PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			NAIC COMPANY CODE:	0
CONTACT PERSON:	Phil Benson	PHONE NUMBER:	(503) 643-5448	EMAIL:	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	PERIOD:	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
WRITTEN PREMIUM								
Fire (ASLN 1)	1,025,490.00							1,025,490.00
Allied Lines (ASLN 2)								
Extended Coverage	349,011.00							349,011.00
V&MM	61,759.00							61,759.00
Crime								0.00
Wind & Hail								0.00
Other Allied Lines								0.00
Total Allied Lines	410,770.00	0.00	0.00	0.00	0.00	0.00	0.00	410,770.00
Homeowners (ASLN 4)								0.00
Other Liability (ASLN 17)								0.00
Other Written Premium:								
ASLN								0.00
ASLN								0.00
ASLN								0.00
Total Written Premium	1,436,260.00	0.00	0.00	0.00	0.00	0.00	0.00	1,436,260.00
EARNED PREMIUM								
Fire (ASLN 1)	667,201.00	0.00	0.00	0.00	0.00	0.00	0.00	667,201.00
Allied Lines (ASLN 2)								
Extended Coverage	231,238.00	0.00	0.00	0.00	0.00	0.00	0.00	231,238.00
V&MM	39,967.00	0.00	0.00	0.00	0.00	0.00	0.00	39,967.00
Crime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wind & Hail	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Allied Lines	271,205.00	0.00	0.00	0.00	0.00	0.00	0.00	271,205.00
Homeowners (ASLN 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Earned Premium:								
ASLN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASLN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASLN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Earned Premium	938,406.00	0.00	0.00	0.00	0.00	0.00	0.00	938,406.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			NAIC COMPANY CODE:	0
CONTACT PERSON:	Phil Benson	PHONE NUMBER:	(503) 643-5448	EMAIL:	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	PERIOD:	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
BEGINNING UNEARNED PREMIUM								
Fire (ASLN 1)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Lines (ASLN 2)								
Extended Coverage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
V&MM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wind & Hail	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Homeowners (ASLN 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Beginning Unearned Premium:								
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Beginning Unearned Premium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ENDING UNEARNED PREMIUM								
Fire (ASLN 1)	358,289.00							358,289.00
Allied Lines (ASLN 2)								
Extended Coverage	117,773.00							117,773.00
V&MM	21,792.00							21,792.00
Crime								0.00
Wind & Hail								0.00
Other Allied Lines								0.00
Total Allied Lines	139,565.00	0.00	0.00	0.00	0.00	0.00	0.00	139,565.00
Homeowners (ASLN 4)								0.00
Other Liability (ASLN 17)								0.00
Other Ending Unearned Premium:								
____ ASLN ____								0.00
____ ASLN ____								0.00
____ ASLN ____								0.00
Total Ending Unearned Premium	497,854.00	0.00	0.00	0.00	0.00	0.00	0.00	497,854.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			NAIC COMPANY CODE:	0
CONTACT PERSON:	Phil Benson	PHONE NUMBER:	(503) 643-5448	EMAIL:	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	PERIOD:	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
CEDED PREMIUM (by reinsurer)								
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
								0.00
								0.00
								0.00
Total All Others								0.00
OTHER INCOME								
Investment Income Accrued - Beg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Investment Income Accrued - Ending	80,029.00							80,029.00
Investment Income Received	56,165.00							56,165.00
Investment Income Earned	136,194.00	0.00	0.00	0.00	0.00	0.00	0.00	136,194.00
Other Income								0.00
EXPENSES PAID								
Commissions	95,226.00							95,226.00
Operating Expenses	566,282.00							566,282.00
Premium Taxes								0.00
Commissions Charged-Off								0.00
Other Expenses								0.00
Total Expenses Paid	661,508.00	0.00	0.00	0.00	0.00	0.00	0.00	661,508.00
EXPENSES - BEGINNING RESERVES								
Commissions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Premium Taxes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Commissions Charged-Off	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expenses - Beg Reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSES - ENDING RESERVES								
Commissions								0.00
Operating Expenses								0.00
Premium Taxes								0.00
Commissions Charged-Off								0.00
Other Expenses								0.00
Total Expenses - Ending Reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSES INCURRED								
Commissions	95,226.00	0.00	0.00	0.00	0.00	0.00	0.00	95,226.00
Operating Expenses	566,282.00	0.00	0.00	0.00	0.00	0.00	0.00	566,282.00
Premium Taxes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Commissions Charged-Off	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expenses Incurred	661,508.00	0.00	0.00	0.00	0.00	0.00	0.00	661,508.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			**NAIC COMPANY CODE:**	0
CONTACT PERSON:	Phil Benson	**PHONE NUMBER:**	(503) 643-5448	**EMAIL:**	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	**PERIOD:**	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
PAID LOSSES (Current Period; Not including IBNR figures)								
Fire (ASLN 1)	105,679.00							105,679.00
Allied Lines (ASLN 2)								
Extended Coverage	43,759.00							43,759.00
V&MM	2,426.00							2,426.00
Crime								0.00
Wind & Hail								0.00
Other Allied Lines								0.00
Total Allied Lines	46,185.00	0.00	0.00	0.00	0.00	0.00	0.00	46,185.00
Homeowners (ASLN 4)								0.00
Other Liability (ASLN 17)								0.00
Other Paid Losses:								
_____ ASLN ____								0.00
_____ ASLN ____								0.00
_____ ASLN ____								0.00
Total Paid Losses	151,864.00	0.00	0.00	0.00	0.00	0.00	0.00	151,864.00
BEGINNING RESERVE (Not including IBNR figures)								
Fire (ASLN 1)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Lines (ASLN 2)								
Extended Coverage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
V&MM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wind & Hail	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Homeowners (ASLN 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Beginning Reserves:								
_____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
_____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
_____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Beginning Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			**NAIC COMPANY CODE:**	0
CONTACT PERSON:	Phil Benson	**PHONE NUMBER:**	(503) 643-5448	**EMAIL:**	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	**PERIOD:**	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
OUTSTANDING LOSSES (Current Period; Not including IBNR figures)								
Fire (ASLN 1)	150,000.00							150,000.00
Allied Lines (ASLN 2)								
Extended Coverage	26,856.00							26,856.00
V&MM								0.00
Crime								0.00
Wind & Hail								0.00
Other Allied Lines								0.00
Total Allied Lines	26,856.00	0.00	0.00	0.00	0.00	0.00	0.00	26,856.00
Homeowners (ASLN 4)								0.00
Other Liability (ASLN 17)								0.00
Other Outstanding Losses								
_____ ASLN ____								0.00
_____ ASLN ____								0.00
_____ ASLN ____								0.00
Total Outstanding Losses	176,856.00	0.00	0.00	0.00	0.00	0.00	0.00	176,856.00
INCURRED LOSSES (Current Period; Not including IBNR figures)								
Fire (ASLN 1)	255,679.00	0.00	0.00	0.00	0.00	0.00	0.00	255,679.00
Allied Lines (ASLN 2)								
Extended Coverage	70,615.00	0.00	0.00	0.00	0.00	0.00	0.00	70,615.00
V&MM	2,426.00	0.00	0.00	0.00	0.00	0.00	0.00	2,426.00
Crime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wind & Hail	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Allied Lines	73,041.00	0.00	0.00	0.00	0.00	0.00	0.00	73,041.00
Homeowners (ASLN 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Incurred Losses:								
_____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
_____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
_____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Incurred Losses	328,720.00	0.00	0.00	0.00	0.00	0.00	0.00	328,720.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			**NAIC COMPANY CODE:**	0
CONTACT PERSON:	Phil Benson	**PHONE NUMBER:**	(503) 643-5448	**EMAIL:**	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	**PERIOD:**	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
INCURRED BUT NOT REPORTED (IBNR) (Current Period)								
Fire (ASLN 1)								0.00
Allied Lines (ASLN 2)								
Extended Coverage								0.00
V&MM								0.00
Crime								0.00
Wind & Hail								0.00
Other Allied Lines								0.00
Total Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Homeowners (ASLN 4)								0.00
Other Liability (ASLN 17)								0.00
Other IBNR								
ASLN								0.00
ASLN								0.00
ASLN								0.00
Total IBNR - Ending	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INCURRED BUT NOT REPORTED (IBNR) (Prior Period)								
Fire (ASLN 1)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Lines (ASLN 2)								
Extended Coverage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
V&MM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wind & Hail	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Homeowners (ASLN 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other IBNR								
ASLN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASLN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASLN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total IBNR - Beginning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			**NAIC COMPANY CODE:**	0
CONTACT PERSON:	Phil Benson	**PHONE NUMBER:**	(503) 643-5448	**EMAIL:**	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	**PERIOD:**	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
PAID LOSS ADJUSTMENT EXPENSE (Allocated and Unallocated)								
Fire (ASLN 1)	4,158.00							4,158.00
Allied Lines (ASLN 4)								
Extended Coverage	7,671.00							7,671.00
V&MM	582.00							582.00
Crime								0.00
Wind & Hail								0.00
Other Allied Lines								0.00
Total Allied Lines	8,253.00	0.00	0.00	0.00	0.00	0.00	0.00	8,253.00
Homeowners (ASLN 4)								0.00
Other Liability (ASLN 17)								0.00
Other Paid LAE								
_____ ASLN ____								0.00
_____ ASLN ____								0.00
_____ ASLN ____								0.00
Total Paid LAE	12,411.00	0.00	0.00	0.00	0.00	0.00	0.00	12,411.00
OUTSTANDING LOSS ADJUSTMENT EXPENSE (Current Period)								
Fire (ASLN 1)	2,500.00							2,500.00
Allied Lines (ASLN 2)								
Extended Coverage	2,000.00							2,000.00
V&MM	880.00							880.00
Crime								0.00
Wind & Hail								0.00
Other Allied Lines								0.00
Total Allied Lines	2,880.00	0.00	0.00	0.00	0.00	0.00	0.00	2,880.00
Homeowners (ASLN 4)								0.00
Other Liability (ASLN 17)								0.00
Other Outstanding LAE								
_____ ASLN ____								0.00
_____ ASLN ____								0.00
_____ ASLN ____								0.00
Total Outstanding LAE	5,380.00	0.00	0.00	0.00	0.00	0.00	0.00	5,380.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			**NAIC COMPANY CODE:**	0
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PROGRAM:	HABITATIONAL/SINGLE POOL	**PERIOD:**	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
BEGINNING LAE RESERVE								
Fire (ASLN 1)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Lines (ASLN 2)								
Extended Coverage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
V&MM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wind & Hail	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Homeowners (ASLN 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Beginning LAE Reserve:								
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Beginning LAE Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LAE INCURRED (Current Period)								
Fire (ASLN 1)	6,658.00	0.00	0.00	0.00	0.00	0.00	0.00	6,658.00
Allied Lines (ASLN 2)								
Extended Coverage	9,671.00	0.00	0.00	0.00	0.00	0.00	0.00	9,671.00
V&MM	1,462.00	0.00	0.00	0.00	0.00	0.00	0.00	1,462.00
Crime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wind & Hail	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Allied Lines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Allied Lines	11,133.00	0.00	0.00	0.00	0.00	0.00	0.00	11,133.00
Homeowners (ASLN 4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other LAE Incurred:								
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
____ ASLN ____	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total LAE Incurred	17,791.00	0.00	0.00	0.00	0.00	0.00	0.00	17,791.00

PROPERTY RESIDUAL MARKET PLAN FINANCIAL RESULTS

PLAN NAME:	Oregon Fair Plan Association			NAIC COMPANY CODE:	0
CONTACT PERSON:	Phil Benson	PHONE NUMBER:	(503) 643-5448	EMAIL:	pbenson@orfairplan.com

PROGRAM:	HABITATIONAL/SINGLE POOL	PERIOD:	1-1-16 to 12-31-16

POLICY YEAR:	0	-1	-2	-3	-4	-5	-6 and Prior	TOTAL
ANALYSIS OF MEMBERS EQUITY								
Earned Premium	938,406.00	0.00	0.00	0.00	0.00	0.00	0.00	938,406.00
Incurred Losses (excluding IBNRs)	328,720.00	0.00	0.00	0.00	0.00	0.00	0.00	328,720.00
IBNR Losses Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Loss Adjustment Expense Incurred	17,791.00	0.00	0.00	0.00	0.00	0.00	0.00	17,791.00
Other Expenses Incurred	661,508.00	0.00	0.00	0.00	0.00	0.00	0.00	661,508.00
Underwriting Gain/Loss	(69,613.00)	0.00	0.00	0.00	0.00	0.00	0.00	(69,613.00)
Net Investment Income	136,194.00	0.00	0.00	0.00	0.00	0.00	0.00	136,194.00
Other Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Income	66,581.00	0.00	0.00	0.00	0.00	0.00	0.00	66,581.00
Ending Members Equity - Prior Period	3,279,095.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Adjustments to Equity:	(134,468.00)	0.00	0.00	0.00	0.00	0.00	0.00	(134,468.00)
- Change in Non-admitted Assets								0.00
+ Assessments/(Distributions)								0.00
+ Other Adjustments	(134,468.00)							(134,468.00)
Ending Members Equity - Current Period	3,211,208.00	0.00	0.00	0.00	0.00	0.00	0.00	3,211,208.00

CHANGE IN MEMBER EQUITY SUMMARY		
Earned Premiums	938,406.00	
Losses Incurred (excluding IBNR)	328,720.00	
IBNR Losses Incurred	0.00	
Loss Adjustment Expense Incurred	17,791.00	
Other Expenses Incurred	661,508.00	
Underwriting Gain/Loss		(69,613.00)
Net Investment Income	136,194.00	
Other Income	0.00	
Net Income		66,581.00
Ending Members Equity - Prior Period		-
Other Adjustments to Equity		(134,468.00)
Ending Members Equity - Current Period		$ 3,211,208.00