



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2018
OF THE CONDITION AND AFFAIRS OF THE

OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

NAIC Group Code04762, 04762NAIC Company Code29378Employer's ID Number75-0728676

(Current Period)(Prior Period)

Organized under the Laws ofTexas, State of Domicile or Port of EntryTexas

Country of DomicileUnited States

Incorporated/Organized08/10/1946Commenced Business08/10/1946

Statutory Home Office14675 DALLAS PARKWAY, SUITE 500, DALLAS, TX, US 75254

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office14675 DALLAS PARKWAY, SUITE 500DALLAS, TX, US 75254214-561-1991

(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. BOX 793747, DALLAS, TX, US 75379-3747

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records14675 DALLAS PARKWAY, SUITE 500DALLAS, TX, US 75254124-561-1991

(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Web Site AddressCOUNTY MUTUAL.COM

Statutory Statement ContactMARK FRANCIS BANAR214-561-1973

(Name)(Area Code) (Telephone Number) (Extension)

mark.banar@oldam.com214-561-1990

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
ANDREW JAMES KIRKPATRICK	PRESIDENT	MELISSA WADDELL SAYLORS	SECRETARY
MARK FRANCIS BANAR	TREASURER		

OTHER OFFICERS

DEBRA JANE ROBERTS	CHIEF EXECUTIVE OFFICER	BRENT LAYNE MCGILL	EXECUTIVE VICE PRESIDENT & CHIEF ACTUARY
RONALD JAMES BALLARD #	EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER		

DIRECTORS OR TRUSTEES

DEBRA JANE ROBERTS	JAMES LANDO ZECH	WILLIAM ROBERT ZECH	ANDREW JAMES KIRKPATRICK
BRENT LAYNE MCGILL			

State of TEXAS

County of DALLAS.ss

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

ANDREW JAMES KIRKPATRICK
PRESIDENT

MELISSA WADDELL SAYLORS
SECRETARY

MARK FRANCIS BANAR
TREASURER

a. Is this an original filing?Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this day of ,

POLLYANNA YOUNG, NOTARY PUBLIC
OCTOBER 28, 2022

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	40,707,458		40,707,458	40,095,964
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 \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$14,339,702), cash equivalents (\$) and short-term investments (\$)	14,339,702		14,339,702	8,779,511
6. Contract loans (including \$ 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)	55,047,160		55,047,160	48,875,475
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	62,242		62,242	93,276
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	22,772,306		22,772,306	23,259,111
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	53,135,381		53,135,381	54,271,260
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	23,503,566		23,503,566	19,957,019
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	142,563		142,563	142,563
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	128,820		128,820	81,634
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	154,792,038		154,792,038	146,680,338
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	154,792,038		154,792,038	146,680,338
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502. OTHER ASSETS	128,820		128,820	81,634
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	128,820		128,820	81,634

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	128,054	149,650
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	(1,498,683)	395,519
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$110,066,129 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	97,373,153	94,343,312
13. Funds held by company under reinsurance treaties	51,942,667	44,857,396
14. Amounts withheld or retained by company for account of others	192,319	194,097
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	1,590,693	803,540
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	63,835	936,824
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	149,792,038	141,680,338
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	149,792,038	141,680,338
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	4,700,000	4,700,000
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)	300,000	300,000
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	5,000,000	5,000,000
38. Totals (Page 2, Line 28, Col. 3)	154,792,038	146,680,338
DETAILS OF WRITE-INS		
2501. PAYABLE TO MGA'S	63,835	936,824
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	63,835	936,824
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 305,765,541)	300,548,905	311,580,445	413,197,434
1.2 Assumed (written \$)			
1.3 Ceded (written \$ 278,334,881)	273,118,246	281,599,437	373,829,984
1.4 Net (written \$ 27,430,660)	27,430,659	29,981,008	39,367,450
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	174,645,292	185,984,972	283,772,434
2.2 Assumed			
2.3 Ceded	174,645,292	185,984,972	283,772,434
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred	27,139,808	29,690,191	38,980,713
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	27,139,808	29,690,191	38,980,713
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	290,851	290,817	386,737
INVESTMENT INCOME			
9. Net investment income earned	(290,851)	(290,817)	(387,755)
10. Net realized capital gains (losses) less capital gains tax of \$			
11. Net investment gain (loss) (Lines 9 + 10)	(290,851)	(290,817)	(387,755)
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)			(1,018)
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)			(1,018)
19. Federal and foreign income taxes incurred			(1,018)
20. Net income (Line 18 minus Line 19)(to Line 22)			
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	5,000,000	5,000,000	5,000,000
22. Net income (from Line 20)			
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. 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)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)			
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	5,000,000	5,000,000	5,000,000
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.			
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)			
3701.			
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)			

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	32,083,184	34,220,603	44,411,319
2. Net investment income	(261,434)	(325,063)	(479,910)
3. Miscellaneous income			
4. Total (Lines 1 to 3)	31,821,750	33,895,540	43,931,409
5. Benefit and loss related payments	3,546,547	5,287,636	5,602,607
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions	29,055,606	32,212,246	39,750,803
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....			(1,018)
10. Total (Lines 5 through 9)	32,602,153	37,499,882	45,352,392
11. Net cash from operations (Line 4 minus Line 10)	(780,403)	(3,604,342)	(1,420,983)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	11,893,568		133,833
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		(3,127)	(3,127)
12.7 Miscellaneous proceeds		3,127	3,127
12.8 Total investment proceeds (Lines 12.1 to 12.7)	11,893,568		133,833
13. Cost of investments acquired (long-term only):			
13.1 Bonds	12,503,444	39,739,461	40,229,797
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)	12,503,444	39,739,461	40,229,797
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)	(609,876)	(39,739,461)	(40,095,964)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied).....	6,950,470	1,331,757	2,204,172
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	6,950,470	1,331,757	2,204,172
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)	5,560,191	(42,012,046)	(39,312,775)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	8,779,511	48,092,286	48,092,286
19.2 End of period (Line 18 plus Line 19.1)	14,339,702	6,080,240	8,779,511

NOTES TO FINANCIAL STATEMENTS

Summary of Significant Accounting Policies and Going Concern:

- A. Old American County Mutual Fire Insurance Company (the Company) is a county mutual property and casualty insurance company domiciled in the State of Texas. Its operations consist primarily of nonstandard automobile liability and physical damage insurance products. The Company underwrites insurance business produced by Texas-based managing general agents, companies, and other agents. All of the business is then ceded to reinsurers.

The Company is controlled through a management contract owned by Old American Services, LLC (OASLLC).

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Texas. The State of Texas requires that insurance companies domiciled in Texas prepare their statutory basis financial statements in accordance with the National Association of Insurance Commissioners (NAIC) *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Texas Insurance Commissioner. The impact of any permitted accounting practices on statutory surplus was not material.

Below is the table covering SSAP No. 1, Disclosure of Accounting Policies, Risks and Uncertainties, and Other Disclosures. There is no accounting practice that creates a difference between the state and SAP basis.

	SSAP #	F/S Page	F/S Line #	September 30, 2018	December 31, 2017
NET INCOME					
(1) Old American County Mutual state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ -	\$ -
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	-	-	-	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	-	-	-	-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ -	\$ -
SURPLUS					
(5) Old American County Mutual state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 5,000,000	\$ 5,000,000
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	-	-	-	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	-	-	-	-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 5,000,000	\$ 5,000,000

- B. No change.
- C. 6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities, securities where the yield had become negative, or EITF 99-20 eligible securities which are valued using the prospective method.
- D. According to management’s evaluation, as of September 30, 2018, there were no principal conditions or events that raised substantial doubt about the Company’s ability to continue as a going concern.

1. Accounting Changes and Corrections of Errors: Not applicable.
3. Business Combinations and Goodwill: Not applicable.
4. Discontinued Operations: Not applicable.
5. Investments

- A. Mortgage Loans: Not applicable.
- B. Debt Restructuring: Not applicable.
- C. Reverse Mortgages: Not applicable.
- D. Loan-Backed Securities:

1. Prepayment assumptions for loan-backed securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and the model is calibrated to reflect actual experience and market factors.
2. Aggregate Intent to sell or Aggregate Intent and Ability: Not applicable
3. Securities with an other than temporary impairment recognized in the reporting period: Not applicable
4. As of September 30, 2018, the Company owns loan-backed securities for which the amortized cost exceeds fair value, but an other-than-temporary impairment has not been recognized in earnings as a realized loss, as reflected below.

Unrealized losses that have been in an unrealized loss position for less than one year –

- a) The aggregate amount of unrealized losses total \$1,142.
- b) The aggregate related fair value of securities with unrealized losses equals \$2,300,398.

Unrealized losses that have been in an unrealized loss position for more than one year –

- c) The aggregate amount of unrealized losses total \$23,217.
- d) The aggregate related fair value of securities with unrealized losses equals \$985,099.

NOTES TO FINANCIAL STATEMENTS

- E. Repurchase Agreements and/or Securities Lending Transactions: Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale: Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: Not applicable
- M. Working Capital Finance Investments: Not Applicable.
- N. Offsetting and Netting of Assets and Liabilities: Not Applicable.
6. Joint Ventures, Partnerships and Limited Liability Companies: Not applicable.
7. Investment Income: No change.
8. Derivative Instruments: Not applicable.
9. Income Taxes: No change.
10. Information Concerning Parent, Subsidiaries and Affiliates: No change.
11. Debt: Not applicable.
- B. FHLB Agreements: Not applicable.
12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans: Not applicable.
- A. 4. Defined Benefit Plan: Not applicable.
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations: No change.
14. Contingencies: Not applicable.
15. Leases: Not applicable.
16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk: Not applicable.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:
- A. Transfers of Receivables Reported as Sales: Not applicable.
- B. Transfer and Servicing of Financial Assets: Not applicable.
2. Servicing Assets and Servicing Liabilities: Not applicable.
4. Securitizations and Asset-backed Financing Arrangements: Not applicable
- C. Wash Sales: Not applicable.
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: Not applicable.
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: No change.
20. Fair Value Measurement:

The Company does not own any investments that are considered to be other than temporarily impaired. All bonds held are NAIC Class 1, which are reported at amortized cost in the statement of financial position. Short term securities and cash equivalents are valued at amortized cost.

Fair value of the Company’s invested assets is determined and reported for disclosure purposes in accordance with the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* when available. For those investments not valued by the NAIC Securities Valuation Office, prices were obtained from an independent pricing service vendor such as Interactive Data Corporation, Merrill Lynch indices, Reuters, S&P or Bloomberg. Under certain circumstances, if neither an SVO price nor a vendor price is available, a price may be obtained from a broker.

Transfers between fair value levels are recognized as of the end of the reporting period. During the year of 2018, the Company did not have any transfers between Levels 1, 2 or 3 for assets measured and reported at fair value.

A. (1) Fair value measurements at September 30, 2018:

Description for each asset class		Level 1	Level 2	Level 3	Total
Bonds					
Governments	\$	21,968,194	—	—	21,968,194
Industrial & Misc.(Unaf)		—	18,638,849	—	18,638,849
Total assets at fair value		21,968,194	18,638,849	—	40,607,043

- A. (2) Not Applicable.
- B. Not applicable.

NOTES TO FINANCIAL STATEMENTS

C. The fair value and admitted assets of the Company’s financial instruments at September 30, 2018:

		<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Bonds	\$	40,607,043	40,707,458	21,968,194	18,638,849	—
Cash, cash equivalents and short-term investments		14,339,702	14,339,702	14,339,702	—	—
Cash and invested assets		<u>54,946,745</u>	<u>55,047,160</u>	<u>36,307,896</u>	<u>18,638,849</u>	<u>—</u>

21. Other Items:
- A. Extraordinary Items: Not applicable.

B. Troubled Debt Restructuring: Not applicable.

C. Other Disclosures: The Company elected to use rounding in reporting amounts in this statement.

D. Business Interruption Insurance Recoveries: Not applicable

E. State Transferable Tax Credits: Not applicable.

F. Subprime Mortgage Related Risk Exposure: Not applicable.
22. Events Subsequent: No change.
23. Reinsurance
- A. Unsecured Reinsurance Recoverables: No change.

B. Reinsurance Recoverable in Dispute: Not applicable.

C. Reinsurance Assumed and Ceded: No change.

D. Uncollectible Reinsurance: Not applicable.

E. Commutation of Ceded Reinsurance: No change.

F. Retroactive Reinsurance. Not applicable.

G. Reinsurance Accounted for as a Deposit. Not applicable.

H. Disclosure for the Transfer of Property and Casualty Run-off Agreements: Not Applicable.

I. Certified reinsurer Rating Downgraded or Status Subject to Revocation: Not Applicable.
24. Retrospectively Rated Contracts and Contracts Subject to Redetermination: Not applicable.
- F. Risk-Sharing Provisions of the Affordable Care Act (ACA): Not applicable.
25. Changes in Incurred Losses and Loss Adjustment Expenses:
- The Company had no net reserves as of September 30, 2018 and December 31, 2017.
26. Intercompany Pooling Arrangements: Not applicable.
27. Structured Settlements: Not applicable.
28. Health Care Receivables: Not applicable.
29. Participating Policies: Not applicable.
30. Premium Deficiency Reserves: Not applicable.
31. High Deductibles: Not applicable.
32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses: Not applicable.
33. Asbestos/Environmental Reserves: Not applicable.
34. Subscriber Savings Accounts: Not applicable.
35. Multiple Peril Crop Insurance: Not applicable.
36. Financial Guaranty Insurance Exposures: Not applicable.
- B. Financial Guaranty Claim Liability: Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 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 group?

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

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

Yes ☐ No ☒ NA ☐

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2015
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/30/2017
- 6.4

By what department or departments?

THE TEXAS DEPARTMENT OF INSURANCE
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

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

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$

13. Amount of real estate and mortgages held in short-term investments:\$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$

\$

\$

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?
- Yes [X] No []

- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
CITIBANK.....	NEW YORK, NY.....

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- Yes [] No [X]

- 17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

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

1 Name of Firm or Individual	2 Affiliation
NEW ENGLAND ASSET MANAGEMENT, INC.....	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets?
- Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?
- 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
FIRM CDR# 10590.....	NEW ENGLAND ASSET MANAGEMENT INC.....	KUR85E5PS4GQFZTFC130.....	SEC.....	NO.....

- 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:
-

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5*GI securities?.....
- Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] NA [X]
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto.
.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL										

5. Operating Percentages:
5.1 A&H loss percent %
5.2 A&H cost containment percent %
5.3 A&H expense percent excluding cost containment expenses %
6.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
6.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$
6.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
6.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$
7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [] No [X]
7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes [] No [X]

6

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6

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

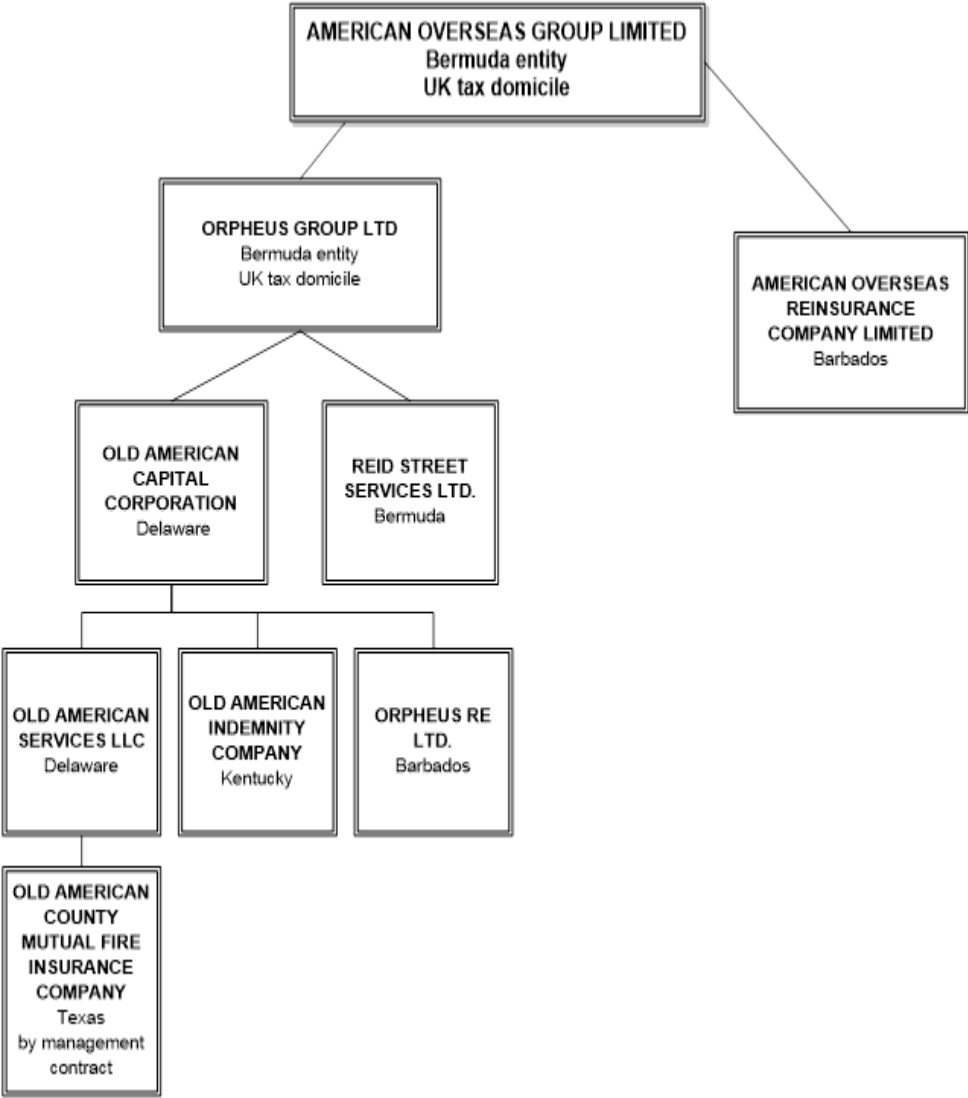
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date – Allocated by States and Territories							
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. Dist. Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. No. Carolina	NC						
35. No. Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. So. Carolina	SC						
42. So. Dakota	SD						
43. Tennessee	TN						
44. Texas	TX	L305,765,541	318,535,602	176,661,593	196,716,812	185,147,262	160,236,287
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT	XXX					
59. Totals	XXX	305,765,541	318,535,602	176,661,593	196,716,812	185,147,262	160,236,287
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX						

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1 R – Registered – Non-domiciled RRGs
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI) Q – Qualified – Qualified or accredited reinsurer
D – Domestic Surplus Lines Insurer (DSL) – Reporting entities authorized to write surplus lines in the state of domicile N – None of the above – Not allowed to write business in the state56

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

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? (Y/N)	*
00000.....		00000.....				Bermuda Stock Exchange.....	AMERICAN OVERSEAS GROUP LTD.....	BMU.....	UIP.....				AMERICAN OVERSEAS GROUP LTD.....	N.....	
00000.....		00000.....					ORPHEUS GROUP LTD.....	BMU.....	UIP.....	AMERICAN OVERSEAS GROUP LTD.....	OWNERSHIP.....	100.0	AMERICAN OVERSEAS GROUP LTD.....	N.....	
00000.....		00000.....					AMERICAN OVERSEAS RE LTD.....	BRB.....	IA.....	AMERICAN OVERSEAS GROUP LTD.....	OWNERSHIP.....	100.0	AMERICAN OVERSEAS GROUP LTD.....	N.....	
00000.....		00000.....					REID STREET SERVICES LTD.....	BMU.....	NIA.....	ORPHEUS GROUP LTD.....	OWNERSHIP.....	100.0	AMERICAN OVERSEAS GROUP LTD.....	N.....	
00000.....		00000.....	27-2941857.....				OLD AMERICAN CAPITAL CORPORATION.....	DE.....	UDP.....	ORPHEUS GROUP LTD.....	OWNERSHIP.....	100.0	AMERICAN OVERSEAS GROUP LTD.....	N.....	
00000.....		00000.....	27-2941985.....				OLD AMERICAN SERVICES LLC.....	DE.....	NIA.....	OLD AMERICAN CAPITAL CORPORATION.....	OWNERSHIP.....	100.0	AMERICAN OVERSEAS GROUP LTD.....	N.....	
04762.....		29378.....	75-0728676.....				OLD AMERICAN COUNTY MUTUAL.....	TX.....	RE.....	OLD AMERICAN SERVICES LLC.....	MANAGEMENT CONTRACT.....		AMERICAN OVERSEAS GROUP LTD.....	N.....	
04762.....		11665.....	61-0533007.....				OLD AMERICAN INDEMNITY COMPANY.....	KY.....	IA.....	CORPORATION.....	OWNERSHIP.....	100.0	AMERICAN OVERSEAS GROUP LTD.....	N.....	
00000.....		00000.....	30-0708277.....				ORPHEUS RE LTD.....	BRB.....	IA.....	OLD AMERICAN CAPITAL CORPORATION.....	OWNERSHIP.....	100.0	AMERICAN OVERSEAS GROUP LTD.....	N.....	

Asterisk	Explanation

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire				
2.	Allied lines				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.	Commercial multiple peril				
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine				
10.	Financial guaranty				
11.1	Medical professional liability -occurrence				
11.2	Medical professional liability -claims made				
12.	Earthquake				
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability occurrence				
17.2	Other liability-claims made				
17.3	Excess Workers' Compensation				
18.1	Products liability-occurrence				
18.2	Products liability-claims made				
19.1,19.2	Private passenger auto liability	195,169,449	137,188,204	70.3	70.0
19.3,19.4	Commercial auto liability				
21.	Auto physical damage	77,823,847	37,457,088	48.1	56.7
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	27,555,609			
35.	TOTALS	300,548,905	174,645,292	58.1	59.7
DETAILS OF WRITE-INS					
3401.	GROSS POLICY FEES	27,555,609			
3402.	.....			
3403.	.....			
3498.	Sum. of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	27,555,609			

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire			
2.	Allied lines			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine			
10.	Financial guaranty			
11.1	Medical professional liability-occurrence			
11.2	Medical professional liability-claims made			
12.	Earthquake			
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation			
17.1	Other liability occurrence			
17.2	Other liability-claims made			
17.3	Excess Workers' Compensation			
18.1	Products liability-occurrence			
18.2	Products liability-claims made			
19.1,19.2	Private passenger auto liability	66,412,160	199,311,911	206,178,323
19.3,19.4	Commercial auto liability			
21.	Auto physical damage	25,858,099	78,898,021	82,260,496
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	8,491,169	27,555,609	30,096,784
35.	TOTALS	100,761,428	305,765,541	318,535,603
DETAILS OF WRITE-INS				
3401.	GROSS POLICY FEES	8,491,169	27,555,609	30,096,784
3402.	.....		
3403.	.....		
3498.	Sum. of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	8,491,169	27,555,609	30,096,784

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2018 Loss and LAE Payments on Claims Reported as of Prior Year-End	2018 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2018 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2015 + Prior													
2. 2016													
3. Subtotals 2016 + prior													
4. 2017.....													
5. Subtotals 2017 + prior													
6. 2018	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policy-holders	5,000										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1.	2.	3.
											Col. 13, Line 7 Line 8		
											4.		

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

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 Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	.....SEE EXPLANATION.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	.....SEE EXPLANATION.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....SEE EXPLANATION.....
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....SEE EXPLANATION.....

Explanation:

- 1. Business Not Written
- 2. Business Not Written
- 3. Business Not Written
- 4. Business Not Written

Bar Code:

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE A – VERIFICATION

Real Estate

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	40,095,964	
2. Cost of bonds and stocks acquired	12,503,445	40,239,867
3. Accrual of discount	25,346	19,372
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	11,893,568	133,833
7. Deduct amortization of premium	23,729	29,442
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	40,707,458	40,095,964
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	40,707,458	40,095,964

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	39,863,199	1,197,246	353,550	563	40,156,505	39,863,199	40,707,458	40,095,965
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds	39,863,199	1,197,246	353,550	563	40,156,505	39,863,199	40,707,458	40,095,965
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock.....								
15. Total Bonds & Preferred Stock	39,863,199	1,197,246	353,550	563	40,156,505	39,863,199	40,707,458	40,095,965

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		1,131,537
2. Cost of short-term investments acquired		8,977,637
3. Accrual of discount		14,904
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals		(2,929)
6. Deduct consideration received on disposals		10,121,149
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).....		
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		10,243,667
2. Cost of cash equivalents acquired		8,386,824
3. Accrual of discount		3,992
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals.....		(198)
6. Deduct consideration received on disposals		18,634,285
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)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

E04

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E05

E05

E05

E05

**STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE
COMPANY**

SCHEDULE E - PART 1 - CASH

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

NAIC Group Code		04762		EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)					DURING THE YEAR 2018					NAIC Company Code 29378	
Line of Business		BUSINESS IN THE STATE OF Texas		3	4	5	6	7	8	9	10	11	12		
		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken													
		1	2												
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees		
1.	Fire														
2.1	Allied lines														
2.2	Multiple peril crop														
2.3	Federal flood														
2.4	Private Crop														
2.5	Private Flood														
3.	Farmowners multiple peril														
4.	Homeowners multiple peril														
5.1	Commercial multiple peril (non-liability portion)														
5.2	Commercial multiple peril (liability portion)														
6.	Mortgage guaranty														
8.	Ocean marine														
9.	Inland marine														
10.	Financial guaranty														
11.	Medical professional liability														
12.	Earthquake														
13.	Group accident and health (b)														
14.	Credit A & H (group and individual)														
15.1	Collectively renewable A & H (b)														
15.2	Non-cancelable A & H (b)														
15.3	Guaranteed renewable A & H (b)														
15.4	Non-renewable for stated reasons only (b)														
15.5	Other accident only														
15.6	Medicare Title XVIII exempt from state taxes or fees														
15.7	All other A & H (b)														
15.8	Federal employees health benefits program premium (b)														
16.	Workers' compensation														
17.1	Other liability-occurrence														
17.2	Other liability-claims-made														
17.3	Excess workers' compensation														
18.	Products liability														
19.1	Private passenger auto no-fault (personal injury protection)	367,959	400,336		253,955	198,038	136,576	179,523	4,144	(10,001)	8,113	85,041	7,113		
19.2	Other private passenger auto liability	198,943,952	194,769,114		76,535,037	137,645,267	137,051,629	177,709,271	2,528,779	2,486,411	18,752,788	45,978,837	3,846,044		
19.3	Commercial auto no-fault (personal injury protection)														
19.4	Other commercial auto liability														
21.1	Private passenger auto physical damage	78,898,021	77,823,846		33,277,137	38,818,288	37,457,087	7,258,468	354,749	327,666	687,510	18,234,478	1,525,280		
21.2	Commercial auto physical damage														
22.	Aircraft (all perils)														
23.	Fidelity														
24.	Surety														
26.	Burglary and theft														
27.	Boiler and machinery														
28.	Credit														
30.	Warranty														
34.	Aggregate write-ins for other lines of business	27,555,609	27,555,609												
35.	TOTALS (a)	305,765,541	300,548,905		110,066,129	176,661,593	174,645,292	185,147,262	2,887,672	2,804,076	19,448,411	64,298,356	5,378,437		
DETAILS OF WRITE-INS															
3401.	GROSS POLICY FEES	27,555,609	27,555,609												
3402.	.....													
3403.	.....													
3498.	Summary of remaining write-ins for Line 34 from overflow page														
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	27,555,609	27,555,609												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products