| Control Number | |
|----------------|----------------|
| _ | (Treasury Use) |



TERRORISM RISK INSURANCE PROGRAM SCHEDULE C

BORDEREAU

| NAIC In | | | | | - - - - | | | | | | | | | |
|----------|----------|----------|--------------------------|------------------------------------|------------------|--------------|--------|--------------|----|----------------------|-----------------------|----|----|-------------------------------------|
| Field #: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | CAT CODE | LOB CODE | LOC OF LOSS/ STATE CD | DOL - DATE OF LOSS (MM/DD/YYYY) | INSURER NUMBER | INSURER NAME | CLAIM# | INSURED NAME | | EFF DT MM/DD/YYYY | EXP DT /(MM/DD/YYY | • | | PRIOR CUMULATIVE LOSS PAYMENT |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Totals: | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 0.0 |

Instruction to add more lines

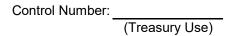
As this spreadsheet has been constructed with formulae for data fields that need to be totaled, please insert any additional data records (rows) before (above) the "Totals" row.

Notice under the Paperwork Reduction Act

We estimate it will take you about 4 hours to complete this form. However, you are not required to provide the information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Terrorism Risk Insurance Program Office, Department of the Treasury, 1500 Pennsylvania Avenue NW, Room 1410 MT, Washington, DC 20220. Do not send completed forms to this address. Submit forms according to instructions provided at https://tripclaims.treas.gov/TRIP/.

Page 1 OMB No. 1505-0200 (Exp.: 11/30/2023)

TRIP 02C Schedule C





| 15a. | 15b. | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---------------------|---------------------------|---------------|----------|-----------|---------|---------|------------|-----------|-------------------|----------------|---------------|----------------|
| CURRENT LOSS | CURRENT LOSS | TOTAL | PUNITIVE | ALAE PAID | SALV | SUBRO | SALV/SUBRO | _ | DUPLICATE FEDERAL | | SOURCE ONE OF | |
| PAYMENT INFORMATION | | CUMULATIVE | DMG PD | | RECOVRD | RECOVRD | RECOVRD | RECVRBLE? | _ | DUPLI FED COMP | FED COMP | DUPLI FED COMP |
| a. LUSS PAID AMOUNT | b. LOSS TO BE PAID AMOUNT | LU33 FATMENTS | | | | | | Y or N | Y, P or N | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | NA NA | 0.00 | NA NA | 0.00 |

OMB No. 1505-0200 (Exp.: 11/30/2023) TRIP 02C Schedule C Page 2



Control Number: (Treasury Use)

| 27 | 28 | 29 | 30 | 31 | 32 | 33 | |
|---------------|--------------------------|----------|----------|----------------|----------------------|-------------|--|
| SOURCE TWO OF | THIRD PARTY | CLAIM | RESERVES | DATE OF | SETTLEMENT | TOTAL | |
| FED COMP | INDICATOR | STATUS | | LATEST | DOCUMENTATION | UNPRORATED | |
| | Y or N | O,C or R | | PAYMENT | DATE | LOSS AMOUNT | |
| | (MM/DD/YYYY (MM/DD/YYYY) | | | | | | |

| NA NA NA 0.00 NA NA | | | | | | | |
|---------------------|----|----|----|------|----|----|------|
| | NA | NA | NA | 0.00 | NA | NA | 0.00 |

OMB No. 1505-0200 (Exp.: 11/30/2023) TRIP 02C Schedule C Page 3