

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
WRITTEN PREMIUM								
Fire (ASLN 1)	457,787.00	0.00	0.00	0.00	0.00	0.00	0.00	457,787.00
Allied Lines (ASLN 2)								
Extended Coverage	178,715.00	0.00	0.00	0.00	0.00	0.00	0.00	178,715.00
V&MM	33,468.00	0.00	0.00	0.00	0.00	0.00	0.00	33,468.00
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	100,816.00	0.00	0.00	0.00	0.00	0.00	0.00	100,816.00
Total Allied Lines	312,999.00	0.00	0.00	0.00	0.00	0.00	0.00	312,999.00
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 Written 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 Written Premium	770,786.00	0.00	0.00	0.00	0.00	0.00	0.00	770,786.00
EARNED PREMIUM								
Fire (ASLN 1)	468,003.00	0.00	0.00	0.00	0.00	0.00	0.00	468,003.00
Allied Lines (ASLN 2)								
Extended Coverage	185,734.00	0.00	0.00	0.00	0.00	0.00	0.00	185,734.00
V&MM	34,612.00	0.00	0.00	0.00	0.00	0.00	0.00	34,612.00
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	103,689.00	0.00	0.00	0.00	0.00	0.00	0.00	103,689.00
Total Allied Lines	324,035.00	0.00	0.00	0.00	0.00	0.00	0.00	324,035.00
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

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
ASLN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Earned Premium	792,038.00	0.00	0.00	0.00	0.00	0.00	0.00	792,038.00
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)	264,476.00	0.00	0.00	0.00	0.00	0.00	0.00	264,476.00
Allied Lines (ASLN 2)								
Extended Coverage	101,181.00	0.00	0.00	0.00	0.00	0.00	0.00	101,181.00
V&MM	20,230.00	0.00	0.00	0.00	0.00	0.00	0.00	20,230.00
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	50,027.00	0.00	0.00	0.00	0.00	0.00	0.00	50,027.00
Total Allied Lines	171,438.00	0.00	0.00	0.00	0.00	0.00	0.00	171,438.00
Homeowners (ASLN 4)	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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
Other Liability (ASLN 17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ending 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 Ending Unearned Premium	435,914.00	0.00	0.00	0.00	0.00	0.00	0.00	435,914.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Investment Income Received	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Investment Income Earned	57,129.00	0.00	0.00	0.00	0.00	0.00	0.00	57,129.00
Other Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSES PAID								
Commissions	75,825.00	0.00	0.00	0.00	0.00	0.00	0.00	75,825.00
Operating Expenses	491,219.00	0.00	0.00	0.00	0.00	0.00	0.00	491,219.00
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 Paid	567,044.00	0.00	0.00	0.00	0.00	0.00	0.00	567,044.00
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

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
EXPENSES - ENDING RESERVES								
Commissions	18,524.00	0.00	0.00	0.00	0.00	0.00	0.00	18,524.00
Operating Expenses	49,391.00	0.00	0.00	0.00	0.00	0.00	0.00	49,391.00
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 - Ending Reserves	67,915.00	0.00	0.00	0.00	0.00	0.00	0.00	67,915.00
EXPENSES INCURRED								
Commissions	87,684.00	0.00	0.00	0.00	0.00	0.00	0.00	87,684.00
Operating Expenses	484,523.00	0.00	0.00	0.00	0.00	0.00	0.00	484,523.00
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	572,207.00	0.00	0.00	0.00	0.00	0.00	0.00	572,207.00
PAID LOSSES (Current Period; Not including IBNR figures)								
Fire (ASLN 1)	155,890.00	0.00	0.00	0.00	0.00	0.00	0.00	155,890.00
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 Paid 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 Paid Losses	155,890.00	0.00	0.00	0.00	0.00	0.00	0.00	155,890.00
BEGINNING RESERVE (Not including IBNR figures)								

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
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 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 Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

OUTSTANDING LOSSES (Current Period; Not including IBNR figures)								
Fire (ASLN 1)	3,721.00	0.00	0.00	0.00	0.00	0.00	0.00	3,721.00
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 Outstanding 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

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
Total Outstanding Losses	3,721.00	0.00	0.00	0.00	0.00	0.00	0.00	3,721.00
INCURRED LOSSES (Current Period; Not including IBNR figures)								
Fire (ASLN 1)	154,611.00	0.00	0.00	0.00	0.00	0.00	0.00	154,611.00
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 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	154,611.00	0.00	0.00	0.00	0.00	0.00	0.00	154,611.00
INCURRED BUT NOT REPORTED (IBNR) (Current 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

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
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 - 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
PAID LOSS ADJUSTMENT EXPENSE (Allocated and Unallocated)								
Fire (ASLN 1)	15,236.00	0.00	0.00	0.00	0.00	0.00	0.00	15,236.00
Allied Lines (ASLN 4)								
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

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
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 Paid LAE:								
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 Paid LAE	15,236.00	0.00	0.00	0.00	0.00	0.00	0.00	15,236.00
OUTSTANDING LOSS ADJUSTMENT EXPENSE (Current 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 Outstanding LAE:								
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 Outstanding LAE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
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)	13,736.00	0.00	0.00	0.00	0.00	0.00	0.00	13,736.00
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 Incurred LAE:								
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	13,736.00	0.00	0.00	0.00	0.00	0.00	0.00	13,736.00
ANALYSIS OF MEMBERS EQUITY								

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:	Year to Date as of 4th Quarter 2019
-----------------	--------------------------	----------------	-------------------------------------

POLICY YEAR:	2019	2018	2017	2016	2015	2014	2013 and Prior	TOTAL
Earned Premium	792,038.00	0.00	0.00	0.00	0.00	0.00	0.00	792,038.00
Incurred Losses (excluding IBNRs)	154,611.00	0.00	0.00	0.00	0.00	0.00	0.00	154,611.00
IBNR Losses Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Loss Adjustment Expense Incurred	13,736.00	0.00	0.00	0.00	0.00	0.00	0.00	13,736.00
Other Expenses Incurred	572,207.00	0.00	0.00	0.00	0.00	0.00	0.00	572,207.00
Underwriting Gain/Loss	51,484.00	0.00	0.00	0.00	0.00	0.00	0.00	51,484.00
Net Investment Income	57,129.00	0.00	0.00	0.00	0.00	0.00	0.00	57,129.00
Other Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Income	108,613.00	0.00	0.00	0.00	0.00	0.00	0.00	108,613.00
Ending Members Equity - Prior Period	3,418,586.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Adjustments to Equity:	101,266.00	0.00	0.00	0.00	0.00	0.00	0.00	101,266.00
- Change in Non-admitted Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
+ Assessments/(Distributions)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
+ Other Adjustments	101,266.00	0.00	0.00	0.00	0.00	0.00	0.00	101,266.00
Ending Members Equity - Current Period	3,628,465.00	0.00	0.00	0.00	0.00	0.00	0.00	3,628,465.00

CHANGE IN MEMBER EQUITY SUMMARY		
Earned Premiums	792,038.00	
Losses Incurred (excluding IBNR)	154,611.00	
IBNR Losses Incurred	0.00	
Loss Adjustment Expense Incurred	13,736.00	
Other Expenses Incurred	572,207.00	
Underwriting Gain/Loss		51,484.00
Net Investment Income	57,129.00	
Other Income	0.00	
Net Income		108,613.00
Ending Members Equity - Prior Period		-
Other Adjustments to Equity		101,266.00
Ending Members Equity - Current Period		\$ 3,628,465.00