QUARTERLY STATEMENT

OF THE

TO THE

Insurance Department

OF THE

STATE OF

Texas

FOR THE QUARTER ENDED

June 30, 2024

PROPERTY AND CASUALTY



QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

	Texas	s Windstorm Insurance	Association	
	4766 , 4766	NAIC Company Code	30040	Employer's ID Number 74-6189303
,	ent Period) (Prior Period)			
Organized under the Laws of	Texas USA	,	State of Domicile or Port of Er	ntry TX
Country of Domicile Incorporated/Organized	June 1, 197	<u> </u>	Commenced Business	June 1, 1971
Statutory Home Office	4801 Southwest Parkway Building 1, Suit		, Austin, TX US	78735
_	(Street and N			Town, State, Country and Zip Code)
Main Administrative Office	4801 Southwest Parkway Building 1,			
	A (' T)/ 110 70705	(Str	eet and Number)	
	Austin, TX US 78735 (City or Town, State, Co	ountry and Zin Code)	512-899-4900 (Area Code) (Teleph	one Number)
Mail Address P.O. E	Sox 99090	ountry and Zip Gode)	, Austin, TX US	78709
1.0.1	(Street and Number or P.	O. Box)		Town, State, Country and Zip Code)
Primary Location of Books and	Records 4801 Southwest F	Parkway Building 1, Suite 200	Austin, TX US 78735	512-899-4900
	(Str	eet and Number)	(City or Town, State, Country and	Zip Code) (Area Code) (Telephone Number)
Internet Website Address	https://www.twia.org/			
Statutory Statement Contact	Allen David Fulkerson	\ \	512-899-4988	and Number (Eutopsian)
	afulkerson@twia.org	ame)	(Area Code) (Teleph	one Number) (Extension) 512-899-4952
		Address)		(Fax Number)
	`	,		,
		OFFICERS		
		Chandra Franklin Wo	mack	
	Name		Title	
1	David Patrick Durden		eneral Manager	
2.	Georgia Rutherford Neblett		ice Chairman	
3	Karen Guard		ecretary-Treasurer	
4	Stuart Keith Harbour		hief Financial Officer	
		Vice Presidents of TV		
Name	Titl		Name	Title
Michael Ledwik	VP Underwriting		Scott Williams	VP Claims
Camron Malik	VP IT VP Legal & Compliance		e Friesenhahn #	VP People and Business Operations Chief Actuary and VP Enterprise Analytics
Jessica Crass	VP Legal & Compliance	James	Murphy	Chief Actuary and VP Enterprise Analytics
	<u> </u>			-
		TWIA Governing Comm	nittee	
Karen Guard	Esther Grossman		Schrader	Michael Frank Gerik
Georgia Rutherford Neblett	Chandra Franklin Womack		Gonzalez	Tim Garrett
Mary Keller #				
•				
	<u> </u>			
				
State of				
County of	ss			
The officers of this reporting entity	hoing duly swarp, each denose and say that th	ay are the described officers of sai	d reporting entity, and that on the ren	orting period stated above, all of the herein described
, , ,	• , , , ,	•	1 0 7	tement, together with related exhibits, schedules and
				reporting entity as of the reporting period stated above,
				d Accounting Practices and Procedures manual except
	•	•		procedures, according to the best of their information,
• •	• • • • • • • • • • • • • • • • • • • •	•	= :	ng with the NAIC, when required, that is an exact copy
	ue to electronic filing) of the enclosed statement		. •	
-				
	David Durder	1	stuart	Harbour
`	sucur roccurer	C		
	(Signature)			(Signature)
	David Patrick Durden			rt Keith Harbour
	(Printed Name)		(P	rinted Name)
	1.		A	2.
	General Manager		Chief	Financial Officer (Title)
	(Title)			(Title)
Subscribed and sworn to before me			a. Is this an or	ginal filing? [X] Yes [] No
7th day of August	, 2024		b. If no: 1.	State the amendment number
17	1111		2.	Date filed
1 / ite a _ K	Schools It			Number of pages attached
W 5	/ 	OF THE STATE	William R Scharff Jr	
			NOTARY PUBLIC	
		1-1 K2-2 1 A-1 1-1		
		SI	TATE OF FLORIDA	
			Appt. No. HH 49906	
		COMMENT	nires October 1, 2028	

Expires October 1, 2028

Online Notary Center

ASSETS

		C	te		
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
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)				
	4.2 Properties held for the production of income (less \$				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$ 59,589,008), cash equivalents (\$ 461,638,457), and short-term				
	investments (\$ 0)	521,227,465		521,227,465	647,819,824
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)	521,227,465		521,227,465	647,819,824
13.	Title plants less \$ 0 charged off (for Title insurers only)				
14.	Investment income due and accrued	2,035,167		2,035,167	2,516,961
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	6,895,439	480,234	6,415,205	5,781,780
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$	45,545,049		45,545,049	37,446,584
	15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
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	8,489,083	8,489,083		
21.	Furniture and equipment, including health care delivery assets (\$ 0)	1 070 /51	1,870,451		
22.	Net adjustment in assets and liabilities due to foreign exchange rates		1,570,301		
23.	Receivables from parent, subsidiaries and affiliates	1,594,678		1,594,678	1,087,719
24.	Health care (\$ 0) and other amounts receivable			1,557,570	1,007,719
25.	A support of white in a few others there in control accepts	4,647,253	4,647,253		
26.	Aggregate write-ins for other-than-invested assets Total assets excluding Separate Accounts, Segregated Accounts and	7,041,200	7,047,233		
۷٠.	Destroyed Call Associate (Lines 42 to 25)	592,304,585	15,487,021	576,817,564	694,652,868
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts		13,701,021	970,017,504	094,002,000
28.	Total (Lines 26 and 27)	592,304,585	15,487,021	576,817,564	694,652,868
۷٠.	TOWN (LINES AU WING AT)	JJZ,JU4,JUJ	13,407,021	310,011,304	004,002,000

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103.	NH		
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Prepaid assets	2,329,792	2,329,792	
2502. Member Assessment Receivable	2,199,241	2,199,241	
2503. Security deposit - lease	118,220	118,220	
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	4,647,253	4,647,253	

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Statement Date	December 31, Prior Year
1.	Losses (current accident year \$ 82,208,071)	108,285,299	33,667,875
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	36,695,804	11,116,385
4.	Commissions payable, contingent commissions and other similar charges		7,030,740
5.	Other expenses (excluding taxes, licenses and fees)		4,496,822
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		3,054,261
7.1.	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		
7.2.	Net deferred tax liability		
	Borrowed money \$ 0 and interest thereon \$ 0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of		
	\$ 324,902,185 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)		341,024,374
	Advance premium	16,595,265	8,393,089
11.	Dividends declared and unpaid:		
	11.1. Stockholders		
	11.2. Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		77,739,319
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated	137,615	454,943
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		
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	5,132,996	161,822,000
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	504,114,762	648,799,808
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	504,114,762	648,799,808
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	72,702,802	45,853,060
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.		72,702,802	45,853,060
38.		576,817,564	694,652,868
-			
	DETAILS OF WRITE-IN LINES	40-0-00	0.0-0.004
	Lease incentive obligation	1,950,703	2,058,081
2502.	•	1,402,622	1,402,622
2503.	Surcharge payable	670,976	299,217
2598.	Summary of remaining write-ins for Line 25 from overflow page	1,108,695	158,062,080
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,132,996	161,822,000
2901.			
2902.	NONE		
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.			I .
3202.	NONE		
3202. 3203.	NUNE		
3202.	Summary of remaining write-ins for Line 32 from overflow page 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
1	UNDERWRITING INCOME			
1.	Premiums earned: 1.1 Direct (written \$ 358,404,615) 1.2 Assumed (written \$ 0)	336,359,022	273,216,791	589,353,025
	1.2 Assumed (written \$ 0) 1.3 Ceded (written \$ 389,882,622)	64,980,437	34,059,362	217,987,326
	1.4 Net (written \$ (31,478,007))	271,378,585	239,157,429	371,365,699
2	DEDUCTIONS: Losses incurred (current accident year \$ 140,092,010):			
۷.	2.1 Direct	148,452,941	67,584,057	76,806,897
	2.2 Assumed			
	2.3 Ceded 2.4 Net	148,452,941	309 67,583,748	(4,950) 76,811,847
3.	2.4 Net Loss adjustment expenses incurred	41,024,489	13,268,492	14,560,741
4.	Other underwriting expenses incurred	71,529,260	61,793,781	140,015,383
5.	Aggregate write-ins for underwriting deductions		80,199,522	156,000,122
6. 7.	Total underwriting deductions (Lines 2 through 5) Net income of protected cells	261,006,690	222,845,543	387,388,093
	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	10,371,895	16,311,886	(16,022,394)
٠.	INVESTMENT INCOME			
q		13,613,298	8,293,337	21,016,264
10.	Net investment income earned Net realized capital gains (losses) less capital gains tax of \$ 0	10,010,200	0,200,001	21,010,204
11.	Net investment gain (loss) (Lines 9 + 10)	13,613,298	8,293,337	21,016,264
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered			
	\$ 0 amount charged off \$ 0)		(125,834)	
13.	Finance and service charges not included in premiums			
	Aggregate write-ins for miscellaneous income		6,132	6,132
15. 16	Total other income (Lines 12 through 14) Net income before dividends to policyholders, after capital gains tax and before all other		(119,702)	6,132
	federal and foreign income taxes (Lines 8 + 11 + 15)	23,985,193	24,485,521	5,000,002
	Net income, after dividends to policyholders, after capital gains tax and before			
	all other federal and foreign income taxes (Line 16 minus Line 17)	23,985,193	24,485,521	5,000,002
	Federal and foreign income taxes incurred			
20.	Net income (Line 18 minus Line 19) (to Line 22)	23,985,193	24,485,521	5,000,002
	CAPITAL AND SURPLUS ACCOUNT			
	Surplus as regards policyholders, December 31 prior year	45,853,060	38,642,859	38,642,859
22.		23,985,193	24,485,521	5,000,002
23. 24.	Net transfers (to) from Protected Cell accounts Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0			
25.	Change in net unrealized capital gains of (losses) less capital gains tax or \$\psi\$ Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax			
	Change in nonadmitted assets	2,864,549	(1,571,374)	791,387
28.	Change in provision for reinsurance Change in surplus notes			
30.	= : : : : : : : : : : : : : : : : : : :			
	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			
	33.2 Transferred to capital (Stock Dividend)			
24	33.3 Transferred from capital			
	Net remittances from or (to) Home Office Dividends to stockholders			
	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			1,418,812
38.	Change in surplus as regards policyholders (Lines 22 through 37)	26,849,742	22,914,147	7,210,201
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	72,702,802	61,557,006	45,853,060
	DETAILS OF WRITE-IN LINES			

	DETAILS OF WRITE-IN LINES		
0501.	Statutory Fund Expense	80,199,522	156,000,122
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)	80,199,522	156,000,122
1401.	Other Income (loss)	6,132	6,132
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)	6,132	6,132
3701.	Pension unassigned funds - unrecognized liability		1,418,812
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)		1,418,812

CASH FLOW

		1	2	3
		'	2	3
	Cash from Operations	Current Year	Prior Year	Prior Year
	Cash Holli Operations	To Date	To Date	Ended December 31
_				
	Premiums collected net of reinsurance	170,629,343	225,722,687	462,889,369
	Net investment income	14,260,369	7,792,304	19,296,744
3.	Miscellaneous income	404 000 740	6,132	6,132
	Total (Lines 1 to 3)	184,889,712	233,521,123	482,192,245
	Benefit and loss related payments	73,835,517	53,976,184	82,655,806
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	020 004 505	444 442 040	007 040 400
7.		239,004,585	144,143,046	237,210,100
8.	Dividends paid to policyholders			
9. 10	Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	212 040 102	100 110 220	210 965 006
	Total (Lines 5 through 9)	312,840,102	198,119,230	319,865,906
11.	Net cash from operations (Line 4 minus Line 10)	(127,950,390)	35,401,893	162,326,339
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	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			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)			
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)			
40	Cash from Financing and Miscellaneous Sources			
10.	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)	1,358,031	(1,724,255)	1,623,828
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus		// == / ===	
	Line 16.5 plus Line 16.6)	1,358,031	(1,724,255)	1,623,828
	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)	(126,592,359)	33,677,638	163,950,167
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	647,819,824	483,869,657	483,869,657
	19.2 End of period (Line 18 plus Line 19.1)	521,227,465	517,547,295	647,819,824
Note: Su	pplemental disclosures of cash flow information for non-cash transactions:			
20.0001				
20.0002				
20.0003				

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices, Impact of NAIC/State Differences

The accompanying financial statements of Texas Windstorm Insurance Association (The "Association" or "TWIA") have been prepared on the basis of accounting practices prescribed or permitted by the Texas Department of Insurance ("TDI"). TDI prescribed statutory accounting practices include state laws, regulations and general administrative rules applicable to all insurance companies domiciled in the State of Texas and the National Association of Insurance Commissioners' Accounting Practices and Procedures Manual ("NAIC SAP") subject to any deviations prescribed or permitted by TDI.

Reconciliations of net income and policyholders' surplus between the amounts reported in the accompanying financial statements (TX basis) and NAIC SAP follow:

Net Income	SSAP#	F/S Page	F/S Line #	June 30, 2024	December 31, 2023
THE THEOME	BBHI #	1 age	Line #	3 une 30, 2024	December 31, 2023
1. Company state basis (P 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$23,985,193	\$5,000,002
2. State Prescribed Practices that is an increase / (decrease)					
from NAIC SAP				-	-
3. State Permitted Practices that is an increase / (decrease)					
from NAIC SAP				-	-
4. NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	\$23,985,193	\$5,000,002

Surplus	SSAP #	F/S Page	F/S Line #	June 30, 2024	December 31, 2023
 5. Company state basis (Page 3, Line 37, Columns 1 & 2) 6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP 7. State Permitted Practices that is an increase / (decrease) from NAIC SAP 	XXX	XXX	XXX	\$72,702,803 - -	\$45,853,060 - -
8. NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	\$72,702,803	\$45,853,060

B. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in these financial statements and accompanying footnotes. Actual results could differ from these estimates.

C. Accounting Policies

All insurance policies issued by the Association have a maximum term of one year from date of issuance. Premiums are earned over the terms of the related policies whereas the related acquisition costs such as sales commissions are expensed when incurred. Unearned premiums, net of deductions for reinsurance, are computed on a pro-rata basis to cover the unexpired portion of premiums written. Premiums receivable are primarily due from agents and policyholders and are charged off when specific balances are determined to be uncollectible. Net investment income consists primarily of interest income recognized on an accrual basis and is reduced by investment related expenses.

In addition, the company uses the following accounting policies:

- 1. Short-term investments are stated at amortized cost, which approximates market value. Reverse repurchase agreements, when used, are recorded in cash equivalents if the repurchase date is less than 90 days. Reverse repurchase agreements represent the purchase of a security with an agreement to resell.
- 2. through 9. Investment and mortgage loan related, Not applicable.
- 10. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.
- 11. Loss and loss adjustment expense reserves are based upon claim estimates for (1) losses for claims reported prior to the close of the accounting period, (2) losses incurred but unreported prior to the close of the accounting period, and (3) expenses for investigating and adjusting claims. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liabilities may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- 12. The Association has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.
- 13. Not applicable as the Association does not write medical insurance with prescription drug coverage.

D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about the Association's ability to continue as a going concern.

Note 2 - Accounting Changes and Correction of Errors

A. Material Changes in Ac	ccounting Principle
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None

B. 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

None

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Low-Income Housing Tax Credits

None

L. Restricted Assets

None

M. Working Capital Finance Investments

None

N. Offsetting and Netting of Assets and Liabilities

None

O. 5GI Securities

None

P. Short Sales

None

Q. Prepayment Penalty and Acceleration Fees

None

R. Share of Cash Pool by Asset Type

None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

A. Accrued Investment Income

The Association does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Non-Admitted

None

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

No significant change

D. The aggregate deferred interest.

None

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

None

<u>Note 8 – Derivative Instruments</u>

Not applicable

Note 9 – Income Taxes

In 2010, Texas Windstorm Insurance Association (The "Association") applied for and received a Private Letter Ruling ("PLR") from the Internal Revenue Service. The PLR requested acknowledgement that the Association's income is derived from an essential governmental function which accrues to a state or political subdivision and is therefore excluded from gross income under Section 115(1) of the Internal Revenue Code ("IRC"). On August 17, 2010, the Internal Revenue Service ruled that the Association performs an essential government function and that income from that function is excluded from gross income under IRC Section 115(1).

The Association had been filing form 1120-PC tax returns with the Internal Revenue Service as a property and casualty insurance company. Under the Internal Revenue Code the statute of limitations to be assessed additional taxes or to file amended tax returns is 3 years from the later of the due date of the return (including extensions) or the filing date of the return. There are existing net operating loss carryforwards in open tax years that are not anticipated to be realized. No further federal income tax impact is expected in the future.

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

A. Nature of Relationships

Pursuant to the Association's Plan of Operation, the Board of Directors consists of nine voting members appointed by the Commissioner of Insurance. The nine-member Board includes three public members residing in the first tier coastal counties and representing certain regions of the catastrophe area, three non-coastal representatives residing more than 100 miles from the coast, and three industry representatives actively writing and renewing windstorm and hail insurance in the first tier coastal counties.

On October 10, 2002, the Texas Commissioner of Insurance enacted Article 21.49A of the Texas Insurance Code creating the Texas FAIR Plan Association ("FAIR Plan" or "the Plan"). The Commissioner instructed the Texas Windstorm Insurance Association to manage all activities of FAIR Plan.

B. Significant Transactions and Changes in Terms of Intercompany Arrangements

None

C. Transactions with related parties who are not reported on Schedule Y

None

D. Amounts Due to or from Related Parties

No significant change

E. Management, Service Contracts, Cost Sharing Arrangements

During 2002, the Association entered into a service contract with the Texas Fair Plan Association in which the Association is to be fully reimbursed for all expenditures, professional fees, consulting services, allocated employee time, lost investment income and other costs directly associated with the services provided by the Association on behalf of the Plan.

F. Guarantees or Undertakings for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

None

H. Amount Deducted for Investment in Upstream Company

Not applicable

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

Not applicable

J. Write-downs for Impairment of Investments in Affiliates

Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

L. Downstream Holding Company Valued Using Look-Through Method

Not applicable

M. All SCA Investments

Not applicable

N. Investment in Insurance SCAs

Not applicable

O. SCA or SSAP No. 48 Loss Tracking

Note 11 – Debt

A. Debt

The Association obtained a \$500,000,000 line of credit with two of its primary financial institutions during 2024. The facility was entered into June 3, 2024 subsequent to the Association's board of directors approval on May 21, 2024. No amounts have been drawn against the line of credit. Issuance fees for the line of credit were \$500,000 and the Association also pays the lenders a 0.425% commitment fee against the unused portion of the line of credit. The commitment matures on May 30, 2025, however the line of credit may be terminated by the Association on December 27, 2024 or March 28, 2025 without penalty.

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable

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

No change

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

No change

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Association has no commitments or contingent commitments to other entities.

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

No significant change

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. Other Contingencies

No change

Note 15 - Leases

A. Lessee Leasing Arrangements

No significant change

B. Lessor Leasing Arrangements

Not applicable

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

Not applicable

Note 17 - Sales, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Note 18 - Gain or Loss from Uninsured Plans and Uninsured Portion of Partially Insured Plans

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

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

Not applicable

B. Other Fair Value Disclosures

Not applicable

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

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities.

Level 2 - Significant Other Observable Inputs: This category is for items measured at fair value on a recurring basis often determined by independent pricing services using observable inputs. The Association has no assets or liabilities measured at fair value in this category.

Level 3 - Significant Unobservable Inputs: The Association has no assets or liabilities measured at fair value in this category.

Cash and cash equivalents are the only financial instruments held by the Association.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	<u>Level</u>	2	Leve	13	<u>Net A</u> Value (1		Practica (Carry Value	able ing
Cash, cash equivalents and short-term investments	\$ 59,589,008	\$ 59,589,008	\$ 59,589,008	\$	-	\$	-	\$	-	\$	-
Exempt Money Market Mutual Funds – as Identified by SVO	\$461,638,457	\$461,638,457	-		-		-	\$461,63	8,457		-
Total Cash, cash equivalents and short-term investments	\$ 521,227,465	\$ 521,227,465	\$ 59,589,008	\$	-	\$	-	\$461,63	8,457	\$	_

Not

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

E. Instruments Measured at Net Asset Value (NAV)

The Association has elected to use NAV for all money market mutual funds in lieu of fair value as NAV is more readily available. These funds are backed by high quality, very liquid short-term instruments and the probability is remote that the funds would be sold for a value other than NAV.

Note 21 – Other Items

A. Unusual or Infrequent Items

No change

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

Not applicable

D. Business Interruption Insurance Recoveries

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

Not applicable

G. Insurance Linked Securities (ILS) Contracts

No change

H. The Amount That Could be Realized on Life Insurance Where Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy

Not applicable

Note 22 - Events Subsequent

The Association has evaluated subsequent events through August 13, 2024, the date of issuance of these statutory financial statements. During July 2024, the Association was impacted by Hurricane Beryl. The Association estimates that the gross ultimate loss and loss adjustment expense will be at least \$400 million. The Association is monitoring the financial results closely and will seek a draw from the Catastrophe Reserve Trust Fund when needed to ensure sufficient cash liquidity to pay claims. There were no other events occurring subsequent to the end of the period that merited recognition or disclosure in these statements.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

No change

B. Reinsurance Recoverables in Dispute

No change

C. Reinsurance Assumed and Ceded

No change

D. Uncollectible Reinsurance

None

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

K. Reinsurance Credit on Contracts Covering Health Business

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A. Current year changes in estimates of the costs of prior year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. Current calendar year losses and LAE reflected on the Statement of Income of \$189,477,430 had \$9,974,856 of unfavorable prior year development. The prior year unfavorable development resulted from the increase in reserve strengthening of loss adjustment expenses, primarily in the 2023 accident year. Current accident year losses are attributed to an active storm season during the first half of the year. Increases or decreases of this nature occur as the result of claim settlements and receipt and evaluation of additional information regarding unpaid claims. Recent development trends are also taken into account in evaluating the overall adequacy of reserves. Due to the inherently uncertain process involving loss and loss adjustment expense reserve estimates, the final resolution of the ultimate liability may be different from that anticipated at the reporting date. The Appointed Actuary for the Association has opined that the loss and LAE reserves as of June 30, 2024 make a reasonable provision for the Association's claims liabilities.

Rollforward of unpaid losses and LAE	June 30, 2024	December 31, 2023
Balance as of January 1,	\$ 44,784,260	\$ 58,181,307
Less: Reinsurance Recoverable	0	5,967
Net Balance at January 1,	44,784,260	58,175,340
Incurred, net of reinsurance, related to:		
Current year	179,502,574	99,139,441
Prior years	9,974,856	(7,766,853)
Net Incurred	189,477,430	91,372,588
Paid, net of reinsurance, related to:		
Current year	(69,229,025)	(74,724,467)
Prior years	(20,051,562)	(30,039,201)
Net Paid Losses	(89,280,587)	(104,763,668)
Net Balance at end of period,	144,981,103	44,784,260
Plus: Reinsurance Recoverable	0	0
Balance at end of period,	\$ 144,981,103	\$ 44,784,260

B. Significant Changes in Reserving Methodology

Not applicable

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

No change

Note 31 – High Deductibles

Not applicable

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

Note 33 – Asbestos and Environmental Reserves

No change

$\underline{Note~34-Subscriber~Savings~Accounts}$

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

A. and B. Not applicable

PART 1 – COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity experience any material transactions requiring the with the State of Domicile, as required by the Model Act?	sactions	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 charte settlement of the reporting entity?	or deed of	Yes[]No[X]	
2.2	If yes, date of change:			
3.1	Is the reporting entity a member of an Insurance Holding Company System one or more of which is an insurer?	d persons,	Yes[]No[X]	
	If yes, complete Schedule Y, Parts 1 and 1A.			
3.2	Have there been any substantial changes in the organizational chart since	e 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 gro	up?		Yes[]No[X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code iss	ued by the SEC for the entity/group		
4.1	Has the reporting entity been a party to a merger or consolidation during t	he period covered by this statement	?	Yes[]No[X]
4.2	If yes, provide the name of entity, NAIC Company Code, and state of dom entity that has ceased to exist as a result of the merger or consolidation.	icile (use two letter state abbreviation	on) for any	
	1	2	3	
	Name of Entity	NAIC Company Code	State of Domicile	
	If the reporting entity is subject to a management agreement, including thi general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved? If yes, attach an explanation. State as of what date the latest financial examination of the reporting entity	any significant changes regarding th	е	Yes[]No[X]N/A[]
			ieile er	
0.2	State the as of date that the latest financial examination report became average the reporting entity. This date should be the date of the examined balance completed or released.			12/31/2017
6.3	State as of what date the latest financial examination report became avail- the state of domicile or the reporting entity. This is the release date or co not the date of the examination (balance sheet date).		02/12/2019	
6.4	By what department or departments? Texas Department of Insurance			
6.5	Llove all formatical attenuant - division and a division at the division of the division at th	alian month be a second of the second		
0.5	Have all financial statement adjustments within the latest financial examin subsequent financial statement filed with Departments?	l	Yes[X]No[]N/A[]	
6.6	Have all of the recommendations within the latest financial examination re	port been complied with?		Yes [X] No [] N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or regis if applicable) suspended or revoked by any governmental entity during the	, , , ,	ation,	Yes[]No[X]
7.2	If yes, give full information			

8.1	.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?								
8.2	2 If response to 8.1 is yes, please identify the name of the bank holding company.								
8.3	s the company affiliated with one or more banks, thrifts or securities	es firms?				Yes[]No[X]		
8.4	If response to 8.3 is yes, please provide below the names and loca	ation (city and state of the main offic	e) of any						
	affiliates regulated by a federal regulatory services agency [i.e. the Comptroller of the Currency (OCC), the Federal Deposit Insurance								
	Commission (SEC)] and identify the affiliate's primary federal regu	lator.							
	1	2	3	4	5	6			
	Affiliate	Location	FD 0		- FD10	050			
	Name	(City, State)	FRB	OCC	FDIC	SEC			
9.1	Are the senior officers (principal executive officer, principal financia	al officer, principal accounting office	r or controlle	er, or					
	persons performing similar functions) of the reporting entity subject standards?	t to a code of ethics, which includes	the following	ng					
	 (a) Honest and ethical conduct, including the ethical handling of ac personal and professional relationships; 	ctual or apparent conflicts of interest	between						
	 (b) Full, fair, accurate, timely and understandable disclosure in the entity; 								
	(c) Compliance with applicable governmental laws, rules, and regu	ulations;							
	(d) The prompt internal reporting of violations to an appropriate pe (e) Accountability for adherence to the code.	rson or persons identified in the coo	le; and			Yes[X]No[]			
.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]		
.21	If the response to 9.2 is Yes, provide information related to amend								
9.3	Have any provisions of the code of ethics been waived for any of the	he specified officers?				Yes[]No[X]		
31	If the response to 9.3 is Yes, provide the nature of any waiver(s).								
.01									
		FINANCIAL							
0.1	Does the reporting entity report any amounts due from parent, sub	sidiaries or affiliates on Page 2 of the	nis statemer	nt?		Yes [X] No	[]		
0.2	If yes, indicate any amounts receivable from parent included in the	e Page 2 amount:			\$_				
	Management the state to be sale as the state of the state	INVESTMENT							
ı.1	Were any of the stocks, bonds, or other assets of the reporting ent otherwise made available for use by another person? (Exclude sec					Yes[]No[X]		
1.2	f yes, give full and complete information relating thereto:								
12	Amount of real estate and mortgages held in other invested assets	s in Schedule RA:			¢				
14.	minount of real estate and mortgages held in other invested assets	o in Outeuule DA.			Φ_				
13.	Amount of real estate and mortgages held in short-term investmen	nts:			\$				

.1 Does the reporting	g entity have any invest	tments in parent, subsidiaries a	ind affiliates?		Yes[]No[X]
2 If yes, please com	plete the following:		1	2	
			Prior Year-	End Current Quarter	
			Book/Adjus		
			Carrying Va		
14.21 Bonds					
		ate			
14.26 All Oth			\$	\$	
		Subsidiaries and Affiliates			
		26)	\$	\$	
		cluded in Lines 14.21 to			
14.26	above		\$	\$	•
1 Has the reporting	entity entered into any	hedging transactions reported	on Schedule DB?		Yes[]No[X]
2 If yes, has a comp	prehensive description	of the hedging program been m	nade available to the d	omiciliary state?	Yes[]No[]N/A[X
	cription with this staten			•	
i. For the reporting ε	entity's security lending	program, state the amount of t	the following as of the	current statement date:	
16 1 T-1-1	foir volue of rotarrants d	colleteral access recorded as 2	shadula DL Darta 4 -	nd 2	¢
		collateral assets reported on S			\$
		value of reinvested collateral a ending reported on the liability p		euule DL, FailS Tällü Z	\$ \$
10.5 Total p	payable for securilles is	maing reported on the liability p	page		Ψ
7. Excluding items in	Schedule E - Part 3 -	Special Deposits, real estate, n	nortgage loans and inv	restments held	
_		vaults or safety deposit boxes			
		oursuant to a custodial agreeme			
_	-	Examination Considerations, F.		• •	
		the NAIC Financial Condition E	=		Yes[]No[X]
_		equirements of the NAIC Finan	ncial Condition Examin	ers Handbook,	
complete the follo	owing:				
	1			2	
	Name of Custoo	dian(s)		Custodian Address	
.2 For all agreements	s that do not comply wi	th the requirements of the NAIC	C Financial Condition I	Examiners Handbook,	
provide the name	, location and a comple	ete explanation:			
	1	2		3	
	Name(s)	Location(s)		Complete Explanation(s)	
3 Have there hoose	any changes including	name changes, in the custodia	in(s) identified in 17 1	during the current	
quarter?	any changes, including	name changes, in the custodia	iii(s) ideiliiiled iii 17.1	during the current	Yes[]No[X]
4					[][]
4 If yes, give full and	d complete information	relating thereto:			
1		2	3	4	
Old Cust	todian	New Custodian	Date of Change	Reason	
1				1	

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

1	2
Name of Firm or Individual	Affiliation
David Durden	I
Stuart Harbour	I

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 invested assets?

Yes[]No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, the total assets under management aggregate to more than 50% of the reporting entity's invested 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	2	3	4	5
Central Registration	Name of Firm	Legal Entity		Investment Management
Depository Number	or Individual	Identifier (LEI)	Registered With	Agreement (IMA) Filed

18.1 Have all the filing requirements of the Purposes and Procedures	Manual of the NAIC Investment Analysis Office	
been followed?	•	Yes [X] No [
18.2 If no list exceptions:		

18.2 If no,	list excep	tions:
-------------	------------	--------

- 19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 - Documentation necessary to permit a full credit analysis of the security does not exist a. 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 5GI securities?

Yes[]No[X]

- 20. 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. a.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. b.
 - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is C. 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]

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 - The shares were purchased prior to January 1, 2019. a.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO C. prior to January 1, 2019.
 - The fund only or predominantly holds bonds in its portfolio. d.
 - The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC e. CRP in its legal capacity as an NRSRO.
 - The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[]No[X]

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

 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. 								Yes[]No[]N/A[X					
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? If yes, attach an explanation.												
3.1	1 Have any of the reporting entity's primary reinsurance contracts been canceled?									Yes[]No[X]			
3.2	If yes, give full and c	omplete info	rmation the	reto:									
l.1	Are any of the liabiliti reserves (see Annua at a rate of interest g	l Statement	Instructions	-						Yes[]No[X]			
1.2	If yes, complete the t	following sch	nedule:										
	1	2	3		TOTAL D	ISCOUNT		[DISCOUNT TAKEN	EN DURING PERIOD			
	Line of Business	Maximum Interest	Discount Rate	4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL		
			TOTAL										
5.	Operating Percentag 5.1. A&H loss perc 5.2. A&H cost con 5.3. A&H expense	cent tainment pe		containment ex	openses						_ % _ % _ %		
6.1	1 Do you act as a custodian for health savings accounts?									Yes[]No[X]			
5.2	.2 If yes, please provide the amount of custodial funds held as of the reporting date.										-		
3.3	Do you act as an adr	ministrator fo	or health sav	vings accounts?	?					Yes[]No[X]			
6.4	If yes, please provide	e the balance	e of the fund	ds administered	as of the repo	rting date.			\$		_		
7.	Is the reporting entity	licensed or	chartered,	registered, qua	lified, eligible or	writing busines	ss in at least two	o states?		Yes[]No[X]			
7.1	If no, does the report	ing entity as	sume reins	urance busines	s that covers ris	sks residing in a	nt least one stat	e other than the	e state				

Yes[]No[X]

of domicile of the reporting entity

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5 Type	6 Certified Reinsurer	7 Effective Date of
NAIC			Domiciliary	of	Rating	Certified
Company Code	ID Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Reinsurer Rating
Company Code	ID Number	INGINE OF NEW SUITE	Julistiction	Remsurer	(Tullough o)	rveinsurer rvating
		U.S. Insurers				
20087	47-0355979	National Indemnity Company	NE	Authorized		
	.]	All Other Insurers				
00000	AA-3190871	Lancashire Ins Co Ltd	BMU	Reciprocal Jurisdiction		
00000		Partner Reinsurance Company Ltd	BMU	Reciprocal Jurisdiction		
00000	AA-1128010	Lloyd's Underwriter Syndicate No. 2010	GBR	Authorized		
	.					

9

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year To Date - Allocated by States and Territories

		Direct Prem	iums Written	Direct Losses Paid	(Deducting Salvage)	Direct Los	ses Unpaid
	1	2	3	4	5	6	7
States, Etc.	Active Status (a)	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date
Alabarra							
	N						
	N N						
Delaware DE	N						
	N.						
	N N						
	N						
	N						
	N!						
	N						
	N						
• • • • • • • • • • • • • • • • • • • •	N						
	N						
	Ņ						
	N						
Pennsylvania PA	N						
	Ņ						
	N						
		359 404 615	300 468 646	73 935 517	53 076 184	108 285 200	53,124,65
	. N	330,404,013	300,400,040	73,033,317	33,370,104	100,200,299	33,124,0
Virginia VA	N						
Washington WA	N						
	N						
	N						
U.S. Virgin Islands VI	N						
	N						
		358 404 615	300 468 646	72 825 517	52 076 194	108 285 200	53,124,6
	^^^	330,404,013	300,400,040	73,633,317	55,976,164	100,200,299	55,124,0
DETAILS OF WRITE-INS							
	XXX		<u></u>	<u> </u>			
				\ 			
Cummony of romolaine white in- f 1 50	XXX			V C			
	XXX						
Totals (Lines 58001 through 58003 plus 58998)	^^^						
· · · · · · · · · · · · · · · · · · ·							
	Arizona AZ Arkansas AR California CA Colorado CO Connecticut CT Delaware DE District of Columbia DC Florida FL Georgia GA Hawaii HI Idaho ID Illinois IL Indiana IN Iowa IA Kansas KS Kentucky KY Louisiana LA Maine ME Maryland MD Massachusetts MA Michigan MI Minnesota MN Mississippi MS Missouri MO Montana MT Nebraska NE Newada NY New Hampshire NH New Jersey NJ New Hampshire NH New Jersey NJ New Mexico NM North Carolina NC North Dakota Ohio Oklahoma OK Oregon OR Pennsylvania PA Rhode Island RI South Carolina SC South Carolina SC South Carolina SC Texas TX Utah UT Vermont VT Virginia VA West Virginia WV West Virginia WV West Virginia WN New Hampand NA Missington WA West Virginia WV West Virginia NA Regregate Other Alien OT Totals Summary of remaining write-ins for Line 58 from overflow page	Active Status	States, Etc.	Active States, Etc.	States, Etc.	States_Etc.	

1.	L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	1
2.	R - Registered - Non-domiciled RRGs	
3.	E – Eligible - Reporting entities eligble or approved to write surplus lines in the state	
4.	Q - Qualified - Qualified or accredited reinsurer	
5.	D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile	
6	N – None of the above - Not allowed to write husiness in the state (other than their state of domicile - See DSLI)	56

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART Texas Windstorm Insurance Association Texas FAIR Plan Association Fed ID 74-6189303 Fed ID 43-1982873 NAIC 30040 NAIC 11543

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
4766 4766		30040	74-6189303 43-1982873				Texas Windstorm Insurance Association Texas FAIR Plan Association	TX TX	ОТН	Unaffiliated Unaffiliated	Service Contract Service Contract			NO	

	Asterik	Explanation
		Contract between Associations Contract between Associations
12		

PART 1 – LOSS EXPERIENCE

-			Current Year to Date		4
	Lines of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
	Fire Allied lines	336,359,022	148,452,941	44.135	24.736
	Multiple peril crop		1		
	Federal flood				
	Private crop				
	Private flood				
3.	Farmowners multiple peril				
4. = 1	Homeowners multiple peril Commercial multiple peril (non-liability portion)				
	Commercial multiple peril (liability portion)				
6.	Mortgage guaranty				
	Ocean marine				
	Inland marine				
9.2	Pet insurance				
10.	Financial guaranty				
11.1	Medical professional liability-occurrence				
11.2	Medical professional liability-claims made				
	Earthquake				
13.1	Comprehensive (hospital and medical) individual Comprehensive (hospital and medical) group				
	Credit accident and health				
	Vision only				
	Dental only				
	Disability income				
15.4	Medicare supplement				
	Medicaid Title XIX				
	Medicaid Title XVIII				
15./	Long-term care				
15.0	Federal employees health benefits plan Other health				
	Workers' compensation				
17 1	Other liability-occurrence				
	Other liability-claims made				
	Excess Workers' Compensation				
	Products liability-occurrence				
18.2	Products liability-claims made				
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability Commercial auto no-fault (personal injury protection)				
	Other commercial auto liability				
	Private passenger auto physical damage				
21.1	Commercial auto physical damage				
	Aircraft (all perils)				
	Fidelity				
24.	Surety				
26.	Burglary and theft				
	Boiler and machinery				
	Credit				
29. 30	International Warranty				
	Warranty Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX
	Reinsurance-Nonproportional Assumed Liability	XXX		XXX	XXX
	Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business				
35.	TOTALS	336,359,022	148,452,941	44.135	24.73
	DETAILS OF WRITE-INS				

	DETAILS OF WRITE-INS		
3401.			
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)		

PART 2 – DIRECT PREMIUMS WRITTEN

	Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
	Fire			
2.1	Allied lines	218,938,243	358,404,615	300,468,640
2.2	Multiple peril crop			
	Federal flood			
	Private crop Private flood			
	Farmowners multiple peril			
	Homeowners multiple peril			
51	Commercial multiple peril (non-liability portion)			
5.2	Commercial multiple peril (liability portion)			
6.	Mortgage guaranty			
8.	Ocean marine			
9.1	Inland marine			
9.2	Pet insurance			[
	Financial guaranty			
	Medical professional liability-occurrence			
	Medical professional liability-claims made			
	Earthquake			
13.1	Comprehensive (hospital and medical) individual			
	Comprehensive (hospital and medical) group			
	Credit accident and health			
	Vision only Dental only			
15.2	Disability income			
15.5	Medicare supplement			
	Medicaid Title XIX			
	Medicaid Title XVIII			
	Long-term care			
	Federal employees health benefits plan			
15.9	Other health			
16.	Workers' compensation			
	Other liability-occurrence			
	Other liability-claims made			
	Excess Workers' Compensation			
	Products liability-occurrence			
18.2	Products liability-claims made			
19.1	Private passenger auto no-fault (personal injury protection)			
10.2	Other private passenger auto liability Commercial auto no-fault (personal injury protection)			
10.0	Other commercial auto liability			
21.1	Private passenger auto physical damage			
21.1	Commercial auto physical damage			
	Aircraft (all perils)			
23.	Fidelity			
	Surety			
26.	Burglary and theft			
27.	Boiler and machinery		1	
28.	Credit			
29.	International			
30.	Warranty			l
31.		XXX	XXX	XXX
32.		XXX	XXX	XXX
33.	Reinsurance-Nonproportional Assumed Financial Lines Aggregate write-ins for other lines of business	XXX	XXX	XXX

	DETAILS OF WRITE-INS		
3401. 3402.			
		1	
3403. 3498.	· · · · · · · · · · · · · · · · · · ·		
3498.			
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)		

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
				2024 Loss and	2024 Loss and		Q.S. Date Known	Q.S. Date Known			Prior Year-End		
			Total	LAE	LAE Payments		Case Loss and	Case Loss and			Known Case Loss	Prior Year-End	Prior Year-End
	Prior Year-End	Prior Year-End	Prior Year-End	Payments on	on Claims	Total 2024	LAE Reserves on	LAE Reserves on	Q.S. Date	Total Q.S.	and LAE Reserves	IBNR Loss and LAE	Total Loss and LAE
Years in Which	Known Case	IBNR	Loss and LAE	Claims Reported	Unreported	Loss and LAE	Claims Reported	Claims Reported or	IBNR	Loss and LAE	Developed	Reserves Developed	Reserve Developed
Losses	Loss and LAE	Loss and LAE	Reserves	as of Prior	as of Prior	Payments	and Open as of	Reopened Subsequent	Loss & LAE	Reserves	(Savings)/Deficiency	(Savings)/Deficiency	(Savings)/Deficiency
Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Year-End	(Cols 4 + 5)	Prior Year-End	to Prior Year-End	Reserves	(Cols 7 + 8 + 9)	(Cols. 4 + 7 - 1)	(Cols. 5 + 8 + 9 - 2)	(Cols. 11 + 12)
1. 2021 + prior	4,479	12,653	17,132	553		553	3,759		12,030	15,789	(167)	(623)	(790)
2. 2022	2,016	1,221	3,237	965		965	956		622	1,578	(95)	(599)	(694
3. Subtotals 2022 + prior	6,495	13,874	20,369	1,518		1,518	4,715		12,652	17,367	(262)	(1,222)	(1,484
4. 2023	9,472	14,943	24,415	7,743	10,792	18,535	7,595	2,054	7,691	17,340	5,866	5,594	11,460
5. Subtotals 2023 + prior	15,967	28,817	44,784	9,261	10,792	20,053	12,310	2,054	20,343	34,707	5,604	4,372	9,976
6. 2024	XXX	XXX	XXX	XXX	69,229	69,229	XXX	16,308	93,966	110,274	XXX	XXX	XXX
7. Totals	15,967	28,817	44,784	9,261	80,021	89,282	12,310	18,362	114,309	144,981	5,604	4,372	9,976

8. Prior Year-End Surplus As

Regards Policyholders 45,853

Col. 11, Line 7

As % of Col. 1,

Line 7

As % of Col. 2,

Line 7

Line 7

15.172

35.097 2.

3. <u>22.276</u> Col. 13, Line 7

Col. 13, Line 7

As % of Col. 3,

Line 7

Line 8

21.756

...

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1. Will the	e Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Su	upplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the	e Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the	e Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING	
and	I the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile delectronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
Explana	tion:	
Question ¹	1: Not required.	
Question 2	2: TWIA does not provide medical professional liability coverage.	
Question 3	3: TWIA does not provide Medicare Part D coverage.	
Question 4	4: TWIA does not provide D&O coverage.	
Bar Cod	e:	
	20040202445500020	
	30040202445000020	

OVERFLOW PAGE FOR WRITE-INS

Page 3 - Continuation

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current	December 31,
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR LIABILITIES	Statement Date	Prior Year
2504. Deferred rent liability	601,214	575,291
2505. Escheat liability	507,481	1,486,667
2506. Statutory fund payable		156,000,122
2597. Totals (Lines 2504 through 2596) (Page 3, Line 2598)	1,108,695	158,062,080

NONE Schedule A, B, BA and D Verification

NONE Schedule D - Part 1B

NONE Schedule DA - Part 1 and Verification

NONE Schedule DB - Part A and B Verification

NONE Schedule DB - Part C - Section 1

NONE Schedule DB - Part C - Section 2

NONE Schedule DB - Verification

SCHEDULE E PART 2 - VERIFICATION

(Cash Equivalents)

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	578,185,086	261,863,803
2.			316,321,283
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
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)		578,185,086
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	461,638,457	578,185,086

NONE Schedule A - Part 2 and 3

NONE Schedule B - Part 2 and 3

NONE Schedule BA - Part 2 and 3

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE 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 DB - Part E

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	2 3	4 Amount of	5 Amount of			Book Balance at End of Each Month During Current Quarter			
			Rate of	Interest Received During Current	Interest Accrued at Current	6	7	8			
	Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*		
Bank of An	Open Depositories nerica, N.A Austin, TX		4.070	305,546		31,953,009	25,893,894	25,826,483			
Citibank, N	.A. Dallas, TX		4.070	305,540		195,062	194,899	194,899			
Citibank, N JP Morgan	A IMMA Dallas, TX Chase Bank, N.A. San Antonio, TX	0	1.750 3.550	508 375,664		116,749 22,122,536	116,922 22,374,530	117,090 33,450,536			
0199998	Deposits in (
	(see Instructions) - Open Depositories	xxx	xxx						xxx		
0199999	Total - Open Depositories Suspended Depositories	XXX	XXX	681,718		54,387,356	48,580,245	59,589,008	XXX		
0000000									ļ · · · · ·		
0299998	Deposits in (0) depositories that do not exceed the allowable limit in any one depository										
0299999	(see Instructions) - Suspended Depositories	XXX	XXX						XXX		
0299999	Total Suspended Depositories	***	***						^^^		
0399999	Total Cash on Deposit	XXX	XXX	681,718		54,387,356	48,580,245	59,589,008	XXX		
0499999	Cash in Company's Office	XXX	XXX	XXX	XXX				XXX		
0599999	Total	XXX	XXX	681,718		54,387,356	48,580,245	59,589,008	XXX		
UD99999	IUal	XXX	XXX	681,718	l .	54,387,356	48,580,245	59,589,008	<u> </u>		

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
261941-10-8 31607A-80-2 36142B-50-0 4812C2-23-9 64747C-52-5	Dreyfus Treasury Securities Institutional Shares Fidelity Treasury Only 2643 Goldman Sachs Fin'l SQ Treas - Inst Shares Fund 506 JP Morgan US Treasury Plus Money Market Fund - Capital Shares 4110 Morgan Stanley Inst Liquidity FDS Treas Secs		06/03/2024 06/03/2024 06/03/2024 06/03/2024 06/03/2024	5.177 5.231 5.164 5.184 5.144	XXX XXX XXX XXX XXX	97,452,656 83,906,067 116,324,627 115,254,766 48,700,341	485,373 360,263 493,548 490,045 205,938	3,286,913 1,280,411 3,792,309 3,850,729 1,243,008
8209999999 Exemp	ot Money Market Mutual Funds – as Identified by SVO					461,638,457	2,035,167	13,453,370
			1					
			1					
			l					
609999999 Total C	Cash Equivalents					461,638,457	2,035,167	13,453,370