



QUARTERLY STATEMENT

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

OLD AMERICAN INDEMNITY COMPANY

| | | | | | | | | |
|---------------------------------------|----------------------------------|------------------|-------|----------------|---|------------|--------------------------------|------------|
| NAIC Group Code | 04762 | (Current Period) | 04762 | (Prior Period) | NAIC Company Code | 11665 | Employer's ID Number | 61-0533007 |
| Organized under the Laws of | Kentucky | | | | State of Domicile or Port of Entry | Kentucky | | |
| Country of Domicile | United States | | | | | | | |
| Incorporated/Organized | 11/11/1956 | | | | Commenced Business | 05/30/1957 | | |
| Statutory Home Office | 250 WEST MAIN STREET, SUITE 2300 | | | | LEXINGTON, KY, US 40507-1758 | | | |
| | (Street and Number) | | | | (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | 14675 DALLAS PARKWAY, SUITE 500 | | | | DALLAS, TX, US 75254 | | 214-561-1991 | |
| | (Street and Number) | | | | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | |
| Mail Address | 14675 DALLAS PARKWAY, SUITE 500 | | | | DALLAS, TX, US 75254 | | | |
| | (Street and Number or P.O. Box) | | | | (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | 14675 DALLAS PARKWAY, SUITE 500 | | | | DALLAS, TX, US 75254 | | 214-561-1991 | |
| | (Street and Number) | | | | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | |
| Internet Web Site Address | OLDAMERICANINDEMNITY.COM | | | | | | | |
| Statutory Statement Contact | TRAVIS ALAN GLASS | | | | 214-561-1963 | | | |
| | (Name) | | | | (Area Code) (Telephone Number) (Extension) | | | |
| | TRAVIS.GLASS@OLDAM.COM | | | | 214-561-1990 | | | |
| | (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 | ANDREW JAMES KIRKPATRICK | BRENT LAYNE MCGILL | |
|--------------------|--------------------------|--------------------|--|

State ofTEXAS.....
County ofDALLAS.....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 | | |

POLLYANNA YOUNG, NOTARY PUBLIC
OCTOBER 28, 2022

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN INDEMNITY 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 | 6,804,304 | | 6,804,304 | 8,326,105 |
| 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 (\$551,757), cash equivalents (\$1,923,721) and short-term investments (\$369,493) | 2,844,971 | | 2,844,971 | 2,264,417 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | | | | |
| 9. Receivables for securities | 100,000 | | 100,000 | 85,000 |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 9,749,275 | | 9,749,275 | 10,675,522 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 33,286 | | 33,286 | 27,734 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 125,654 | | 125,654 | 271,987 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | 575,621 | | 575,621 | 548,438 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 222,011 | | 222,011 | 614,552 |
| 16.2 Funds held by or deposited with reinsured companies | | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | | |
| 17. Amounts receivable relating to uninsured plans | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | | | | |
| 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 | 17,452 | | 17,452 | 13,663 |
| 24. Health care (\$) and other amounts receivable | | | | |
| 25. Aggregate write-ins for other-than-invested assets | 22,636 | | 22,636 | |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 10,745,935 | | 10,745,935 | 12,151,896 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. Total (Lines 26 and 27) | 10,745,935 | | 10,745,935 | 12,151,896 |
| 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. Premium Tax Receivable | 22,636 | | 22,636 | |
| 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) | 22,636 | | 22,636 | |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$38,257) | 130,682 | 199,605 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | 22,499 | 37,878 |
| 4. Commissions payable, contingent commissions and other similar charges | | |
| 5. Other expenses (excluding taxes, licenses and fees) | 77,316 | 105,600 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 12,860 | 40,828 |
| 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 \$777,987 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) | 40,947 | 42,012 |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 662,672 | 851,999 |
| 13. Funds held by company under reinsurance treaties | 28,547 | 838,893 |
| 14. Amounts withheld or retained by company for account of others | | |
| 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 | 3,156 | 6,327 |
| 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 | 260,742 | 542,131 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 1,239,421 | 2,665,273 |
| 27. Protected cell liabilities | | |
| 28. Total liabilities (Lines 26 and 27) | 1,239,421 | 2,665,273 |
| 29. Aggregate write-ins for special surplus funds | | |
| 30. Common capital stock | 2,500,000 | 2,500,000 |
| 31. Preferred capital stock | | |
| 32. Aggregate write-ins for other than special surplus funds | | |
| 33. Surplus notes | | |
| 34. Gross paid in and contributed surplus | 8,560,179 | 8,560,179 |
| 35. Unassigned funds (surplus) | (1,553,663) | (1,573,556) |
| 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) | 9,506,516 | 9,486,623 |
| 38. Totals (Page 2, Line 28, Col. 3) | 10,745,937 | 12,151,896 |
| DETAILS OF WRITE-INS | | |
| 2501. MGA Payable | 260,742 | 542,131 |
| 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) | 260,742 | 542,131 |
| 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 OF INCOME

| | 1 | 2 | 3 |
|---|--------------|------------|------------------|
| | Current Year | Prior Year | Prior Year Ended |
| | to Date | to Date | December 31 |
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 1,804,219) | 1,825,529 | 3,412,174 | 4,298,638 |
| 1.2 Assumed (written \$) | | | |
| 1.3 Ceded (written \$ 1,675,416) | 1,695,660 | 3,322,338 | 4,154,169 |
| 1.4 Net (written \$ 128,803) | 129,869 | 89,836 | 144,469 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$ 73,938): | | | |
| 2.1 Direct | 1,185,813 | 3,859,857 | 4,468,405 |
| 2.2 Assumed | (60) | (89) | (13,125) |
| 2.3 Ceded | 1,136,195 | 3,679,265 | 4,266,318 |
| 2.4 Net | 49,558 | 180,503 | 188,962 |
| 3. Loss adjustment expenses incurred | (2,390) | 15,373 | 17,023 |
| 4. Other underwriting expenses incurred | 161,383 | 29,212 | 86,505 |
| 5. Aggregate write-ins for underwriting deductions | | | |
| 6. Total underwriting deductions (Lines 2 through 5) | 208,551 | 225,088 | 292,490 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | (78,682) | (135,252) | (148,021) |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 98,547 | 52,895 | 79,314 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ 28 | | | 12 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 98,575 | 52,895 | 79,326 |
| 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) | 19,893 | (82,357) | (68,695) |
| 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) | 19,893 | (82,357) | (68,695) |
| 19. Federal and foreign income taxes incurred | | | |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 19,893 | (82,357) | (68,695) |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 9,486,623 | 9,555,318 | 9,555,318 |
| 22. Net income (from Line 20) | 19,893 | (82,357) | (68,695) |
| 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) | 19,893 | (82,357) | (68,695) |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 9,506,516 | 9,472,961 | 9,486,623 |
| 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) | | | |

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..... | 58,627 | (109,622) | 206,755 |
| 2. Net investment income | 100,248 | 54,253 | 81,436 |
| 3. Miscellaneous income | | | |
| 4. Total (Lines 1 to 3) | 158,875 | (55,369) | 288,191 |
| 5. Benefit and loss related payments | (274,060) | (238,502) | (456,685) |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 253,260 | 171,488 | 207,481 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | | | |
| 10. Total (Lines 5 through 9) | (20,800) | (67,014) | (249,204) |
| 11. Net cash from operations (Line 4 minus Line 10) | 179,675 | 11,645 | 537,395 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 3,094,908 | 1,931,344 | 2,990,429 |
| 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 | 28 | | 7 |
| 12.7 Miscellaneous proceeds | | | 5 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 3,094,936 | 1,931,344 | 2,990,441 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,580,362 | 2,810,545 | 3,658,893 |
| 13.2 Stocks | | | |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | | | |
| 13.5 Other invested assets | | | |
| 13.6 Miscellaneous applications | 15,000 | | 85,000 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 1,595,362 | 2,810,545 | 3,743,893 |
| 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) | 1,499,574 | (879,201) | (753,452) |
| 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)..... | (1,098,693) | (577,334) | (1,104,613) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | (1,098,693) | (577,334) | (1,104,613) |
| 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) | 580,556 | (1,444,890) | (1,320,670) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 2,264,417 | 3,585,087 | 3,585,087 |
| 19.2 End of period (Line 18 plus Line 19.1) | 2,844,973 | 2,140,197 | 2,264,417 |

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern:

- A. Old American Indemnity Company (the “Company”) was formed as a corporation under the laws of the State of Kentucky on November 11, 1956. The Company, formerly known as Citizens Insurance Company, received its license from the State of Kentucky on May 30, 1957. The Company subsequently changed its name to Viceroy Insurance Company. On June 5, 2012, the Kentucky Department of Insurance approved the change of the Company’s name to Old American Indemnity Company.

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Kentucky. The State of Kentucky requires that insurance companies domiciled in Kentucky 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 Kentucky Insurance Commissioner. The impact of any permitted accounting practices on statutory surplus was not material.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Kentucky is shown below:

| | SSAP # | F/S Page | F/S Line # | September 30, 2018 | December 31, 2017 |
|---|--------|----------|------------|-----------------------|----------------------|
| NET INCOME | | | | | |
| (1) Old American Indemnity Company state basis (Page 4, Line 20, Columns 1 & 3) | XXX | XXX | XXX | \$ 19,893 | \$ (68,695) |
| (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 | \$ 19,893 | \$ (68,695) |
| SURPLUS | | | | | |
| (5) Company state basis (Page 3, Line 37, Columns 1 & 2) | XXX | XXX | XXX | \$ 9,506,516 | \$ 9,486,623 |
| (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 | \$ 9,506,516 | \$ 9,486,623 |

- 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.

2. 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 09/30/2018 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 \$0.
- b) The aggregate related fair value of securities with unrealized losses equals \$0.
- Unrealized losses that have been in an unrealized loss position for more than one year –
- c) The aggregate amount of unrealized losses total \$16,564.
- d) The aggregate related fair value of securities with unrealized losses equals \$369,535.
- (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

NOTES TO FINANCIAL STATEMENTS

- (j) *Real Estate:* Not applicable
- (k) *Low Income Housing Tax Credits (LIHTC):* Not applicable
- (l) *Restricted Assets:*

1. Restricted Assets (Including Pledged) a) – i) and k) – n) are not applicable.
- m) *Working Capital Finance Investments:* Not applicable
- (n) *Offsetting and Netting of Assets and Liabilities:* Not applicable
- (o) *Structured Notes:* Not applicable
- (p) *5* Securities:* Not applicable
- (q) *Short Sales:* Not applicable
- (r) *Prepayment Penalty and Acceleration Fees:* 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. **Liabilities, Contingencies and Assessments:** 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:** Not applicable.

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. (a) and (b) 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. As of September 30, 2018, the Company did not have any transfers between Levels 1, 2 or 3 for assets measured and reported at fair value.

As of September 30, 2018, the fair value of the Company’s financial instruments is summarized as below:

(a)(1)

| | | | | | |
|----------------|----------------------------|--------------|-----------|---------|-----------|
| September 2018 | | | | | |
| | Class Level | Level 1 | Level 2 | Level 3 | Total |
| Bonds | | | | | |
| | Governments | \$ 2,770,987 | 369,535 | — | 3,140,522 |
| | Industrial & Misc.(Unaf) | — | 3,595,768 | — | 3,595,768 |
| | Total assets at fair value | 2,770,987 | 3,965,303 | — | 6,736,290 |

(a)(2) *Fair Value Measurements in (Level 3) of the Fair Value Hierarchy:* Not applicable.

NOTES TO FINANCIAL STATEMENTS

(c) Fair Value Measurements for all Financial Instruments and Placement in the Fair Value Hierarchy:

| | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 |
|---|-------------------------|--------------------|-----------|-----------|---------|
| September 2018 | | | | | |
| Bonds | \$ 6,736,290 | 6,804,304 | 2,770,987 | 3,965,303 | — |
| Cash, cash equivalents and short-term investments | 2,844,973 | 2,844,973 | 921,251 | 1,923,722 | — |
| Cash and invested assets | 9,581,263 | 9,649,277 | 3,692,238 | 5,889,025 | — |

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

B. Troubled Debt Restructuring: Not applicable.

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

D. Business Interruption Insurance Recoveries: Not applicable.

E. State Transferable and Non-Transferable Tax Credits: Not applicable.

F. Subprime Mortgage Related Risk Exposure: Not applicable.
22. Events Subsequent: None.
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: Not applicable.

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:
- Reserves as of December 31, 2017 were \$237,000. As of September 30, 2018, \$88,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$108,000 as a result of re-estimation of unpaid losses and loss adjustment expenses. Therefore, there has been a favorable loss and loss expense development of \$41,000 since December 31, 2017 through September 30, 2018 on prior accident years. The increase is generally the result of ongoing analysis of recent loss development trends.
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: No change.
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 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | 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.

12/31/2013
- 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.

12/31/2013
- 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).

04/29/2015
- 6.4

By what department or departments?

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

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?
(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.

Yes ☒ No ☐
- 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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.

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 ☒ No ☐

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

| 1 | 2 |
|----------------------|-------------------|
| Name of Custodian(s) | 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 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | 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 ☒

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

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | 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 | 2 |
|--|-------------|
| Name of Firm or Individual | 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 ☒ 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 ☐

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|--|--|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| CDR #10590..... | New England Asset Management, Inc..... | KUE85W5PA4GQFZTFC130..... | SEC..... | NO..... |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes ☒ 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 ☒

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 [X] No []
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]

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Type of Reinsurer | 6 Certified Reinsurer Rating (1 through 6) | 7 Effective Date of Certified Reinsurer Rating |
|------------------------|----------------|------------------------|-------------------------------|------------------------|---|---|
| | | NONE | | | | |

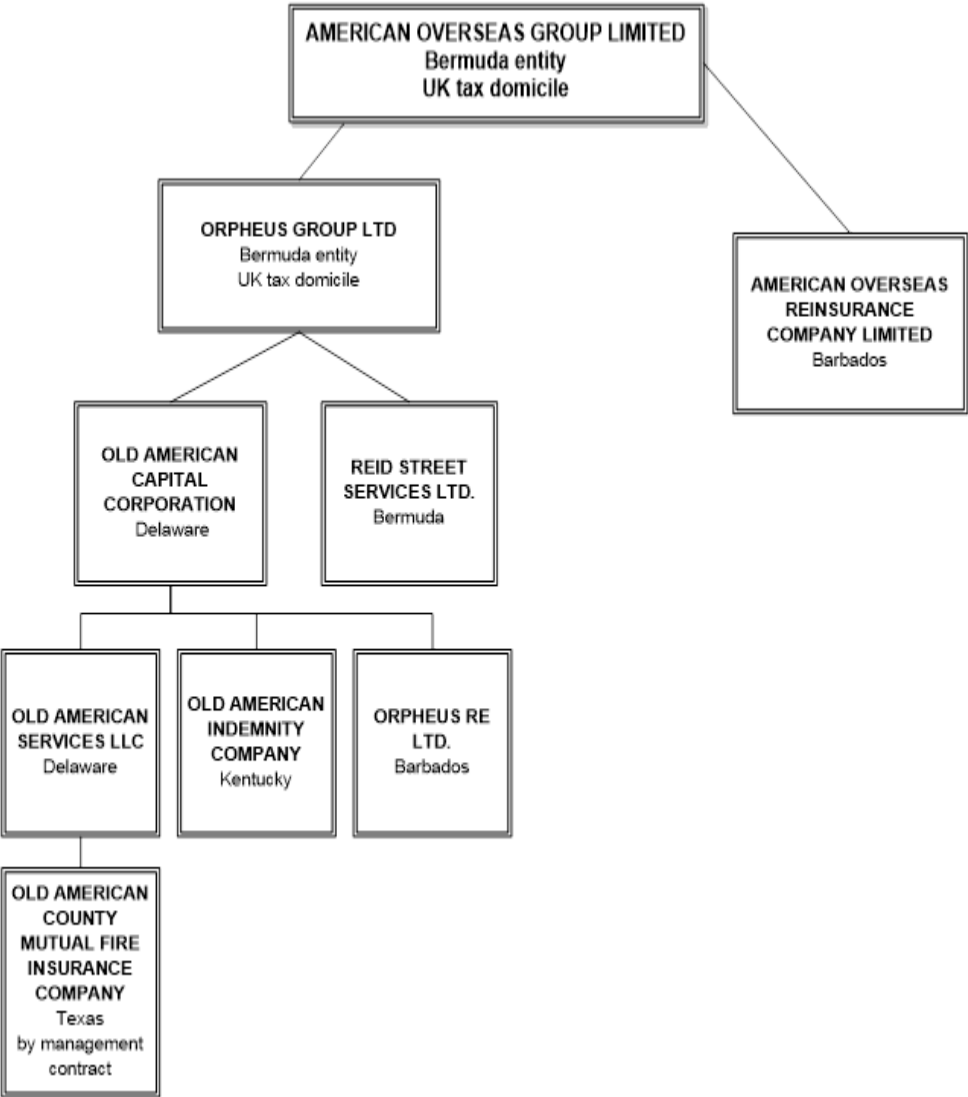
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

| 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 | L | | | | | |
| 2. Alaska | AK | N | | | | | |
| 3. Arizona | AZ | L | (3,631) | 15,000 | 3,061 | 7,116 | 24,698 |
| 4. Arkansas | AR | N | | | | | |
| 5. California | CA | N | | | | | |
| 6. Colorado | CO | N | | | | | |
| 7. Connecticut | CT | N | | | | | |
| 8. Delaware | DE | N | | | | | |
| 9. Dist. Columbia | DC | N | | | | | |
| 10. Florida | FL | N | | | | | |
| 11. Georgia | GA | L | (7,434) | 1,514,159 | 1,195,222 | 4,160,001 | 1,298,458 |
| 12. Hawaii | HI | N | | | | | |
| 13. Idaho | ID | N | | | | | |
| 14. Illinois | IL | N | | | | | |
| 15. Indiana | IN | L | | | | | |
| 16. Iowa | IA | N | | | | | |
| 17. Kansas | KS | N | | | | | |
| 18. Kentucky | KY | L | | | | | |
| 19. Louisiana | LA | L | | | | | |
| 20. Maine | ME | N | | | | | |
| 21. Maryland | MD | N | | | | | |
| 22. Massachusetts | MA | N | | | | | |
| 23. Michigan | MI | N | | | | | |
| 24. Minnesota | MN | N | | | | | |
| 25. Mississippi | MS | N | | | | | |
| 26. Missouri | MO | L | | | | | |
| 27. Montana | MT | N | | | | | |
| 28. Nebraska | NE | N | | | | | |
| 29. Nevada | NV | N | | | | | |
| 30. New Hampshire | NH | N | | | | | |
| 31. New Jersey | NJ | N | | | | | |
| 32. New Mexico | NM | L | | | | | |
| 33. New York | NY | N | | | | | |
| 34. No. Carolina | NC | L | | | | | |
| 35. No. Dakota | ND | L | | | | | |
| 36. Ohio | OH | N | | | | | |
| 37. Oklahoma | OK | L | 1,275,817 | 1,644,564 | 926,001 | 780,536 | 892,108 |
| 38. Oregon | OR | N | | | | | |
| 39. Pennsylvania | PA | N | | | | | |
| 40. Rhode Island | RI | N | | | | | |
| 41. So. Carolina | SC | L | | | | | |
| 42. So. Dakota | SD | N | | | | | |
| 43. Tennessee | TN | L | | | | | |
| 44. Texas | TX | L | | | | | |
| 45. Utah | UT | L | 535,836 | (8,533) | 44,221 | 76,622 | 129,096 |
| 46. Vermont | VT | N | | | | | |
| 47. Virginia | VA | N | | | | | |
| 48. Washington | WA | N | | | | | |
| 49. West Virginia | WV | N | | | | | |
| 50. Wisconsin | WI | N | | | | | |
| 51. Wyoming | WY | N | | | | | |
| 52. American Samoa | AS | N | | | | | |
| 53. Guam | GU | N | | | | | |
| 54. Puerto Rico | PR | N | | | | | |
| 55. U.S. Virgin Islands | VI | N | | | | | |
| 56. Northern Mariana Islands | MP | N | | | | | |
| 57. Canada | CAN | N | | | | | |
| 58. Aggregate Other Alien | OT | XXX | | | | | |
| 59. Totals | XXX | 1,804,219 | 3,146,559 | 2,180,444 | 5,020,220 | 2,326,778 | 3,616,715 |
| 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 RRG15 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 (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile N – None of the above – Not allowed to write business in the state42

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 INDEMNITY 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..... | IA..... | OLD AMERICAN SERVICES LLC..... | MANAGEMENT CONTRACT..... | | AMERICAN OVERSEAS GROUP LTD..... | N..... | |
| 04762..... | | 11665..... | 61-0533007..... | | | | OLD AMERICAN INDEMNITY COMPANY..... | KY..... | RE..... | OLD AMERICAN CAPITAL 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..... | |
| | | | | | | | | | | | | | | | |
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| Asterisk | Explanation |
|----------|-------------|
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| | |

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 | 1,150,626 | 907,777 | 78.9 | 139.9 |
| 19.3,19.4 | Commercial auto liability | | | | |
| 21. | Auto physical damage | 607,122 | 278,036 | 45.8 | 64.6 |
| 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 | 67,781 | | | |
| 35. | TOTALS | 1,825,529 | 1,185,813 | 65.0 | 113.1 |
| DETAILS OF WRITE-INS | | | | | |
| 3401. | Gross Policy Fees | 67,781 | | | |
| 3402. | | | | | |
| 3403. | | | | | |
| 3498. | Sum. of remaining write-ins for Line 34 from overflow page | | | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34) | 67,781 | | | |

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 | 460,484 | 1,203,606 | 2,008,638 |
| 19.3,19.4 | Commercial auto liability | | | |
| 21. | Auto physical damage | 166,434 | 532,832 | 1,184,893 |
| 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 | 25,999 | 67,781 | (46,972) |
| 35. | TOTALS | 652,917 | 1,804,219 | 3,146,559 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | Gross Policy Fees | 25,999 | 67,781 | (46,972) |
| 3402. | | | | |
| 3403. | | | | |
| 3498. | Sum. of remaining write-ins for Line 34 from overflow page | | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34) | 25,999 | 67,781 | (46,972) |

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN INDEMNITY COMPANY

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 | 25 | 54 | 79 | 24 | | 24 | 13 | | 22 | 35 | 12 | (32) | (20) |
| 2. 2016 | 8 | 51 | 59 | 13 | 3 | 16 | 6 | 1 | 27 | 34 | 11 | (20) | (9) |
| 3. Subtotals 2016 + prior | 33 | 105 | 138 | 37 | 3 | 40 | 19 | 1 | 49 | 69 | 23 | (52) | (29) |
| 4. 2017 | 30 | 69 | 99 | 29 | 19 | 48 | 7 | 5 | 27 | 39 | 6 | (18) | (12) |
| 5. Subtotals 2017 + prior | 63 | 174 | 237 | 66 | 22 | 88 | 26 | 6 | 76 | 108 | 29 | (70) | (41) |
| 6. 2018 | XXX | XXX | XXX | XXX | 43 | 43 | XXX | 15 | 30 | 45 | XXX | XXX | XXX |
| 7. Totals | 63 | 174 | 237 | 66 | 65 | 131 | 26 | 21 | 106 | 153 | 29 | (70) | (41) |
| 8. Prior Year-End Surplus As Regards Policy-holders | 9,487 | | | | | | | | | | 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. 46.0 | 2. (40.2) | 3. (17.3) |
| | | | | | | | | | | | Col. 13, Line 7 Line 8 | | |
| | | | | | | | | | | | 4. (0.4) | | |

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? |NO..... |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? |NO..... |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? |NO..... |
| 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? |NO..... |

Explanation:

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


Bar Code:

1.




11665201849000003

2.




11665201845500003

3.



11665201836500003

4.



11665201850500003

OVERFLOW PAGE FOR WRITE-INS

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) | | |

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) | | |

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) | | |

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 | 8,326,106 | 7,670,490 |
| 2. Cost of bonds and stocks acquired | 1,580,363 | 3,658,893 |
| 3. Accrual of discount | 6,667 | 2,796 |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | 3,094,909 | 2,990,429 |
| 7. Deduct amortization of premium | 13,923 | 15,644 |
| 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) | 6,804,304 | 8,326,106 |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 6,804,304 | 8,326,106 |

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN INDEMNITY 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)..... | 8,349,183 | 4,218,540 | 3,726,290 | (144,640) | 9,411,161 | 8,349,183 | 8,696,793 | 10,173,101 |
| 2. NAIC 2 (a)..... | 250,582 | | | 150,143 | 150,681 | 250,582 | 400,725 | 150,757 |
| 3. NAIC 3 (a)..... | | | | | | | | |
| 4. NAIC 4 (a)..... | | | | | | | | |
| 5. NAIC 5 (a)..... | | | | | | | | |
| 6. NAIC 6 (a)..... | | | | | | | | |
| 7. Total Bonds | 8,599,765 | 4,218,540 | 3,726,290 | 5,503 | 9,561,842 | 8,599,765 | 9,097,518 | 10,323,858 |
| 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 | 8,599,765 | 4,218,540 | 3,726,290 | 5,503 | 9,561,842 | 8,599,765 | 9,097,518 | 10,323,858 |

(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 \$2,170,837 ; 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 | 369,493 | XXX | 368,384 | | |

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..... | 498,570 | 3,307,373 |
| 2. Cost of short-term investments acquired | 1,359,849 | 1,741,133 |
| 3. Accrual of discount | 11,074 | 11,137 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals | | 7 |
| 6. Deduct consideration received on disposals | 1,500,000 | 4,561,080 |
| 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)..... | 369,493 | 498,570 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 369,493 | 498,570 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

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..... | 1,499,181 | |
| 2. Cost of cash equivalents acquired | 6,496,539 | 1,499,181 |
| 3. Accrual of discount | 7,786 | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals..... | 28 | |
| 6. Deduct consideration received on disposals | 6,079,813 | |
| 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) | 1,923,721 | 1,499,181 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,923,721 | 1,499,181 |

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

E05

E05

E05

E05

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]