borrowed from others	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

GENERAL INTERROGATORIES

- 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 | \$ | 0 |
| 22.22 Amount paid as expenses | \$ | 0 |
| 22.23 Other amounts paid | \$ | 0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [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. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [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]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | | |
|--|----|---|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 24.103 Total payable for securities lending reported on the liability page | \$ | 0 |
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

GENERAL INTERROGATORIES

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

25.21	Subject to repurchase agreements	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	0
25.28	On deposit with states	\$	0
25.29	On deposit with other regulatory bodies	\$	750,000
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$	0
25.32	Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		0
		0
		0

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 [X] N/A []
If no, attach a description with this statement.

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

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

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [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
Comerica Bank & Trust	411 West Lafayette, Detroit, MI 48226

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]

GENERAL INTERROGATORIES

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

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

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 Firm or Individual	2 Affiliation

28.05B 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]

28.05C 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 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

28.1 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
		0
		0
		0
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
		0	
		0	
		0	

GENERAL INTERROGATORIES

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	37,033,704	36,088,792	(934,912)
30.2 Preferred stocks	841,309	841,309	0
30.3 Totals	37,875,013	36,940,101	934,912

30.4 Describe the sources or methods utilized in determining the fair values:
 THE FAIR VALUES WERE OBTAINED FROM PUBLISHED SOURCES FROM THE SECURITIES DEALER,
 SPECIFICALLY COMERCIA BANK & TRUST

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:

33 By self-designating SGI securities, the reporting entity is certifying the following elements of each self-designated SGI security:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated SGI securities? Yes [] No [X]

34 By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- 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? \$ 404,222

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
ISO Services, Inc.	\$ 134,851
	\$ 0
	\$ 0

GENERAL INTERROGATORIES

36.1 Amount of payments for legal expenses, if any?

\$ 293,578

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
Greenberg Traurig	\$ 240,868
	\$ 0
	\$ 0

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

\$ 0

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
	\$ 0
	\$ 0
	\$ 0

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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

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

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding

.....

.....

.....

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1		2	
	Current Year		Prior Year	
2.1 Premium Numerator	\$ <u>0</u>		\$ <u>0</u>	
2.2 Premium Denominator	\$ <u>112,408,366</u>		\$ <u>124,170,108</u>	
2.3 Premium Ratio (2.1 / 2.2)	<u>0.00</u>		<u>0.00</u>	
2.4 Reserve Numerator	\$ <u>0</u>		\$ <u>0</u>	
2.5 Reserve Denominator	\$ <u>75,390,601</u>		\$ <u>95,656,168</u>	
2.6 Reserve Ratio (2.4 / 2.5)	<u>0.00</u>		<u>0.00</u>	

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 \$ 0

3.22 Non-participating policies \$ 0

4. For Mutual reporting entities and Reciprocal Exchanges only:

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

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

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? 0 %

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

5. For Reciprocal Exchanges Only:

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

5.2 If yes, is the commission paid:

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

.....

.....

.....

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 loss:
THE COMPANY DOES NOT WRITE WORKER'S COMPENSATION.

.....

.....

.....

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 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 or concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
 COMPANY EXPOSURES ARE LIMITED TO NON-STANDARD PRIVATE PASSENGER AUTO COMPREHENSIVE COVERAGE IN FLORIDA. USE RMS RISKLINK ALM '15 MODEL.
- 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?
 NATURE OF COVERAGES SOLD (NON-STANDARD AUTO) MINIMIZES RISK. PURCHASED QUOTA SHARE REINSURANCE, COMBINATION CAT AND EC EXCESS, AND AUTO PHYSICAL DAMAGE PROPERTY CAT EXCESS
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes No
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss
- 7.1 Has the 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 cap, an aggregate limit or any similar provisions)? Yes No
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions. 4
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes No
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes No
- 8.2 If yes, give full information
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
 (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
 (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
 (c) Aggregate stop loss reinsurance coverage;
 (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes No
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes No
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
 (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
 (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes No
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
 (a) The entity does not utilize reinsurance; or,
 (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
 (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

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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]
- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? Yes [] No [X]
- 11.2 If yes, give full information

- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- | | |
|---|------|
| 12.11 Unpaid losses | \$ 0 |
| 12.12 Unpaid underwriting expenses (including loss adjustment expenses) | \$ 0 |
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$ 0
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [] 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 | 0.00 % |
| 12.42 To | 0.00 % |
- 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 current year:
- | | |
|----------------------------------|------|
| 12.61 Letters of Credit | \$ 0 |
| 12.62 Collateral and other funds | \$ 0 |
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ 50,000
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 0
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [X] No []
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
 Quota Share - based on actual policy premiums and losses produced by the Cedants. Excess of Loss - Premium is proportionate share of the premium subject to the agreement that is produced by each cedant. Losses are proportionate as well.

- 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 [X] No []
- 14.5 If the answer to 14.4 is no, please explain:

- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] 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 | 2 | 3 | 4 | 5 |
|------------------|------------------------|----------------------|------------------------|-------------------------|-----------------------|
| | Direct Losses Incurred | Direct Losses Unpaid | Direct Written Premium | Direct Premium Unearned | Direct Premium Earned |
| 16.11 Home | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 16.12 Products | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 16.13 Automobile | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 16.14 Other* | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

* Disclose type of coverage: _____

GENERAL INTERROGATORIES

PART 2 – PROPERTY & 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	\$ 0
17.12 Unfunded portion of Interrogatory 17.11	\$ 0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$ 0
17.14 Case reserves portion of Interrogatory 17.11	\$ 0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$ 0
17.16 Unearned premium portion of Interrogatory 17.11	\$ 0
17.17 Contingent commission portion of Interrogatory 17.11	\$ 0

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.

\$ 0

18.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

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

\$ 0

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]

FIVE – YEAR HISTORICAL DATA

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

	1	2	3	4	5
	2018	2017	2016	2015	2014
Gross Premiums Written (Page 6, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	245,982,402	320,829,191	293,149,838	223,083,376	166,773,318
2. Property lines (Lines 1, 2, 8, 12, 21 & 26)	54,288,971	65,058,002	60,986,614	45,101,473	26,541,145
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	300,251,373	385,885,193	354,136,452	268,184,849	193,314,463
Net Premiums Written (Page 6, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	81,343,366	107,785,653	101,981,685	82,214,473	65,714,897
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	16,948,724	19,054,858	19,692,807	14,577,233	9,567,974
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	98,292,090	126,820,511	121,654,502	96,791,706	75,282,871
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(12,217,430)	(10,114,547)	(2,406,849)	3,472,648	(1,009,971)
14. Net investment gain (loss) (Line 11)	2,350,458	2,300,317	2,122,344	1,458,961	1,162,919
15. Total other income (Line 15)				378	
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 18)	(154,808)	(2,018,707)	33,262	1,898,669	165,137
18. Net income (Line 20)	(9,712,162)	(5,795,623)	(251,343)	3,233,219	(12,189)
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	206,381,607	217,961,903	200,245,266	154,635,874	107,761,177
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)		1,940,622	3,844,380		2,990,473
20.2 Deferred and not yet due (Line 15.2)	48,772,572	83,423,452	80,280,336	57,879,038	37,101,067
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	168,581,694	168,328,841	152,707,591	120,653,444	83,002,911
22. Losses (Page 3, Line 1)	33,659,449	36,087,774	28,318,845	25,583,302	19,395,661
23. Loss adjustment expenses (Page 3, Line 3)	23,534,681	27,275,847	15,278,910	17,734,893	15,182,027
24. Unearned premiums (Page 3, Line 9)	18,198,271	32,312,547	29,862,142	25,839,986	17,725,421
25. Capital paid up (Page 3, Lines 30 & 31)	20,200,000	20,200,000	20,200,000	17,400,000	11,200,000
26. Surplus as regards policyholders (Page 3, Line 37)	37,799,813	48,633,282	47,537,785	33,982,184	24,758,266
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	(13,967,282)	2,307,741	1,785,651	16,508,946	11,254,211
Risk-Based Capital Analysis					
28. Total adjusted capital	37,799,813	48,633,282	47,537,785	33,982,184	24,758,266
29. Authorized control level risk-based capital	10,404,924	16,271,520	16,001,215	9,172,317	8,114,017
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	49.9	61.1	61.8	60.8	74.8
31. Stocks (Lines 2.1 & 2.2)	10.3	10.0	9.9	8.2	11.2
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)	22.4	10.1			
34. Cash, cash equivalents and short-term investments (Line 5)	17.4	18.9	28.3	31.1	14.2
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 6, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
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)					

FIVE - YEAR HISTORICAL DATA

(Continued)

	1	2	3	4	5
	2018	2017	2016	2015	2014
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	(1,832,164)	1,689,491	241,654	(394,301)	282,003
52. Dividends to stockholders (Line 35)					
53. Change in surplus as regards policyholders for the year (Line 38)	(10,833,349)	1,095,498	13,555,582	9,223,919	2,650,356
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	219,293,573	169,046,262	151,971,764	107,543,987	81,412,152
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	42,886,905	37,253,278	31,079,423	21,560,291	12,084,244
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
57. All other lines (Lines 8, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59. Total (Line 35)	259,180,478	206,299,538	183,051,187	129,104,248	93,506,396
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	75,756,554	51,565,193	53,685,215	39,721,208	26,834,212
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	13,410,492	11,641,477	10,867,284	7,557,162	4,548,352
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
63. All other lines (Lines 8, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65. Total (Line 35)	89,167,046	63,206,640	64,332,499	47,278,360	33,382,564
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	77.2	57.1	57.2	60.3	55.1
68. Loss expenses incurred (Line 3)	8.8	21.2	9.0	15.7	22.2
69. Other underwriting expenses incurred (Line 4)	26.9	29.8	35.8	20.1	24.1
70. Net underwriting gain (loss) (Line 6)	(10.9)	(8.1)	(2.0)	3.9	(1.4)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	30.8	29.1	34.7	18.4	23.7
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	64.0	78.4	66.2	76.0	77.3
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)	260.0	280.8	255.9	284.8	304.1
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	33,106	8,983	(2,410)	625	8,074
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)	68.1	18.9	(7.1)	2.5	38.9
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)	38,732	5,394	(1,211)	10,401	11,758
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)	81.5	15.9	(4.9)	47.5	84.7

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:

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 (Cols. 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	4	4	1				1	1	XXX
2. 2009	11,965	9,135	2,230	11,568	9,582	2,350	104	697	928	78	4,001	XXX
3. 2010	18,855	15,134	3,721	16,170	13,743	3,012	282	1,174	1,505	27	4,826	XXX
4. 2011	45,141	36,700	8,441	33,024	28,025	5,791	1,215	3,124	3,050	84	9,649	XXX
5. 2012	92,789	75,967	16,822	52,311	42,011	7,444	1,863	8,702	6,403	853	16,380	XXX
6. 2013	169,988	116,148	43,840	73,779	54,517	8,080	5,166	11,927	9,292	456	25,411	XXX
7. 2014	187,914	113,842	74,072	101,294	62,003	13,086	5,808	14,380	9,046	1,023	51,904	XXX
8. 2015	242,043	153,366	88,677	151,339	98,627	15,175	7,885	18,940	12,331	1,623	66,611	XXX
9. 2016	330,661	212,829	117,832	199,087	132,077	14,943	9,786	23,961	18,230	2,019	79,888	XXX
10. 2017	383,572	259,402	124,170	213,186	143,513	9,546	5,396	29,559	20,757	2,382	62,625	XXX
11. 2018	335,532	223,126	112,406	163,695	112,320	1,309	888	6,624	13,784	1,351	44,636	XXX
12. Totals	XXX	XXX	XXX	1,015,457	686,422	81,337	38,193	117,088	93,325	9,697	385,942	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	5	2	(1)	(1)	2							5	XXX
2. 2009	10	8			18				1			21	XXX
3. 2010	33	27	1	1	50				2			59	XXX
4. 2011	143	80	1		164				3			240	XXX
5. 2012	540		(16)		661				9			1,227	XXX
6. 2013	1,299		2		1,594				26			2,091	XXX
7. 2014	2,219		578		2,457				149			5,557	XXX
8. 2015	3,630	682	1,502	370	3,748	395	744		329			8,506	XXX
9. 2016	4,657	3,087	4,192	2,737	5,291	2,337	890	221	688			7,316	XXX
10. 2017	5,379	3,678	9,138	6,234	4,117	2,836	1,284	814	1,337			7,693	XXX
11. 2018	31,155	22,289	28,329	19,961	1,744	1,234	1,285	874	5,413			23,578	XXX
12. Totals	49,070	29,833	43,726	29,302	19,806	6,802	4,391	1,909	8,046			57,193	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			XXX	3	2
2. 2009	14,644	10,622	4,022	128,852	116,278	180,359				2	19
3. 2010	20,443	15,558	4,885	108,422	102,802	131,282				8	53
4. 2011	42,259	32,370	9,889	93,616	88,202	117,154				64	176
5. 2012	67,684	50,077	17,607	72,944	65,919	104,667				524	703
6. 2013	97,377	68,975	28,402	60,885	59,385	64,786				1,301	1,690
7. 2014	134,317	76,856	57,461	71,478	67,511	77,575				2,797	2,760
8. 2015	195,407	120,290	75,117	80,732	78,433	84,709				4,080	4,426
9. 2016	253,669	166,455	87,214	78,716	78,211	74,016				3,045	4,271
10. 2017	273,348	183,228	90,318	71,315	70,635	72,737				4,605	3,088
11. 2018	239,584	171,350	68,214	71,398	76,795	60,685				17,234	6,344
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	33,661	23,532

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.

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	2	3	4	5	6	7	8	9	10	11	12	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year	
1. Prior	354	440	498	927	1,324	1,993	3,086	3,083	3,065	3,065		(18)	
2. 2009	1,624	2,452	2,816	2,782	4,024	4,266	4,248	4,205	4,235	4,252	17	47	
3. 2010	XXX	2,085	3,097	3,302	4,899	5,192	4,837	4,814	4,950	5,214	284	400	
4. 2011	XXX	XXX	4,887	6,348	9,092	9,536	9,545	9,191	9,431	9,806	375	615	
5. 2012	XXX	XXX	XXX	7,492	8,323	11,623	13,599	13,287	14,867	17,275	2,618	3,988	
6. 2013	XXX	XXX	XXX	XXX	18,037	20,564	20,587	19,263	20,521	25,687	5,186	8,424	
7. 2014	XXX	XXX	XXX	XXX	XXX	43,771	42,069	42,290	44,935	51,972	7,037	9,882	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	58,501	57,927	60,070	68,179	8,109	10,252	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	71,453	72,612	78,795	6,183	7,342	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	76,842	80,179	3,337	XXX	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69,961	XXX	XXX	
											12. Totals	33,106	38,732

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	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	.000	256	385	798	1,168	1,932	2,565	3,079	3,059	3,060	XXX	XXX
2. 2009	1,121	2,045	2,371	2,526	3,553	4,089	4,164	4,198	4,232	4,232	XXX	XXX
3. 2010	XXX	982	2,210	2,797	3,200	4,197	4,497	4,774	4,903	5,157	XXX	XXX
4. 2011	XXX	XXX	2,059	5,202	5,931	7,538	8,319	8,943	9,206	9,575	XXX	XXX
5. 2012	XXX	XXX	XXX	4,614	3,886	7,121	10,140	12,186	13,413	16,081	XXX	XXX
6. 2013	XXX	XXX	XXX	XXX	9,829	16,923	17,887	19,416	17,833	22,776	XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX	24,876	37,380	39,424	39,267	46,599	XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	33,801	51,825	50,897	60,002	XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,919	84,795	72,167	XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49,950	73,823	XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51,796	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	183	99	17	18	103	56	38		(1)	
2. 2009	115	199	42	38	370	152	70			
3. 2010	XXX	389	274	118	1,255	737	280	9	8	1
4. 2011	XXX	XXX	1,208	489	2,623	1,663	988	46	23	4
5. 2012	XXX	XXX	XXX	1,569	3,324	3,506	2,550	239	29	(7)
6. 2013	XXX	XXX	XXX	XXX	3,828	3,412	2,251	398	365	28
7. 2014	XXX	XXX	XXX	XXX	XXX	10,677	3,466	1,820	2,058	727
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	14,149	4,581	5,014	1,876
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,932	5,601	2,114
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,679	3,374
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,789

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

States, Etc.	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
		2	3						
	Active Status (a)	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
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	L	300,251,373	335,533,001	259,180,478	256,648,039	82,794,994		
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	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate Other Alien	OT	XXX							
59. Totals	(a) 1		300,251,373	335,533,001	259,180,478	256,648,039	82,794,994		
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX							
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX							

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

(a) Active Status Counts

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

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

Not allocated - Actual premiums

OVERFLOW PAGE FOR WRITE-INS

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CONSENT TO ORDER OF RECEIVERSHIP
WINDHAVEN INSURANCE COMPANY
EXHIBIT 1

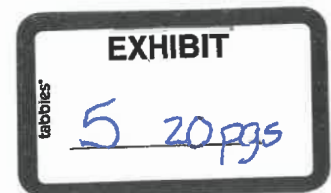
IT IS HEREBY agreed as follows:

1. WINDHAVEN INSURANCE COMPANY (herein "Respondent") is a Florida corporation and is a domestic property and casualty insurer authorized to transact insurance business in the state of Florida.

2. Respondent admits that grounds exist for the appointment of a Receiver for Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.

3. Pursuant to Sections 631.051 and 631.061, Florida Statutes, Respondent consents through a majority of its directors, stockholders, members, or subscribers, to the entry of an Order of Rehabilitation or Liquidation, at the sole discretion of the Department of Financial Services (hereinafter referred to as "DFS"), appointing DFS as Receiver, for purposes of Rehabilitation or Liquidation, and consents to any injunctions this Court deems necessary and appropriate. The Resolution of the Board of Directors of WINDHAVEN INSURANCE COMPANY is attached hereto as Attachment "A".

DFS Exhibit B-5



CONSENT TO ORDER OF RECEIVERSHIP
WINDHAVEN INSURANCE COMPANY
EXHIBIT 1

Dated this 15th day of November, 2019.

(Corporate Seal)

WINDHAVEN INSURANCE COMPANY

By: [Signature]

Print Name: Jimmy E. Whited

Title: CEO

Date: 11/15/19

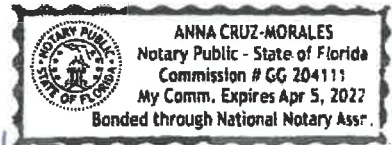
[Corporate Seal]

STATE OF FL
COUNTY OF Miami Dade

The foregoing instrument was acknowledged before me this 15 day of November 2019,
by Jimmy Whited as CEO
(name of person) (type of authority; e.g., officer, trustee, attorney in fact)
for Windhaven Insurance Company.
(company name)

[Signature]
(Signature of the Notary)

[Notary Seal]



ANNA CRUZ-MORALES
(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____
Type of Identification Produced _____
My Commission Expires April 5, 2022

CONSENT TO ORDER OF RECEIVERSHIP
WINDHAVEN INSURANCE COMPANY
EXHIBIT 1

**MINUTES OF THE BOARD OF DIRECTORS MEETING
OF WINDHAVEN INSURANCE COMPANY**

November 15, 2019

Board Chairman Jimmy Whited called the meeting to order at 3:48 EST.

The following directors were in attendance: Mr. Whited, Ben Turner, Hugh O'Donnell, Elliot Backerman, Susan Wollenberg, John Lie-Nielson, Edward Dew.

All directors are in attendance – quorum established.

Also in attendance were JD Horwitz, Executive Vice-President of Windhaven Insurance Company, Stephen Simeonidis, Deputy General Counsel of Windhaven Insurance Company and Board Secretary, Sachin Sarnobat, Managing Director of Atalaya Capital and Biyuan Zhao of Atalaya Capital.

Mr. Whited informed the board regarding the Consent Order for Administrative Supervision from the Florida Office of Insurance, which was sent to all parties on the call.

Mr. Simeonidis walked the board through the Consent Order, its ramifications and other logistics including the fact that it was currently confidential.

Mr. Backerman moved and Mr. Lie-Nielson seconded approving a resolution with the following text, both including and excluding the word “immediate” in paragraph 3 and it passed unanimously:

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

No objection to “notice” of this meeting was made.

Mr. Dew moved to adjourn the meeting, Mr. Backerman seconded, and it passed unanimously. The meeting adjourned at 4:08pm EST.

The forgoing has been certified as an accurate recording of the November 15, 2019 Board of Directors Meeting by both the Chairman and the Secretary, as indicated below:

By: [Signature]

Print Name: Jimmy E. Whited

Title: CEO and Chairman of the Board

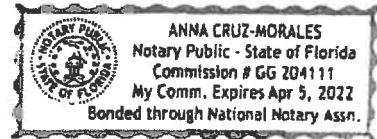
Date: November 15, 2019

[Corporate Seal]

[Signature]

(Signature of the Notary)

[Notary Seal]



Anna Cruz-Morales

(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires April 5, 2022

INTENTIONALLY LEFT BLANK

By: _____

Print Name: Steve Simeonidis

Title: Deputy General Counsel and Board Secretary

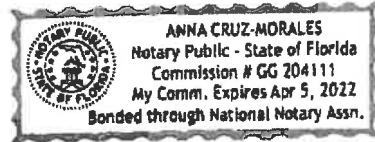
Date: November 15, 2019

[Corporate Seal]

(Handwritten signature)

(Signature of the Notary)

[Notary Seal]



Anna Cruz-Morales

(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires April 5, 2022

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the ~~immediate~~ appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

Dated this 15 day of November, 2019.

(Corporate Seal)

Directors of Windhaven Insurance Company

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 15 day of November 2019,

by Edward Dew (name of person) as Director (type of authority e.g. officer, trustee attorney in fact)

for Windhaven Insurance Company (company name)

[Handwritten Signature]
(Signature of the Notary)

Julia Pollard
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification X

Type of Identification Produced Drivers License

JULIA POLLARD
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 80087853
MY COMMISSION EXPIRES AUGUST 9, 2023

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

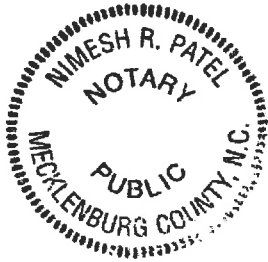
Dated this 15th day of November, 2019.

(Corporate Seal)

Directors of Windhaven Insurance Company



The foregoing instrument was acknowledged before me this 15th day of November 2019,
by Elliot Backerman as Director
(name of person) (type of authority e.g. officer, trustee attorney in fact)
for Windhaven Insurance Company.
(company name)



Nimesh R Patel
(Signature of the Notary)

Nimesh R Patel
(Print, Type or Stamp Commissioned Name of Notary)
Commission Exp 11/7/24

Personally Known _____ OR Produced Identification

Type of Identification Produced NC Driver License

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;


FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.


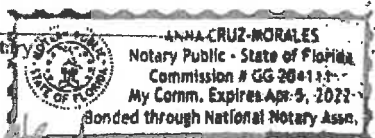
FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

Dated this 15th day of November, 2019.

(Corporate Seal)

Directors of Windhaven Insurance Company


The foregoing instrument was acknowledged before me this 15 day of NOV. 2019,
by Jimmy E. White as CEO
(name of person) (type of authority e.g. officer, trustee attorney in fact)
for WINDHAVEN Insurance Company
(company name)


(Signature of the Notary)

ANNA CRUZ-MORALES
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 15 day of NOV 2019,

by Susan Wollenberg as CFO
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for Windhaven Insurance Company
(company name)

[Handwritten Signature]
(Signature of the Notary)
ANNA CRUZ-MORALES
Notary Public - State of Florida
Commission # GG 204111
My Comm. Expires Apr 5, 2022
Bonded through National Notary Assn.
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2019,

by _____ as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for _____
(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2019,

by _____ as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for _____
(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2019,

by _____ as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for _____
(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

Dated this 15th day of November, 2019.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

On November 15th 2019 before me, Alex Barsoum, Notary Public

personally appeared Hugh M. O'Donnell

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Alex Barsoum

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

(Corporate Seal)

Directors of Windhaven Insurance Company



The foregoing instrument was acknowledged before me this 15th day of June 2019,

by Hugh O'Donnell (name of person) as Director (type of authority e.g. officer, trustee attorney in fact)

for Windhaven Insurance Company (company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

RESOLUTION OF THE BOARD OF DIRECTORS OF
WINDHAVEN INSURANCE COMPANY
ATTACHMENT "A"

The undersigned, being all of the Directors of Windhaven Insurance Company hereby make the following resolutions as follows:

RESOLVED, that the Directors consent to the entry of an Order of Rehabilitation or Liquidation at the discretion of the Department of Financial Services;

FURTHER RESOLVED, that pursuant to the provisions of Consent Order 255482-19-CO, the Directors consent to the immediate appointment of a Receiver, for the purposes of Rehabilitation or Liquidation at the sole discretion of the Department of Financial Services, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the Chairman of the Board and the Officers of Windhaven Insurance Company are hereby authorized to execute any and all consent agreements or other documents on behalf of Windhaven Insurance Company and are authorized to take any and all additional actions, including the Consent to Order of Receivership as deemed necessary or appropriate by the Office of Insurance Regulation or the Department of Financial Services to effectuate the foregoing or to comply with Consent Order 255482-19-CO, without further approval of the Shareholders or Directors.

Dated this _____ day of _____, 2019.

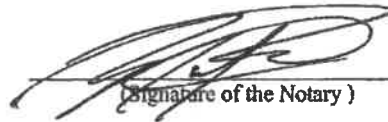
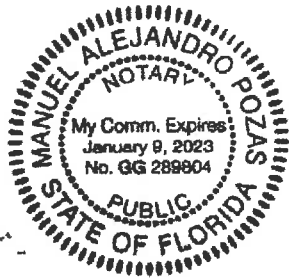
(Corporate Seal)

Directors of Windhaven Insurance Company



The foregoing instrument was acknowledged before me this 15th day of Nov. 2019,
by John Lie-Nielsen as Board of Directors
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for Windhaven Insurance Company
(company name)



MANUEL A. POZAS
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification _____

Type of Identification Produced Personally Known

(Corporate Seal)

Directors of Windhaven Insurance Company

Ben J Turner

The foregoing instrument was acknowledged before me this 15 day of November 2019,

by Benjamin Turner as _____
(name of person) (type of authority e.g. officer, trustee attorney in fact)

for _____
(company name)

[Signature]
(Signature of the Notary)

Salman Khan
(Print. Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced Driver's License

