# QUARTERLY STATEMENT 

AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION


## OTHER OFFICERS

## DIRECTORS OR TRUSTEES

State of

County of .ss

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

Subscribed and sworn to before me this day of
a. Is this an original filing?

Yes [ ] No [ ]
b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS


## LIABILITIES, SURPLUS AND OTHER FUNDS

|  | $\begin{gathered} 1 \\ \text { Current } \\ \text { Statement Date } \end{gathered}$ | $\begin{gathered} 2 \\ \hline \text { December 31, } \\ \text { Prior Year } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: |
| 1. Losses (current accident year \$ .-..........10, 872, 172 | 194,355,799 | 212,281,829 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses |  |  |
| 3. Loss adjustment expenses | 1,032,194 | 1,039,300 |
| 4. Commissions payable, contingent commissions and other similar charges |  |  |
| 5. Other expenses (excluding taxes, licenses and fees) | 8,519,330 | 8,527,078 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 3,600 |  |
|  | . 1,410,265 | . 1,225,792 |
| 7.2 Net deferred tax liability |  |  |
| 8. Borrowed money \$ .-.-.-. and interest thereon \$ |  |  |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of $\$$ $\qquad$ .26,665 and including warranty reserves of \$ $\qquad$ and accrued accident and health experience rating refunds including \$ $\qquad$ for medical loss ratio rebate per the Public Health Service Act). $\qquad$ | 1,256,298 | 1,276,920 |
| 10. Advance premium |  |  |
| 11. Dividends declared and unpaid: |  |  |
| 11.1 Stockholders |  |  |
| 11.2 Policyholders |  |  |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 2,484,253 | 2,387,474 |
| 13. Funds held by company under reinsurance treaties |  |  |
| 14. Amounts withheld or retained by company for account of others | 422,108 | 445,926 |
| 15. Remittances and items not allocated | 111,824 | 109,183 |
|  |  |  |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates |  |  |
| 18. Drafts outstanding |  |  |
| 19. Payable to parent, subsidiaries and affiliates |  |  |
| 20. Derivatives |  |  |
| 21. Payable for securities |  | 1,625 |
| 22. Payable for securities lending |  |  |
| 23. Liability for amounts held under uninsured plans_ |  |  |
|  |  |  |
| 25. Aggregate write-ins for liabilities | 727,098,275 | 721,381,403 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 936,693,946 | 948,676,530 |
| 27. Protected cell liabilities |  |  |
| 28. Total liabilities (Lines 26 and 27) | 936,693,946 | 948,676,530 |
| 29. Aggregate write-ins for special surplus funds |  |  |
| 30. Common capital stock | 3,500,000 | 3,500,000 |
| 31. Preferred capital stock |  |  |
| 32. Aggregate write-ins for other than special surplus funds |  |  |
| 33. Surplus notes | 25,000,000 | 25,000,000 |
| 34. Gross paid in and contributed surplus | 105,215,928 | 105,215,928 |
| 35. Unassigned funds (surplus) | $(909,171,033)$ | ( $917,061,782)$ |
| 36. Less treasury stock, at cost: |  |  |
| 36.1 |  |  |
| 36.2 ...-. ${ }^{\text {a }}$ \$ |  |  |
| 37. Surplus as regards policyholders (Lines 29 to 35 , less 36) | $(775,455,105)$ | $(783,345,854)$ |
| 38. Totals (Page 2, Line 28, Col. 3) | 161,238,841 | 165,330,676 |
| DETAILS OF WRITE-INS |  |  |
| 2501. Deferred Premium Refund | 1,910,553 | .1,616,252 |
| 2502. Deferred Payment Obligation, including carry charges... | 724,532,385 | 719,044,283 |
| 2503. Rescinded Premium Payable | 655,337 | 720,868 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page |  |  |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 727,098,275 | 721,381,403 |
| 2901. |  |  |
| 2902. |  |  |
| 2903. |  |  |
| 2998. Summary of remaining write-ins for Line 29 from overflow page |  |  |
| 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 |  |  |
| 3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above) |  |  |



## CASH FLOW

|  | $\begin{gathered} 1 \\ \text { Current Year } \\ \text { To Date } \end{gathered}$ | Prior Year To Date | 3 Prior Year Ended December 31 |
| :---: | :---: | :---: | :---: |
| Cash from Operations |  |  |  |
| 1. Premiums collected net of reinsurance | 12,668,589 | 17,760,830 | 60,494,847 |
| 2. Net investment income | 1,032,279 | .1,218,634 | 4,993,962 |
| 3. Miscellaneous income | 9,000 |  |  |
| 4. Total (Lines 1 to 3) | 13,709,868 | 18,979,464 | 65,488,809 |
| 5. Benefit and loss related payments | 15,786,030 | 22,630,459 | 86,816,151 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts. |  |  |  |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | .-..1,082,499 | .1,447,543 | . $5,328,758$ |
| 8. Dividends paid to policyholders |  |  |  |
| 9. Federal and foreign income taxes paid (recovered) net of $\$$ $\qquad$ tax on capital gains (losses) |  |  |  |
| 10. Total (Lines 5 through 9) | 16,868,529 | 24,078,002 | 92,144,909 |
| 11. Net cash from operations (Line 4 minus Line 10) | $(3,158,661)$ | $(5,098,538)$ | $(26,656,100)$ |
| Cash from Investments |  |  |  |
| 12. Proceeds from investments sold, matured or repaid: 12.1 Bonds | 13,685,382 | 12,553,462 | 78,351,948 |
| 12.2 Stocks |  |  |  |
| 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 |  | 33 | 1,562 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 13,685,382 | 12,553,495 | 78,353,510 |
| 13. Cost of investments acquired (long-term only): 13.1 Bonds | 8,723,814 | 2,616,598 | .55,454,014 |
| 13.2 Stocks |  |  |  |
| 13.3 Mortgage loans |  |  |  |
| 13.4 Real estate |  |  |  |
| 13.5 Other invested assets |  |  |  |
| 13.6 Miscellaneous applications | 1,630 | 499,789 |  |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 8,725,444 | 3,116,387 | 55,454,014 |
| 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) | 4,959,938 | 9,437,108 | 22,899,496 |
| 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. |  |  |  |
| 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). | $(23,125)$ | (190) | 1,396 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | $(23,125)$ | (190) | 1,396 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS |  |  |  |
| 18. Net change in cash, cash equivalents and shor-term investments (Line 11, plus Lines 15 and 17). | .1,778,152 | .4,338,381 | ( $3,755,208$ ) |
| 19. Cash, cash equivalents and short-term investments: |  |  |  |
| 19.1 Beginning of year... 18 plus Line 19.1) | $\begin{array}{r} 9,847,677 \\ 11,625,829 \end{array}$ | $\begin{array}{r} . .13,602,885 \\ \text { 17,941,266 } \end{array}$ | $13,602,885$ $9,847,677$ |

STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## NOTES TO FINANCIAL STATEMENTS

As instructed by the Office of Special Deputy Receiver representing the Illinois Director of Insurance, Notes to the Financial Statements are no longer required by the Company. Specific questions regarding any information usually presented in the Notes to the Financial Statements should be directed to the Annual Statement contact.

## 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

Yes [X] No [ ] which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.
Have there been any substantial changes in the organizational chart since the prior quarter end?

If the response to 3.2 is yes, provide a brief description of those changes.
4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
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 | 2 |  |
| :---: | :---: | :---: |
| Name of Entity | NAIC Company Code | 3 <br> State of Domicile |
|  |  |  |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-infact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes [ ] No [ ] NA [X] 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.
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.
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).
6.4 By what department or departments?

IIIinois 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?
6.6 Have all of the recommendations within the latest financial examination report been complied with?

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?
7.2 If yes, give full information: A number of states have suspended or requested the return of the Company's Certificate of Authority as the Company is in Rehabilitation.
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 | Location <br> (City, State) | 3 | 4 | 5 |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Affiliate Name |  | FRB | OCC | FDIC | SEC |

## GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No [ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:

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:
.. $\$$
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: ......................................................................................

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
14.2 If yes, please complete the following:

|  |  | $1$ <br> Prior Year-End Book/Adjusted Carrying Value |  | 2 <br> Current Quarter Book/Adjusted Carrying Value |
| :---: | :---: | :---: | :---: | :---: |
| 14.21 Bonds | \$ |  | \$ |  |
| 14.22 Preferred Stock | \$ |  | \$ |  |
| 14.23 Common Stock | \$ | 9,497,338 | \$ | 9,911,460 |
| 14.24 Short-Term Investments | \$ |  | \$ |  |
| 14.25 Mortgage Loans on Real Estate | \$ |  | \$ |  |
| 14.26 All Other | \$ | --- | \$ |  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26 ) | \$ | .9,497,338 | \$ | 9,911,460 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ |  | \$ |  |


15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ ]

If no, attach a description with this statement.

## GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.3 Total payable for securities lending reported on the liability page
7. 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?
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
| :---: | :---: |
| The Northern Trust Company................. | 50 South LaSalle Street, Chicago, Illinois 60603 |

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:
\(\left.$$
\begin{array}{|c|c|c|}\hline 1 & 2 \\
\text { Name(s) }\end{array}
$$ \quad \begin{array}{c}3 <br>

Location(s)\end{array}\right]\)| Complete Explanation(s) |
| :---: |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
17.4 If yes, give full and complete information relating thereto:

| 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: |
| Old Custodian | New Custodian | Date of Change | 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"]

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, does the total assets under management aggregate to more than $50 \%$ of the reporting entity's assets?
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 | Name of Firm or Individual | $\begin{gathered} 3 \\ \text { Legal Entity } \\ \text { Identifier (LEI) } \end{gathered}$ | 4 Registered With | Investment Management Agreement (IMA) Filed |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes [X] No [ ]

[^0]STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## 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?

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?
4.2 If yes, complete the following schedule:

|  |  |  | TOTAL DISCOUNT |  |  |  | DISCOUNT TAKEN DURING PERIOD |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\overline{1}$ <br> Line of Business | 2 <br> Maximum <br> Interest | 3 Discount Rate |  | Unpaid LAE | $\begin{gathered} 6 \\ \text { IBNR } \\ \hline \end{gathered}$ | $\begin{gathered} \hline 7 \\ \text { TOTAL } \\ \hline \end{gathered}$ | Unpaid Losses | Unpaid LAE | $\begin{gathered} 10 \\ \text { IBNR } \\ \hline \end{gathered}$ | $11$ <br> TOTAL |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  | TOTAL |  |  |  |  |  |  |  |  |

5. Operating Percentages:
5.1 A\&H loss percent
5.2 A\&H cost containment percent
$\qquad$
5.3 A\&H expense percent excluding cost containment expenses.
6.1 Do you act as a custodian for health savings accounts?
6.2 If yes, please provide the amount of custodial funds held as of the reporting date.
$\$$
6.3 Do you act as an administrator for health savings accounts?.

Yes [ ] No [X]
6.4 If yes, please provide the balance of the funds administered as of the reporting date.

STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION
SCHEDULE F - CEDED REINSURANCE

|  | ${ }_{\text {ID Number }}{ }^{2}$ | ${ }^{3}$ | 4 Domiciliary Jurisdicion | ${ }_{\text {cter }}^{5}$ | $\begin{gathered} 6 \\ \text { Certified } \\ \text { Reinsurer Rating } \\ (1 \text { through 6) } \\ \hline \end{gathered}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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## SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

| States, etc. | 1 | Direct Premiums Written |  | Direct Losses Paid (Deducting Salvage) |  | Direct Losses Unpaid |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 2 |  | 4 | 5 | 6 | 7 |
|  | Active Status | Current Year To Date | Prior Year To Date | Current Year To Date | Prior Year To Date | Current Year To Date | Prior Year To Date |
| 1. Alabama ...-a | ........ | 27,215 | 39,343 | 9,760 | (720) | 402,699 | 581,243 |
|  | N |  |  |  |  |  |  |
| 3. Arizona ........................ AZ | L. | 175,365 | 272,849 | .116,419 | 154,582 | 1,348,764 | . 1,592,560 |
|  | L. | 33,014 | .57,102 | .32,197 | 66,255 | 438,643 | 452,967 |
|  | L. | 2,794,650 | 3,864,338 | 5,813,815 | 7,306,103 | . $55,241,677$ | 72,014,961 |
|  | L. | .621,446 | 797,562 | .704,901 | -.........1,354,160 | -...9,867,191 | .12,371,257 |
| 7. Connecticut ...-.-.a_-............ | L. | 46,492 | 63,060 | ..103,841 | -............253,506 | .835,576 | .933,367 |
| 8. Delaware ....anemenemen DE | L. | 18,582 | 23,852 |  | 334 | .119,979 | 159,599 |
| 9. Dist. Columbia .....-......... DC... | L. | 448,493 | 607,145 | 2,785,501 | 3,783,019 | 23,257,590 | 32,719,166 |
|  | L. | 361,528 | 652,015 | 835,241 | 2,251,860 | .9,263,563 | .13,699,698 |
| 11. Georgia ............................. | N | 165,969 | 250,763 | 65,873 | 266,600 | . 1,826,061 | .2,271,846 |
|  | L. | . 816 | -1,322 |  |  |  | . 659 |
|  | L. | 279 | 349 |  |  |  | 174 |
|  | L. | 296,544 | 446,942 | 495,761 | 856,077 | 4,500,332 | 6,546, 115 |
|  | L. | 14,981 | 30,076 | (150) | 49,436 | 186,323 | 223,776 |
|  | N | 295 | 3,707 | .14,500 |  | .53,567 | 43,315 |
| 17. Kansas ...-a | N | 10,364 | 19,654 |  | 29,003 | 155,680 | 225,433 |
|  | N | 36,748 | 65,603 | 86,219 | 142 | 926,852 | .960,598 |
| 19. Louisiana .-.-_-_- LA | L. | .15,610 | .26,215 |  |  | .147,849 | 223,079 |
|  | L |  |  |  |  |  |  |
|  | L. | 50,515 | 128,029 | 271,543 | 624,326 | 2,956,009 | 3,684,908 |
| 22. Massachusetts ....-.-.-.......MA | L. | 76,871 | .116,708 | $\ldots(2,900)$ | 286,287 | . 1,267,887 | 1,660,417 |
|  | L. | 167,226 | 244,885 | 45,979 | 491,091 | 2,708,090 | 3,546,852 |
| 24. Minnesota ...-_- | L. | 2,238,558 | 3,049,008 | 4,575,161 | .5,331,593 | 28,012,572 | 44,368,856 |
| 25. Mississippi .....................MS | L. | 9,230 | .14,366 | (350) | .48,287 | 24,269 | .114,475 |
|  | $N$ | 26,071 | 42,316 | .29,124 |  | 308,580 | .384,310 |
|  | N | . 579 | 1,960 |  |  |  | 978 |
| 28. Nebraska ....................... NE | N |  |  |  |  |  |  |
|  | N | $(2,846)$ | 55,474 | $(2,175)$ | $(2,811)$ | 1,116,543 | 1,280,722 |
| 30. New Hampshire ....-........ ${ }^{\text {NH... }}$ | 1. | 2,205 | 2,885 |  |  | 56,584 | .31,102 |
| 31. New Jersey ............... NJ | L. | 228,428 | 334,649 | 1,314,366 | 1,068,131 | 9,621,311 | 12,282,699 |
| 32. New Mexico -...-_-_- | L. | 29,932 | 43,928 | 101,262 | (300) | 482,621 | 839,569 |
| 33. New York ..._-_- NY .-. | L. | 122,457 | 153,088 | 387,099 | 268,420 | 4,295,954 | 4,901,721 |
| 34. No. Carolina -.-_--- NC | L. | 308,365 | .506,589 | -380,877 | 654,092 | .2,996,426 | 4,327,967 |
| 35. No. Dakota ..................... ND... | N |  |  |  |  |  |  |
| 36. Ohio ......an | N. | .99,080 | 155,825 | 101,581 | 459,390 | 1,343,823 | 2,035,839 |
| 37. Oklahoma ...-_-a | L. | 67,992 | 117,795 | 138,578 | 74,318 | 644,888 | . 1,095,471 |
|  | N | 9,494 | 20,722 |  | .46,325 | .172,944 | 279,461 |
| 39. Pennsylvania -.................PA... | L. | 112,635 | 187,619 | 254,496 | .195,355 | 2,533,744 | 3,431,909 |
| 40. Rhode Island ...................RI | L. | 9,200 | 12,865 | (450) | 8,484 | 212,805 | 268,242 |
| 41. So. Carolina .................. SC... | L. | 161,501 | 273,140 | 409,588 | 197,487 | .2,150,954 | 3,009,770 |
|  | 1. |  | . 140 |  |  |  | 70 |
|  | L. | 72,233 | 106,242 | 144,551 | 248,478 | 693,635 | 917,813 |
| 44. Texas .---_- TX | L. | 1,433,123 | 3,460,358 | 1,494,837 | 4,393,033 | 22,151,967 | 38,737,645 |
|  | N | 21,906 | 32,919 | .... $(1,080)$ | 41,397 | 231,065 | 229,151 |
| 46. Vermont ...._) | L |  |  |  |  |  |  |
|  | N | 175,538 | 274,659 | 378,980 | 142,758 | 3,882,020 | 5,682,805 |
| 48. Washington -.------WA | N | 26,027 | .39,088 | (850) | . 52,652 | 188,350 | 444,464 |
|  | L. | 10,946 | 17,336 | 39,785 |  | 47,816 | 48,695 |
|  | L. | 26,430 | . 41,210 | 46,004 |  | 376,621 | .518,957 |
| 51. Wyoming ...-_- WY | N | 8,536 | .11,231 |  |  | .182,510 | 5,603 |
| 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 |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
| 58. Aggregate Other Alien....... OT... | . XXX |  |  |  |  |  |  |
| 59. Totals | (a) 35 | 10,560,624 | 16,666,931 | 21,169,883 | 30,999,149 | 197,232,334 | 279,150,285 |
| DETAILS OF WRITE-INS |  |  |  |  |  |  |  |
| 58001. | . XXX |  |  |  |  |  |  |
| 58002. | XXX |  |  |  |  |  |  |
| 58003. | XXX |  |  |  |  |  |  |
| 58998. Summary of remaining writeins for Line 58 from overflow page | XXX |  |  |  |  |  |  |
| 58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX |  |  |  |  |  |  |

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

STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

TRIAD GUARANTY INC. and SUBSIDIARIES


STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| Group Code | Group Name |  | 4 ID Number |  | CIK | 7 Name of Securities Exchange if Publily Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | 10 <br> Relationship <br> to <br> Reporting <br> Entity | 11Directly Controlled by <br> (Name of Entity/Person) | 12 <br> Type of Control <br> (Ownership, <br> Board, <br> Management, <br> Attorney-in-Fact, <br> Influence, Other) | 13 <br>  <br> If Control is <br> Ownership <br> Provide <br> Percentage | 14 <br>  <br>  <br>  <br>  <br> Ultimate Controlling <br> Entity(ies)/Person(s) | 15 <br>  <br> Is an SCA <br> Filing <br> Required? <br> (Y/N) | 16 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 00421 00421 00421. | COLLATERAL HOLDINGS, LTD. COLLATERAL HOLDINGS, LTD. <br> COLLATERAL HOLDINGS, LTD. | 00000. | [56-1838519 |  | . 000091631 | OTCBB | TRIAD GUARANTY INC. TRIAD GUARANTY INSUURANCE CORPORATION, IN REHABILITATION <br> TRIAD GUARANTY ASSUURANCE CORPORATION, IN REHABILITATION. | USA... USA. USA. | UDP. RE R dS. | COLLATERALHOLDINGS, LTD <br> TRIAD GUARANTY INC. TRIAD GUARANTY INSUURANCE CORPORATION, IN REHABILITATION. | OWNERSHIP. | $\begin{gathered} \ldots \\ \ldots \\ \ldots 100.0 \\ \ldots \\ . . .100 .0 \end{gathered}$ | WILLIAM T. RATLIFF AND FAMILY. william T. Ratliff AND FAMILY. <br> william t. ratliff AND FAMILY | $\begin{gathered} N \\ . N \\ \hline \end{gathered}$ | $\ldots 1$ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\cdots$ | O.an_ |  |  |  |  | - | +axamex |  | $\ldots$ |  |  | $\cdots$ |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\cdots$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\ldots$ | $\cdots$ |  |  | $\cdots$ |  | $\cdots$ | .......................... | $\cdots$ | $\ldots$ | ..................................... | $\ldots$ | $\ldots$ | . |  | - |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

[^1]PART 1 - LOSS EXPERIENCE

| Line of Business |  | Current Year to Date |  |  | 4Prior Year toDate Direct LossPercentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 1 Direct Premiums Earned | 2Direct Losses <br> 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 | 10,582,068 | 2,687,089 | 25.4 | 97.6 |
| 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 |  |  |  |  |
| 19.1,19.2 | Private passenger auto liability |  |  |  |  |
| 19.3,19.4 | Commercial auto liability |  |  |  |  |
| 21. | Auto physical damage |  |  |  |  |
| 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 | 10,582,068 | 2,687,089 | 25.4 | 97.6 |
| 3401. DETAILS OF WRITE-................................. |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3402. |  |  |  |  |  |
| 3403. |  |  |  |  |  |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page. |  |  |  |  |  |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34) |  |  |  |  |  |

PART 2 - DIRECT PREMIUMS WRITTEN

|  | Line of Business | $\stackrel{1}{1}$ Quarter | 2 <br> Current <br> Year to Date | 3 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 | 10,560,624 | 10,560,624 | 16,666,931 |
| 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. |  |  |  |
| 19.1,19.2 | Private passenger auto liability |  |  |  |
| 19.3,19.4 | Commercial auto liability |  |  |  |
| 21. | Auto physical damage |  |  |  |
| 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 | 10,560,624 | 10,560,624 | 16,666,931 |
| 3401. DETAILS OF WRITE-INS |  |  |  |  |
|  |  |  |  |  |
| 3402. |  |  |  |  |
| 3403. |  |  |  |  |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page |  |  |  |  |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34) |  |  |  |  |

## STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE


## STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?

## Explanation

1. 
2. 
3. 
4. 

Bar Code:




SCHEDULE A - VERIFICATION


SCHEDULE B - VERIFICATION

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

## SCHEDULE BA - VERIFICATION

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

## SCHEDULE D - VERIFICATION

| Bonds and Stocks |  |  |
| :---: | :---: | :---: |
|  | Year To Date | $\begin{gathered} 2 \\ \hline \text { Prior Year Ended } \\ \text { December } 31 \\ \hline \end{gathered}$ |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 140,607,555 | 162,481,736 |
| 2. Cost of bonds and stocks acquired | 8,723,814 | 55,454,012 |
| 3. Accrual of discount ... | 28,492 | .123,548 |
| 4. Unrealized valuation increase (decrease) | 414,121 | 511,442 |
| 5. Total gain (loss) on disposals. | .52,926 | 1,460,412 |
| 6. Deduct consideration for bonds and stocks disposed of | 13,685,382 | 78,351,914 |
| 7. Deduct amortization of premium. | 241,560 | -1,071,681 |
| 8. Total foreign exchange change in book/adjusted carrying value |  |  |
| 9. Deduct current year's other-than-temporary impairment recognized |  |  |
| 10. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9$ ) | .135,899,966 | 140,607,555 |
| 11. Deduct total nonadmitted amounts. |  |  |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 135,899,966 | 140,607,555 |

STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Traaing Actict

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 <br> Book/Adjusted <br> Carrying Value End of First Quarter | 6 <br> Book/Adjusted <br> Carrying Value End of Second Quarter | 7 <br> Book/Adjusted Carrying Value End of Third Quarter | 8 <br> Book/Adjusted <br> Carrying Value December 31 Prior Year |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| BONDS |  |  |  |  |  |  |  |  |
| 1. NAIC 1 (a) | .101,909,942 | -8,199,471 | 13,619,307 | 18,873 | 96,508,979 |  |  | 101,909,942 |
| 2. NAIC 2 (a) | 32,056,586 | . 3,173,730 | .4,645,133 | 2,026,651 | 32,611,834 |  |  | 32,056,586 |
| 3. NAIC 3 (a) | 2,273,686 |  |  | . $(2,258,537)$ | ..15,149 |  |  | 2,273,686 |
| 4. NAIC 4 (a) | - 26,273 |  | .....3,272 | ...... (67) | $\ldots$-...-. |  |  | 26,273 |
| 5. NAIC 5 (a). |  |  |  |  |  |  |  |  |
| 6. NAIC 6 (a) | 1,480 |  | 94 | 342 | 1,728 |  |  | 1,480 |
| 7. Total Bonds | 136,267,967 | 11,373,201 | 18,267,806 | $(212,738)$ | 129,160,624 |  |  | 136,267,967 |
| PREFERRED Stock |  |  |  |  |  |  |  |  |
| 8. NAIC 1 . |  |  |  |  |  |  |  |  |
| 9. NAIC 2 |  |  |  |  |  |  |  |  |
| 10. NAIC 3 |  |  |  |  |  |  |  |  |
| 11. NAIC 4 |  |  |  |  |  |  |  |  |
| 12. NAIC 5 |  |  |  |  |  |  |  |  |
| 13. NAIC 6 |  |  |  |  |  |  |  |  |
| 14. Total Preferred Stock |  |  |  |  |  |  |  |  |
| 15. Total Bonds \& Preferred Stock | 136,267,967 | 11,373,201 | 18,267,806 | (212,738) | 129, 160,624 |  |  | 136,267,967 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC $1 \$$
NAIC $3 \$$
NAIC $4 \$$
NAIC $5 \$$
NAIC $6 \$$

## SCHEDULE DA - PART 1

Short-Term Investments

|  | $1$ <br> Book/Adjusted Carrying Value | 2 <br> Par Value | $3$ <br> Actual Cost | ```4 \\ Interest Collected Year To Date``` | 5 <br> Paid for Accrued Interest Year To Date |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 9199999 | 3,172,119 | XXX | 3,172,119 | 1,376 |  |

## SCHEDULE DA - VERIFICATION

Short-Term Investments

|  | 1 Year To Date | ```2 Prior Year Ended December 31``` |
| :---: | :---: | :---: |
| 1. Book/adjusted carrying value, December 31 of prior year | 5,158,081 | 4,596,176 |
| 2. Cost of short-term investments acquired | 2,649,387 | 15,645,419 |
| 3. Accrual of discount |  |  |
| 4. Unrealized valuation increase (decrease). |  |  |
| 5. Total gain (loss) on disposals |  |  |
| 6. Deduct consideration received on disposals | 4,635,349 | 15,083,514 |
| 7. Deduct amortization of premium |  |  |
| 8. Total foreign exchange change in book/adjusted carrying value |  |  |
| 9. Deduct current year's other-than-temporary impairment recognized |  |  |
| 10. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9$ ) | 3,172,119 | 5,158,081 |
| 11. Deduct total nonadmitted amounts. |  |  |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 3,172,119 | 5,158,081 |

Schedule DB - Part A - Verification
NONE
Schedule DB - Part B - Verification
NONE
Schedule DB - Part C - Section 1
NONE
Schedule DB - Part C - Section 2
NONE
Schedule DB - Verification
NONE
Schedule E-Verification
NONE
Schedule A - Part 2
NONE
Schedule A - Part 3
NONE
Schedule B - Part 2
NONE
Schedule B - Part 3
NONE
Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

## SCHEDULE D - PART 3



## STATEMENT AS OF MARCH 31, 2017 OF THE TRIAD GUARANTY INSURANCE CORPORATION, IN REHABILITATION

## SCHEDULE D - PART 4



## SCHEDULE D - PART 4



## Schedule DB - Part A - Section 1

## NONE

Schedule DB - Part B - Section 1
NONE
Schedule DB - Part D - Section 1
NONE
Schedule DB - Part D - Section 2
NONE
Schedule DL - Part 1
NONE
Schedule DL - Part 2
NONE

SCHEDULE E-PART 1 - CASH


## SCHEDULE E-PART 2 - CASH EQUIVALENTS




[^0]:    18.2 If no, list exceptions

[^1]:    | Asterisk | TRIAD GUARANTY INC - $16.9 \%$ INVESTMENT, RENAINING SHARES ARE PUBLIC. |
    | :---: | :--- |
    | 1 |  |

    Explanation

