



ANNUAL STATEMENT  
For the Year Ended December 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE  
OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

NAIC Group Code	04762	04762	NAIC Company Code	29378	Employer's ID Number	75-0728676
	(Current Period)	(Prior Period)				
Organized under the Laws of	Texas			State of Domicile or Port of Entry	Texas	
Country of Domicile				United States		
Incorporated/Organized	08/10/1946			Commenced Business	08/10/1946	
Statutory Home Office	14675 DALLAS PARKWAY, SUITE 500			DALLAS, TX, US 75254		
	(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	P.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 Records	14675 DALLAS PARKWAY, SUITE 500			DALLAS, TX, US 75254	214-561-1973	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Internet Web Site Address	COUNTYMUTUAL.COM					
Statutory Statement Contact	MARK FRANCIS BANAR			214-561-1973		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	mark.banar@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	JAMES LANDO ZECH	WILLIAM ROBERT ZECH	ANDREW JAMES KIRKPATRICK
BRENT LAYNE MCGILL			

State of .....TEXAS.....  
County of .....DALLAS.....

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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
Subscribed and sworn to before me this _____ day of _____,	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [ X ] No [ ] _____ _____ _____

POLLYANNA YOUNG, NOTARY PUBLIC  
OCTOBER 28, 2022

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	40,691,786		40,691,786	40,095,964
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
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 (\$ .....19,448,765 , Schedule E-Part 1), cash equivalents (\$ ..... , Schedule E-Part 2) and short-term investments (\$ ..... , Schedule DA).....	19,448,765		19,448,765	8,779,511
6. Contract loans (including \$ ..... premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	60,140,551		60,140,551	48,875,475
13. Title plants less \$ ..... charged off (for Title insurers only).....				
14. Investment income due and accrued .....	159,231		159,231	93,276
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	22,615,479		22,615,479	23,259,111
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....	52,769,451		52,769,451	54,271,260
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	19,393,174		19,393,174	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 .....	124,743		124,743	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 .....	84,382		84,382	81,634
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	155,287,011		155,287,011	146,680,338
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27)	155,287,011		155,287,011	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.....	84,382		84,382	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)	84,382		84,382	81,634

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....		
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	159,182	149,650
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	235,558	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 (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....112,525,581 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) .....	93,478,550	94,343,312
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....	54,411,291	44,857,396
14. Amounts withheld or retained by company for account of others .....	143,443	194,097
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 3, Column 78) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	789,773	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 .....	1,069,214	936,824
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	150,287,011	141,680,338
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	150,287,011	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) (Page 4, Line 39) .....	5,000,000	5,000,000
38. Totals (Page 2, Line 28, Col. 3)	155,287,011	146,680,338
DETAILS OF WRITE-INS		
2501. PAYABLE TO MGA'S.....	1,069,214	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)	1,069,214	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)		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4) .....	36,405,755	39,367,450
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7) .....		
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....		
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	36,018,002	38,980,713
5. Aggregate write-ins for underwriting deductions .....		
6. Total underwriting deductions (Lines 2 through 5) .....	36,018,002	38,980,713
7. Net income of protected cells .....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	387,753	386,737
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	(387,753)	(387,755)
10. Net realized capital gains (losses) less capital gains tax of \$ ..... (Exhibit of Capital Gains (Losses)).....		
11. Net investment gain (loss) (Lines 9 + 10) .....	(387,753)	(387,755)
OTHER INCOME		
12. Net gain (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 (Page 4, Line 39, Column 2) .....	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 (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....		
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....		
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 (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....		
37. Aggregate write-ins for gains and losses in surplus .....		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....		
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	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) .....		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	37,686,434	44,411,319
2. Net investment income	(63,301)	(479,910)
3. Miscellaneous income		
4. Total (Lines 1 through 3)	37,623,133	43,931,409
5. Benefit and loss related payments	(563,845)	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	36,545,351	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)	35,981,506	45,352,392
11. Net cash from operations (Line 4 minus Line 10)	1,641,627	(1,420,983)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	13,152,896	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)
12.7 Miscellaneous proceeds		3,127
12.8 Total investment proceeds (Lines 12.1 to 12.7)	13,152,896	133,833
13. Cost of investments acquired (long-term only):		
13.1 Bonds	13,744,385	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)	13,744,385	40,229,797
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(591,489)	(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)	9,619,116	2,204,172
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	9,619,116	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)	10,669,254	(39,312,775)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	8,779,511	48,092,286
19.2 End of year (Line 18 plus Line 19.1)	19,448,765	8,779,511

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS EARNED

Line of Business		1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
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 (group and individual) .....				
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 .....	(175,877)			(175,877)
19.3,19.4	Commercial auto liability .....				
21.	Auto physical damage .....				
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 .....				
32.	Reinsurance-nonproportional assumed liability .....				
33.	Reinsurance-nonproportional assumed financial lines .....				
34.	Aggregate write-ins for other lines of business .....	36,581,632			36,581,632
35.	TOTALS	36,405,755			36,405,755
DETAILS OF WRITE-INS					
3401.	GROSS POLICY FEES.....	36,581,632			36,581,632
3402.	.....				
3403.	.....				
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....				
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	36,581,632			36,581,632

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business		1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3  Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5  Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
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 (group and individual) .....					
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 .....	NONE				
19.3,19.4	Commercial auto liability .....					
21.	Auto physical damage .....					
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 .....					
32.	Reinsurance-nonproportional assumed liability .....					
33.	Reinsurance-nonproportional assumed financial lines .....					
34.	Aggregate write-ins for other lines of business .....					
35.	TOTALS					
36.	Accrued retrospective premiums based on experience .....					
37.	Earned but unbilled premiums .....					
38.	Balance (Sum of Lines 35 through 37)					
DETAILS OF WRITE-INS						
3401.	.....					
3402.	.....					
3403.	.....					
3498.	Sum. of remaining write-ins for Line 34 from overflow page.....					
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

(a) State here basis of computation used in each case.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
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 (group and individual) .....						
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 .....	265,169,741			1,250,702	264,094,916	(175,877)
19.3,19.4 Commercial auto liability .....						
21. Auto physical damage .....	104,131,954			670,010	103,461,944	
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					
32. Reinsurance- nonproportional assumed liability .....	XXX					
33. Reinsurance- nonproportional assumed financial lines .....	XXX					
34. Aggregate write-ins for other lines of business .....	36,581,632					36,581,632
35. TOTALS	405,883,327			1,920,712	367,556,860	36,405,755
DETAILS OF WRITE-INS						
3401. GROSS POLICY FEES .....	36,581,632					36,581,632
3402. ....						
3403. ....						
3498. Sum. of remaining write- ins for Line 34 from overflow page .....						
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	36,581,632					36,581,632

(a) Does the company's direct premiums written include premiums recorded on an installment basis?    Yes    [    ]    No    [ X ]

If yes: 1. The amount of such installment premiums \$    .....

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$    .....



UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
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 (group and individual) .....								
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 .....	180,778,482		180,778,482					
19.3,19.4	Commercial auto liability .....								
21.	Auto physical damage .....	50,176,119		50,176,119					
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							
32.	Reinsurance-nonproportional assumed liability .....	XXX							
33.	Reinsurance-nonproportional assumed financial lines .....	XXX							
34.	Aggregate write-ins for other lines of business .....								
35.	TOTALS .....	230,954,601		230,954,601					
DETAILS OF WRITE-INS									
3401.	.....								
3402.	.....								
3403.	.....								
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....								
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above) .....								

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses				Incurred But Not Reported			8	9
		1	2	3	4	5	6	7		
Line of Business		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 +5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
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 .....								(a)	
14.	Credit accident and health (group and individual) .....									
15.	Other accident and health .....								(a)	
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 .....	76,120,042		76,120,042		86,816,000		86,816,000		
19.3,19.4	Commercial auto liability .....									
21.	Auto physical damage .....	4,169,415		4,169,415		1,096,000		1,096,000		
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				
32.	Reinsurance-nonproportional assumed liability .....	XXX				XXX				
33.	Reinsurance-nonproportional assumed financial lines .....	XXX				XXX				
34.	Aggregate write-ins for other lines of business .....									
35.	TOTALS .....	80,289,457		80,289,457		87,912,000		87,912,000		
DETAILS OF WRITE-INS										
3401.	.....									
3402.	.....									
3403.	.....									
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....									
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above) .....									

(a) Including \$ .....for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct .....	27,929,441			27,929,441
1.2 Reinsurance assumed .....				
1.3 Reinsurance ceded .....	27,929,441			27,929,441
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) .....				
2. Commission and brokerage:				
2.1 Direct, excluding contingent .....		85,566,704		85,566,704
2.2 Reinsurance assumed, excluding contingent .....				
2.3 Reinsurance ceded, excluding contingent .....		67,901,987		67,901,987
2.4 Contingent-direct .....				
2.5 Contingent-reinsurance assumed .....				
2.6 Contingent-reinsurance ceded .....				
2.7 Policy and membership fees .....				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....		17,664,717		17,664,717
3. Allowances to manager and agents .....				
4. Advertising .....				
5. Boards, bureaus and associations .....		67,140		67,140
6. Surveys and underwriting reports .....		49,248		49,248
7. Audit of assureds' records .....				
8. Salary and related items:				
8.1 Salaries .....		7,508,930		7,508,930
8.2 Payroll taxes .....		356,774		356,774
9. Employee relations and welfare .....		258,236		258,236
10. Insurance .....		334,917		334,917
11. Directors' fees .....		50,000		50,000
12. Travel and travel items .....		485,221		485,221
13. Rent and rent items .....		922,607		922,607
14. Equipment .....		322,467		322,467
15. Cost or depreciation of EDP equipment and software .....		335,861		335,861
16. Printing and stationery .....		52,481		52,481
17. Postage, telephone and telegraph, exchange and express .....		196,634		196,634
18. Legal and auditing .....		262,059		262,059
19. Totals (Lines 3 to 18) .....		11,202,575		11,202,575
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		7,102,958		7,102,958
20.2 Insurance department licenses and fees .....		47,752		47,752
20.3 Gross guaranty association assessments .....				
20.4 All other (excluding federal and foreign income and real estate) .....				
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....		7,150,710		7,150,710
21. Real estate expenses .....				
22. Real estate taxes .....				
23. Reimbursements by uninsured plans .....				
24. Aggregate write-ins for miscellaneous expenses .....				
25. Total expenses incurred .....		36,018,002	(a)	36,018,002
26. Less unpaid expenses-current year .....		394,740		394,740
27. Add unpaid expenses-prior year .....		545,169		545,169
28. Amounts receivable relating to uninsured plans, prior year .....				
29. Amounts receivable relating to uninsured plans, current year .....				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		36,168,431		36,168,431
DETAILS OF WRITE-INS				
2401. ....				
2402. ....				
2403. ....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....				
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				

(a) Includes management fees of \$ 10,886,805 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a).....291,500	.....351,752
1.1 Bonds exempt from U.S. tax .....	(a).....	.....
1.2 Other bonds (unaffiliated) .....	(a).....411,585	.....417,288
1.3 Bonds of affiliates .....	(a).....	.....
2.1 Preferred stocks (unaffiliated) .....	(b).....	.....
2.11 Preferred stocks of affiliates .....	(b).....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....
3. Mortgage loans .....	(c).....	.....
4. Real estate .....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e).....792	.....792
7. Derivative instruments .....	(f).....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....(769,832)
10. Total gross investment income .....	703,877	
11. Investment expenses .....		(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....
13. Interest expense .....		(h).....387,753
14. Depreciation on real estate and other invested assets .....		(i).....
15. Aggregate write-ins for deductions from investment income .....		.....
16. Total deductions (Lines 11 through 15) .....		.....387,753
17. Net investment income (Line 10 minus Line 16) .....		(387,753)
<b>DETAILS OF WRITE-INS</b>		
0901. INCOME CREDITED FOR FUNDS HELD.....		.....(769,832)
0902. ....		.....
0903. ....		.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....		.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....		.....(769,832)
1501. ....		.....
1502. ....		.....
1503. ....		.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....		.....
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		.....

(a) Includes \$ .....35,843 accrual of discount less \$ .....31,510 amortization of premium and less \$ .....2,869 paid for accrued interest on purchases.  
(b) Includes \$ .....accrual of discount less \$ .....amortization of premium and less \$ .....paid for accrued dividends on purchases.  
(c) Includes \$ .....accrual of discount less \$ .....amortization of premium and less \$ .....paid for accrued interest on purchases.  
(d) Includes \$ .....for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
(e) Includes \$ .....accrual of discount less \$ .....amortization of premium and less \$ .....paid for accrued interest on purchases.  
(f) Includes \$ .....accrual of discount less \$ .....amortization of premium.  
(g) Includes \$ .....investment expenses and \$ .....investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ .....interest on surplus notes and \$ ..... interest on capital notes.  
(i) Includes \$ .....depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....					
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....					
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....					

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans .....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
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 .....			
24. Health care and other amounts receivable.....			
25. Aggregate write-ins for other-than-invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27)			
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. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

(a) Description of Business

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. A substantial portion 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.

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

	SSAP #	F/S Page	F/S Line #	December 31, 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) Use of Estimates in the Preparation of the Financial Statements

The Company prepares its statutory financial statements in conformity with the NAIC *Annual Statement Instructions*. The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and losses and expenses during the reporting period. Actual results could differ from those estimates.

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates, based on reports received from ceding companies for reinsurance, and an amount for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and adjustments are reflected in the period determined.

(c) Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods and are based on reports received from ceding companies for reinsurance. Certain assets designated as non-admitted are excluded from the statutory balance sheet and changes in such amounts are charged or credited directly to unassigned surplus. Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

Invested assets are valued according to statutory requirements and the basis of valuation adopted by the NAIC.

(1) Short term investments are stated at amortized cost.

(2) Bonds not backed by other loans are stated at amortized cost using the interest method.

(3) – (5) Not applicable.

(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.

(7) – (9) Not applicable.

(10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts – Premiums.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates, based on reports received from managing general agents, and an amount for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and adjustments are reflected in the period determined.

(12) – (13) Not applicable.

NOTES TO FINANCIAL STATEMENTS

(d) Going Concern

According to management’s evaluation, as of December 31, 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 12/31/2018 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 \$17,512.
- b) The aggregate related fair value of securities with unrealized losses equals \$13,848,183.

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

- c) The aggregate amount of unrealized losses total \$19,698.
- d) The aggregate related fair value of securities with unrealized losses equals \$987,525.

- (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
- (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.

	Gross Restricted							8	Percentage	
	Current Year					6	7			
	1	2	3	4	5					
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
j. On deposit with states	\$ 75,000	-	-	-	\$ 75,000	\$ 75,000	\$ -	\$ 75,000	0.1%	0.1%
o. Total Restricted Assets	\$ 75,000	-	-	-	\$ 75,000	\$ 75,000	\$ -	\$ 75,000	0.1%	0.1%

- (m) Working Capital Finance Investments: Not Applicable.

NOTES TO FINANCIAL STATEMENTS

- (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**

- (a) Surplus excludes due and accrued investment income if amounts are over 90 days past due.
- (b) At December 31, 2018 the Company had no past due accrued investment income.

8. **Derivative Instruments:** Not applicable.

9. **Income Taxes**

- (a) 1. Not applicable.
- 2. The Company follows Statements of Statutory Accounting Principles (SSAP) No. 10R, *Income Taxes*. The Company did not recognize any admitted deferred tax assets or liabilities at December 31, 2018 or 2017. The Company’s federal tax return is not consolidated with any other entities. The Company’s federal income tax expense for the years ended December 31, 2018 and 2017 was approximately \$0.00 and (\$1,018), respectively.
- 3. Not applicable.
- 4. Not applicable.
- (b) Not applicable.
- (c) Not applicable.
- (d) Not applicable.
- (e) Not applicable.
- (f) Not applicable.

10. **Information Concerning Parent, Subsidiaries and Affiliates**

Management of the Company is provided under the terms of a management contract until the year 2036. The management contract provides that the Manager shall promote, develop, and manage the business of the Company for a management fee. This fee is based upon statutory net income before management fee of the Company, and subject to certain surplus adjustments. Should the Company incur a net loss, no compensation would be paid to the Manager, and the Manager would forego all future compensation until the Company has net income to offset the prior net losses. However, in no event shall the management fee reduce the total Policyholder Surplus of the Company below the greatest of (1) Five Million Dollars (\$5,000,000.00); (2) one-third (1/3) of net retained writings of the Company, over the previous twelve (12) months; or (3) the minimum surplus required by law.

The management contract is held by Old American Services LLC. Management fee expense incurred by the Company for the years ended December 31, 2018 and 2017 was \$10,886,805 and \$10,528,639, respectively.

11. **Debt**

In 2006, the Company obtained approval from the Texas Department of Insurance to increase its required surplus from \$2 million to \$5 million through the issuance of a subordinated surplus note payable. The note payable provides for interest on the unpaid principal balance at the annual rate of 8.25% and calls for principal payments due only if in excess of the surplus floor of \$5,000,000. Repayment of the principal balance is due on December 31, 2033. The payment of interest and principal is payable out of statutory surplus, payable only if in excess of the surplus floor, as defined in the note agreement and is subject to the approval of the Commissioner of Insurance of the State of Texas. The surplus note payable at December 31, 2018 and 2017 was \$4,700,000. The Company did not make any payments of principal in 2018 or 2017. Interest paid on the surplus note for the years ended December 31, 2018 and 2017 was \$387,750.

The note payable provides, among other items, that in the event of any liquidation or sale of assets or business, reinsurance, or winding up which is involuntary in nature, the instrument will be subordinate to the rights attributable to the insurance policies of the Company, but shall be prior and superior entitlement to the distribution of assets remaining after reinsurance or transfer of policies and reserves and payment of expenses of liquidation or sale to the rights of any security holder of the Company.

12. **Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans:** Not applicable.

13. **Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**  
The minimum required surplus of the Company at December 2018 and 2017 was \$5,000,000.

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.



NOTES TO FINANCIAL STATEMENTS

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities: 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

The Company writes personal automobile liability and physical damage insurance policies through non-exclusive contractual agreements, which delegate marketing, underwriting, policy servicing, and claim handling responsibilities to managing general agents.

During 2018, net written premiums of \$369,301,696 before policy fees were written by 18 active and 2 run-off managing general agents.

The net written premium for virtually all of the managing general agents exceeded 5% of the Company’s surplus. The top ten managing general agents for premium written during 2018 are as follows:

Name	Address	FEIN	Total Direct	
			Premiums Written	/ Produced by
Windhaven Insurance Services, LLC	8550 NW 33rd St., Ste 400, Doral FL 33122	47-3099015	\$ 71,334,975	
Connect MGA	3700 W15th St., Ste 200A Plano, TX 75075	45-1475095	52,804,423	
United Group Underwriters	1313 NW 167th St. Miami, FL 33169	26-0180489	41,629,244	
AmWINS Specialty Auto, Inc.	2600 N CentralExpy #700 Richardson, TX 75080	74-3009541	38,414,232	
Lonestar Managing General Agency, Inc.	10715 Plano Road, Ste. 200 Dallas TX 75238	20-1008449	26,164,971	
Venture General Agency LLC	P.O. Box 1970, Marble Falls, TX 78654	80-1816944	24,705,192	
Acceptance Insurance Agency of TN	3813 Green Hills Village Dr. Nashville, TN 37215	62-1552707	22,690,479	
Tejas Seguros LLC	4500 Fuller Dr., Ste 400 Dallas, TX 75038	27-3029234	22,477,378	
Louis A. Williams and Associates, Inc.	907 East Grand Avenue Marshall, TX 75670	75-1469549	19,903,416	
Empower MGA, Inc.	P.O. Box 137089 Ft. Worth, TX 76136	20-0734630	16,021,833	

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 December 31, 2018:

Description for each asset class	Level 1	Level 2	Level 3	Total
Bonds				
Governments	\$ 23,039,482	—	—	23,039,482
Industrial & Misc.(Unaf)	—	17,581,994	—	17,581,994
Total assets at fair value	23,039,482	17,581,994	—	40,621,476

Fair Value Measurements at December 31, 2017:

Description for each asset class	Level 1	Level 2	Level 3	Total
Bonds				
Governments	\$ 20,658,243	—	—	20,658,243
Industrial & Misc.(Unaf)	—	19,371,775	—	19,371,775
Total assets at fair value	20,658,243	19,371,775	—	40,030,018

- 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 December 31, 2018:

		Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3
Bonds	\$	40,621,476	40,691,787	23,039,482	17,581,994	—
Cash, cash equivalents and short-term investments		19,448,765	19,448,765	19,448,765	—	—
Cash and invested assets		60,070,241	60,140,552	42,448,247	17,581,994	—

The fair value and admitted assets of the Company’s financial instruments at December 31, 2017:

		Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3
Bonds	\$	40,030,018	40,095,964	20,658,242	19,371,775	—
Cash, cash equivalents and short-term investments		8,779,511	8,779,511	8,779,511	—	—
Cash and invested assets		48,809,529	48,875,475	29,437,753	19,371,775	—

D. Not applicable.

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.
- (g) *Insurance-Linked Securities (ILS) Contracts:* Not applicable

22. Events Subsequent: None.

23. Reinsurance

- (a) *Unsecured Reinsurance Recoverables*

The Company has unsecured aggregate recoverables, for paid and unpaid losses, including IBNR, loss adjustment expenses and unearned premium from the following reinsurers that exceed 3% of the Company’s policyholders’ surplus as of December 31, 2018:

<u>Name of Reinsurer</u>	<u>NAIC #</u>	<u>FEIN#</u>	<u>Amount</u>
Dorinco Reinsurance Company	33499	38-2145898	61,398,000
Endurance Reinsurance Corp.	11551	35-2293075	8,790,000
The General Automobile Insurance Co.	13703	26-2465659	567,000
Liberty Mutual Insurance Company	23043	04-1543470	4,935,000
Maiden Reinsurance North America, Inc.	11054	43-1898350	17,340,000
Markel Global Reins.	10829	06-1481194	1,605,000
NGM Insurance Company	14788	02-0170490	39,274,000
Partner Re Company of the US	38636	13-3031176	415,000
Tokio Millennium Re AG US Branch	15529	30-0703280	19,027,000

- (b) *Reinsurance Recoverable in Dispute:* Not applicable.

NOTES TO FINANCIAL STATEMENTS

(c) Reinsurance Assumed and Ceded

The Company has various quota-share and excess of loss reinsurance agreements with reinsurers. A summary of significant amounts for direct insurance less deductions for reinsurance ceded affecting the accompanying statutory financial statements is as follows (in thousands):

	2018		2017	
	Direct	Ceded	Direct	Ceded
Reserves for losses and loss				
adjustment expenses	\$ 192,109	\$ 192,109	\$ 215,253	\$ 215,253
Unearned premium reserve	112,526	112,526	104,849	104,849
Premiums earned	361,626	361,802	373,675	373,830
Losses and loss adjustment				
expenses incurred	239,922	239,922	319,382	319,382

The Company remains liable to its policyholders for all of its policy obligations and the reinsuring companies are obligated to the Company to the extent of the reinsured portion of the risks.

Due to the nature of the Company's reinsurance programs, a concentration of risk exists with four reinsurers having in excess of 5% of the Company's total net recoverables in 2018. These four reinsurers account for approximately 91% of total net recoverables from reinsurers. Net recoverables from reinsurers rated A or better accounted for virtually all of the net recoverables in 2018.

During 2018, the Company obtained collateral of cash, trust accounts and letters of credit totaling \$239.8 Million to offset the overall reinsurance credit risk. If the counter parties to these reinsurance contracts completely failed to perform under these contracts, which management believes is a remote possibility, the potential loss to the Company is the amount of the uncollateralized reserves for losses and loss adjustment expenses, reinsurance recoverables, reinsurance payables, and unearned premium from these reinsurers of approximately \$86.5 Million.

- (d) Uncollectible Reinsurance: Not applicable.
- (e) Commutation of Ceded Reinsurance: None.
- (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.
- (j) Reinsurance Agreements Qualifying for Reinsurer Aggregation: Not applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination: Not applicable.

25. Changes in Incurred Losses and Loss Adjustment Expenses

Activity in the liability for losses and loss adjustment expenses is summarized as follows (in thousands):

	2018	2017
Gross balance at beginning of year	\$ 215,253	\$ 193,403
Less ceded loss and loss adjustment expenses	(215,253)	(193,403)
Net balance at beginning of year	-	-
Claims incurred during the year related to:		
Current year	-	-
Prior years	-	-
Total claims incurred (recovered)	-	-
Claims paid during the year related to:		
Current year	-	-
Prior years	-	-
Total claims paid	-	-
Net balance at end of year	-	-
Add ceded loss and loss adjustment expenses	192,109	215,253
Gross balance at end of year	\$ 192,109	\$ 215,253

26. Intercompany Pooling Arrangements: Not applicable.

27. Structured Settlements: Not applicable.

28. Health Care Receivables: Not applicable.

NOTES TO FINANCIAL STATEMENTS

- 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.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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?  
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [ X ] No [ ]
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ] No [ ] N/A [ ]
- 1.3

State Regulating? TEXAS.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ X ] No [ ]
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

.....
- 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 [ X ]
- 2.2

If yes, date of change:

.....
- 3.1

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

.....12/31/2015
- 3.2

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
- 3.3

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
- 3.4

By what department or departments? THE TEXAS DEPARTMENT OF INSURANCE.....
- 3.5

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

Yes [ ] No [ ] N/A [ X ]
- 3.6

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

Yes [ X ] No [ ] N/A [ ]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes [ ] No [ X ]
- 5.2

If yes, provide the name of the 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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1

Has the 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 [ X ]
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ X ] No [ ]
- 7.2

If yes,  
7.21 State the percentage of foreign control  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

.....100.0 %

1 Nationality	2 Type of Entity
BERMUDA.....	HOLDING COMPANY.....
.....	.....
.....	.....
.....	.....
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]  
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 [ X ]  
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
DELOITTE & TOUCHE LLP, JPMORGAN CHASE TOWER, 2200 ROSS AVENUE, SUITE 1600, DALLAS, TX 75201.....  
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]  
10.2 If the response to 10.1 is yes, provide information related to this exemption:  
  
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]  
10.4 If the response to 10.3 is yes, provide information related to this exemption:  
  
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]  
10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
WILLIS TOWERS WATSON / SALEH LALANI, 5420 LBJ FREEWAY, SUITE 800, DALLAS, TEXAS 75240-6290.....  
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]  
12.11 Name of real estate holding company .....  
12.12 Number of parcels involved .....  
12.13 Total book/adjusted carrying value \$.....  
12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:  
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
  
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]  
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]  
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ X ]  
14.1 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.  
14.11 If the response to 14.1 is no, please explain:  
  
14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]  
14.21 If the response to 14.2 is yes, provide information related to amendment(s)  
  
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]  
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [ ] No [ X ]
- 24.02 If no, give full and complete information, relating thereto
- ALL SECURITIES ARE HELD IN CUSTODY.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [ X ] No [ ]
- 25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$.....

25.22

Subject to reverse repurchase agreements

\$.....

25.23

Subject to dollar repurchase agreements

\$.....

25.24

Subject to reverse dollar repurchase agreements

\$.....

25.25

Placed under option agreements

\$.....

25.26

Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

\$.....

25.27

FHLB Capital Stock

\$.....

25.28

On deposit with states

\$.....75,000

25.29

On deposit with other regulatory bodies

\$.....

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$.....

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$.....

25.32

Other

\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]
- 26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [ ] No [ ] N/A [ X ]
- 27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [ X ]
- 27.2

If yes, state the amount thereof at December 31 of the current year.

\$.....
28.

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 [ ]

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

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

28.02 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)
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [ ] No [ X ]
- 28.04

If yes, give full and complete information relating thereto:

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

28.05 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.....
.....	.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 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 CRD# 105900.....	NEW ENGLAND ASSET MANAGEMENT , INC.....	KUR85E5PS4G0FZTFC130.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
29.2999 TOTAL		.....

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	40,691,786	40,621,476	(70,310)
30.2 Preferred Stocks.....			
30.3 Totals	40,691,786	40,621,476	(70,310)

30.4 Describe the sources or methods utilized in determining the fair values:

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. INVESTMENTS NOT VALUED BY THE NAIC SVO ARE OBTAINED FROM INDEPENDENT PRICING SERVICE VENDORS.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ X ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
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 5GI securities?

Yes [ ☐ ] No [ ☒ ]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities?

Yes [ ☐ ] No [ ☒ ]

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ .....229,449
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
INSURANCE SERVICE ORGANIZATION.....	\$.....165,443

- 36.1 Amount of payments for legal expenses, if any?

\$ .....65,716
- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
MITCHELL, WILLIAMS, SELIG, GATES & WOODY.....	\$.....60,000

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ .....
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]
1.2 If yes, indicate premium earned on U. S. business only. \$
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
1.31 Reason for excluding
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$
1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$
1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$
1.62 Total incurred claims \$
1.63 Number of covered lives
All years prior to most current three years:
1.64 Total premium earned \$
1.65 Total incurred claims \$
1.66 Number of covered lives
1.7 Group policies:
Most current three years:
1.71 Total premium earned \$
1.72 Total incurred claims \$
1.73 Number of covered lives
All years prior to most current three years:
1.74 Total premium earned \$
1.75 Total incurred claims \$
1.76 Number of covered lives
2. Health Test:
2.1 Premium Numerator \$
2.2 Premium Denominator \$ 36,405,755
2.3 Premium Ratio (2.1/2.2)
2.4 Reserve Numerator \$
2.5 Reserve Denominator \$
2.6 Reserve Ratio (2.4/2.5)
3.1 Does the reporting entity issue both participating and non-participating policies? Yes [ ] No [ X ]
3.2 If yes, state the amount of calendar year premiums written on:
3.21 Participating policies \$
3.22 Non-participating policies \$
4. For Mutual reporting entities and Reciprocal Exchanges only:
4.1 Does the reporting entity issue assessable policies? Yes [ ] No [ X ]
4.2 Does the reporting entity issue non-assessable policies? Yes [ ] No [ X ]
4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? %
4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$
5. For Reciprocal Exchanges Only:
5.1 Does the exchange appoint local agents? Yes [ ] No [ X ]
5.2 If yes, is the commission paid:
5.21 Out of Attorney's-in-fact compensation Yes [ ] No [ ] N/A [X]
5.22 As a direct expense of the exchange Yes [ ] No [ ] N/A [X]
5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?
5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [ ] No [ X ]
5.5 If yes, give full information

GENERAL INTERROGATORIES  
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: .....

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: .....

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?.....

6.4

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?.....

Yes [ ] No [ X ]

6.5

If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophe loss

7.1

Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?.....

Yes [ ] No [ X ]

7.2

If yes, indicate the number of reinsurance contracts containing such provisions.....

7.3

If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?.....

Yes [ ] No [ X ]

8.1

Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?.....

Yes [ ] No [ X ]

8.2

If yes, give full information

9.1

Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  

(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;

(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;

(c) Aggregate stop loss reinsurance coverage;

(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;

(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or

(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.....

Yes [ ] No [ X ]

9.2

Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  

(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or

(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

Yes [ X ] No [ ]

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  

(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;

(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and

(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  

(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or

(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [ ] No [ X ]

9.5

If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  

(a) The entity does not utilize reinsurance; or,

(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or

(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [ ] No [ X ]

10.

If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

Yes [ ] No [ ] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force: Yes [ ] No [ X ]
11.2 If yes, give full information
12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
12.11 Unpaid losses \$
12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$
12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$
12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [ ] No [ ] N/A [X]
12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
12.41 From %
12.42 To %
12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [ ] No [ X ]
12.6 If yes, state the amount thereof at December 31 of current year:
12.61 Letters of Credit \$
12.62 Collateral and other funds \$
13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$
13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [ ] No [ X ]
13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.
14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract? Yes [ ] No [ X ]
14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [ ] No [ ]
14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [ ]
14.5 If the answer to 14.4 is no, please explain:
15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [ X ]
15.2 If yes, give full information
16.1 Does the reporting entity write any warranty business? Yes [ ] No [ X ]
If yes, disclose the following information for each of the following types of warranty coverage:

	1	2	3	4	5
	Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	\$	\$	\$	\$
16.14 Other*	\$	\$	\$	\$	\$

\* Disclose type of coverage:

GENERAL INTERROGATORIES  
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance? ..... Yes [   ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11	Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance.....	\$.....
17.12	Unfunded portion of Interrogatory 17.11.....	\$.....
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$.....
17.14	Case reserves portion of Interrogatory 17.11.....	\$.....
17.15	Incurred but not reported portion of Interrogatory 17.11.....	\$.....
17.16	Unearned premium portion of Interrogatory 17.11.....	\$.....
17.17	Contingent commission portion of Interrogatory 17.11.....	\$.....

18.1 Do you act as a custodian for health savings accounts? ..... Yes [   ] No [ X ]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$.....

18.3 Do you act as an administrator for health savings accounts? ..... Yes [   ] No [ X ]

18.4 If yes, please provide the balance of the funds administered as of the reporting date. .... \$.....

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [   ] No [   ]

19.1 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 [   ]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	265,169,741	271,077,737	256,649,057	222,672,561	252,409,512
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	104,131,954	107,703,371	122,800,292	112,410,828	117,718,944
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	36,581,632	39,522,076	40,157,176	36,954,313	43,005,445
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	405,883,327	418,303,184	419,606,525	372,037,702	413,133,901
<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	(175,877)	(154,626)	(144,900)	(140,700)	(110,250)
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	36,581,632	39,522,076	40,157,176	36,954,313	43,005,445
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	36,405,755	39,367,450	40,012,276	36,813,613	42,895,195
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 8)	387,753	386,737	380,768	387,755	370,421
14. Net investment gain (loss) (Line 11)	(387,753)	(387,755)	(387,749)	(387,755)	(387,750)
15. Total other income (Line 15)					
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)		(1,018)	(6,981)		(17,329)
18. Net income (Line 20)					
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	155,287,011	146,680,338	126,542,089	71,066,658	65,241,631
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	22,615,479	23,259,111	19,157,609	16,458,376	12,187,492
20.2 Deferred and not yet due (Line 15.2)	52,769,451	54,271,260	44,701,089	38,402,879	36,562,476
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	150,287,011	141,680,338	121,542,089	66,066,658	60,241,631
22. Losses (Page 3, Line 1)				1,200	1,200
23. Loss adjustment expenses (Page 3, Line 3)				375	27,387
24. Unearned premiums (Page 3, Line 9)					
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11)	1,641,627	(1,420,983)	769,783	(1,013,690)	565,549
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
29. Authorized control level risk-based capital	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	67.7	82.0			
31. Stocks (Lines 2.1 & 2.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	32.3	18.0	100.0	100.0	100.0
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total Investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
(Continued)					
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24) .....					
52. Dividends to stockholders (Line 35) .....					
53. Change in surplus as regards policyholders for the year (Line 38) .....					
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	180,778,482	193,857,983	187,171,956	181,663,211	211,098,350
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	50,176,119	69,553,367	85,787,234	67,821,451	66,669,323
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
59. Total (Line 35) .....	230,954,601	263,411,350	272,959,190	249,484,662	277,767,673
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....			616		7,389
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....				(12)	
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
65. Total (Line 35) .....			616	(12)	7,389
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....			0.0	0.0	0.0
68. Loss expenses incurred (Line 3) .....			0.0	(0.1)	0.0
69. Other underwriting expenses incurred (Line 4) .....	98.9	99.0	99.1	99.0	99.1
70. Net underwriting gain (loss) (Line 8) .....	1.1	1.0	1.0	1.1	0.9
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	98.9	99.0	99.1	99.0	99.1
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....			0.0	(0.1)	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	728.1	787.3	800.2	736.3	
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) .....			(1)	(28)	
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....			0.0	(0.6)	
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....		(1)	(29)	(28)	(8)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....		0.0	(0.6)	(0.6)	(0.2)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain





ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 04762		BUSINESS IN THE STATE OF Texas				DURING THE YEAR 2018				NAIC Company Code 29378			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
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 Plan 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) .....	473,398	531,537		228,193	265,291	215,543	191,238	6,318	(5,421)	10,519	109,686	9,166
19.2	Other private passenger auto liability .....	264,696,343	258,494,002		78,562,540	180,513,191	164,955,087	162,744,804	3,430,400	347,701	15,712,457	61,329,785	5,125,259
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....												
21.1	Private passenger auto physical damage .....	104,131,954	102,600,068		33,734,848	50,176,119	46,821,865	5,265,415	464,596	472,411	722,408	24,127,233	2,016,285
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 .....	36,581,632	36,581,632										
35.	TOTAL (a) .....	405,883,327	398,207,239		112,525,581	230,954,601	211,992,495	168,201,457	3,901,314	814,691	16,445,384	85,566,704	7,150,710
DETAILS OF WRITE-INS													
3401.	GROSS POLICY FEES .....	36,581,632	36,581,632										
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) .....	36,581,632	36,581,632										

(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 ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 04762		BUSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2018				NAIC Company Code 29378			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
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 Plan 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) .....	473,398	531,537		228,193	265,291	215,543	191,238	6,318	(5,421)	10,519	109,686	9,166
19.2	Other private passenger auto liability .....	264,696,343	258,494,002		78,562,540	180,513,191	164,955,087	162,744,804	3,430,400	347,701	15,712,457	61,329,785	5,125,259
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....												
21.1	Private passenger auto physical damage .....	104,131,954	102,600,068		33,734,848	50,176,119	46,821,865	5,265,415	464,596	472,411	722,408	24,127,233	2,016,285
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 .....	36,581,632	36,581,632										
35.	TOTAL (a) .....	405,883,327	398,207,239		112,525,581	230,954,601	211,992,495	168,201,457	3,901,314	814,691	16,445,384	85,566,704	7,150,710
DETAILS OF WRITE-INS													
3401.	GROSS POLICY FEES .....	36,581,632	36,581,632										
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) .....	36,581,632	36,581,632										

(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 ..... and number of persons insured under indemnity only products .....

Schedule F - Part 1

NONE

Schedule F - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsur- ance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recover- able From Reinsurers Cols. 15 - [17 + 18]	Funds Held By Company Under Reinsurance Treaties
Authorized - Affiliates - U.S. Non-Pool - Other																			
61-0533007	11665	OLD AMER IND CO	KY	2				7		4	1			12				12	
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other																			
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total																			
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates																			
Authorized - Other U.S. Unaffiliated Insurers																			
13-3333609	32220	21ST CENTURY N AMER INS CO	NY	2	(3)			28	25	69	12			134				134	
75-2701220	10807	ACCC INS CO	TX	2	2,102	161	2	506	143	427		191		1,430		33		1,397	2
06-0237820	20699	ACE PROP & CAS INS CO	PA	2				1		1				2				2	
34-1385465	42609	AFFIRMATIVE INS CO	IL	2				30		483	19			532				532	652
36-2661954	10103	AMERICAN AGRICULTURAL INS CO	IN	2				5		8	1			14				14	
06-1430254	10348	ARCH REINS CO	DE	2				20		19	7			46				46	
39-0712210	18767	CHURCH MUT INS CO	WI	2				9		6	2			17				17	
62-1695059	42781	DIRECT GEN INS CO	IN	2	1,995	131	23	254		442	98	1,355		2,303		259		2,044	114
38-2145898	33499	DORINCO REINS CO	MI	2	81,414	3,833	682	15,106	53	13,141	3,965	24,618		61,398		24,983		36,415	
42-0234980	21415	EMPLOYERS MUT CAS CO	IA	2				9		6	2			17				17	
35-2293075	11551	ENDURANCE ASSUR CORP	DE	2	12,390	374	105	1,899	1	1,901	512	3,998		8,790		3,715		5,075	
62-1613506	10336	FIRST ACCEPTANCE INS CO INC	TX	2	22,690			4,006	97	5,983	1,227	5,623		16,936		4,794		12,142	1,187
61-0392792	22993	KENTUCKY FARM BUR MUT INS CO	KY	2				5		4	1			10				10	
04-1543470	23043	LIBERTY MUT INS CO	MA	2	8,334	203	36	598	2	667	165	3,264		4,935		2,970		1,965	
43-1898350	11054	MAIDEN REINS N AMER INC	MO	2	21,410	1,131	112	3,062		7,059	1,567	4,409		17,340		4,956		12,384	8,926
06-1481194	10829	MARKEL GLOBAL REINS CO	DE	2		74		694		667	170			1,605				1,605	
75-1767545	40150	MGA INS CO INC	TX	2	138			30		26	9	32		97		38		59	
75-2248748	31810	MIDDLE STATES INS CO INC	OK	2	1,990	93	13	397		323	108	622		1,556		545		1,011	
31-4259550	14621	MOTORISTS MUT INS CO	OH	2				5		4	1			10				10	
02-0170490	14788	NGM INS CO	FL	2	46,305	1,669	333	8,921	64	8,804	2,552	16,931		39,274		15,516		23,758	
13-3031176	38636	PARTNER REINS CO OF THE US	NY	2		34	5	97		236	43			415				415	
31-1379882	25405	SAFE AUTO INS CO	OH	2						98	12			110				110	
75-1444207	30058	SCOR REINS CO	NY	2		1		23	1	5	3			33				33	
26-2465659	13703	THE GEN AUTOMOBILE INS CO INC	WI	2	573					22	4	541		567		550		17	
30-0703280	15529	TOKIO MILLENNIUM RE AG (US BRANCH)	NY	2	14,739	1,573	134	4,528	67	6,050	1,459	5,216		19,027		5,612		13,415	
75-1976074	13781	US LLOYDS INS CO	TX	2	6,479			1,212		215	272	3,421		5,120		2,841		2,279	27
13-1290712	20583	XL REINS AMER INC	NY	2		2		26		37	9			74				74	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					220,556	9,279	1,445	41,471	453	46,703	12,220	70,221		181,792		66,812		114,980	10,908
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					220,556	9,279	1,445	41,478	453	46,707	12,221	70,221		181,804		66,812		114,992	10,908
Unauthorized - Affiliates - Other (Non-U.S.) - Other																			
30-0708277	00000	Orpheus Re	BMU	2	1,921	124	18	745	25	538	131	816		2,397		778		1,619	
2099999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Other					1,921	124	18	745	25	538	131	816		2,397		778		1,619	
2199999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Total					1,921	124	18	745	25	538	131	816		2,397		778		1,619	
2299999 - Total Unauthorized - Affiliates - Total Unauthorized - Affiliates					1,921	124	18	745	25	538	131	816		2,397		778		1,619	
Unauthorized - Other U.S. Unaffiliated Insurers																			
88-0510281	12303	NATIONSBUILDERS INS CO	DC	2				58		12	9			79				79	208
AA-3191295	00000	Third Point Reins (USA) Ltd	BMU	2				23		11	6			40				40	
65-0145688	35319	UNITED AUTOMOBILE INS CO	FL	2	41,629			10,625	3,260	8,842		16,781		39,508				39,508	40,982
2399999 - Total Unauthorized - Other U.S. Unaffiliated Insurers					41,629			10,706	3,260	8,865	15	16,781		39,627				39,627	41,190
Unauthorized - Other non-U.S. Insurers																			
AA-1460019	00000	MS Amlin AG	CHE	2	3,189	264	22	1,133	6	1,157	263	393		3,238		393		2,845	
AA-1460018	00000	Catlin Re Switzerland Ltd	CHE	2	16,400	983	108	5,116		4,743	1,168	2,876		14,994		2,689		12,305	
		Corinthian Re SPC	CYM	2	10,885	409	118	965		1,588	364	6,034		9,478		6,178		3,300	2,282
AA-3770280	00000	GREENLIGHT REINS LTD	CYM	2				28		43	71			71				71	
AA-3191190	00000	Hamilton Re Ltd	BMU	2	1,379	62	10	357	7	354	79	177		1,046		177		869	
AA-3190958	00000	JRG REINS CO LTD	BMU	2	18,854	2,330	115	5,858	52	8,820	2,049	1,641		20,865		2,180		18,685	
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR	2	176														
AA-1780078	00000	PARTNER REINS EUROPE SE	IRL	2				9			1			10				10	31
AA-5320039	00000	Peak Reins Co Ltd	HKG	2	19,999	983	168	2,544	2	3,126	802	6,310		13,935		6,541		7,394	
AA-3191298	00000	Qatar Reins Co Ltd	BMU	2	23,746	1,631	220	4,888	10	6,357	1,489	5,311		19,906		5,852		14,054	
AA-1120145	00000	QBE REINS (UK) LTD	GBR	2	1,459	154		865	1	858	232			2,110				2,110	

## 22.1

## 22.1

## 22.1

## 22.1

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
Authorized - Affiliates - U.S. Non-Pool - Other																	
61-0533007...	TOLD AMER IND CO.						12		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999 - Total	Authorized - Affiliates - U.S. Non-Pool - Other			XXX			12		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 - Total	Authorized - Affiliates - U.S. Non-Pool - Total			XXX			12		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 - Total	Authorized - Affiliates - Total Authorized - Affiliates			XXX			12								XXX		
Authorized - Other U.S. Unaffiliated Insurers																	
13-3333609...	21ST CENTURY N AMER INS CO.						134		134	161		161		161	3		8
75-2701220...	ACCC INS CO.					35	1,395		1,430	1,716	35	1,681		1,681	7		168
06-0237820...	ACE PROP & CAS INS CO.						2		2	2		2		2	1		
34-1385465...	AFFIRMATIVE INS CO.					532			532	638	638				7		
36-2661954...	AMERICAN AGRICULTURAL INS CO.						14		14	17		17		17	3		1
06-1430254...	ARCH REINS CO.						46		46	55		55		55	2		2
39-0712210...	CHURCH MUT INS CO.						17		17	20		20		20	3		1
62-1695059...	DIRECT GEN INS CO.					373	1,930		2,303	2,764	373	2,391		2,391	4		127
38-2145898...	DORINCO REINS CO.					24,983	36,415		61,398	73,678	24,983	48,695		48,695	3		2,337
42-0234980...	EMPLOYERS MUT CAS CO.						17		17	20		20		20	3		1
35-2293075...	ENDURANCE ASSUR CORP.					3,715	5,075		8,790	10,548	3,715	6,833		6,833	2		280
62-1613506...	FIRST ACCEPTANCE INS CO INC.					5,981	10,955		16,936	20,323	5,981	14,342		14,342	6		2,008
61-0392792...	KENTUCKY FARM BUR MUT INS CO.						10		10	12		12		12	3		1
04-1543470...	LIBERTY MUT INS CO.					2,970	1,965		4,935	5,922	2,970	2,952		2,952	3		142
43-1898350...	MAIDEN REINS N AMER INC.					13,882	3,458		17,340	20,808	13,882	6,926		6,926	3		332
06-1481194...	MARKEL GLOBAL REINS CO.						1,605		1,605	1,926		1,926		1,926	5		137
75-1767545...	MGA INS CO INC.					38	59		97	116	38	78		78	5		6
75-2248748...	MIDDLE STATES INS CO INC.					545	1,011		1,556	1,867	545	1,322		1,322	4		70
31-4259550...	MOTORISTS MUT INS CO.						10		10	12		12		12	3		1
02-0170490...	NGM INS CO.					15,516	23,758		39,274	47,129	15,516	31,613		31,613	3		1,517
13-3031176...	PARTNER REINS CO OF THE US.						415		415	498		498		498	7		50
31-1379882...	SAFE AUTO INS CO.						110		110	132		132		132	2		5
75-1444207...	SCOR REINS CO.						33		33	40		40		40	1		1
26-2465659...	THE GEN AUTOMOBILE INS CO INC.					550	17		567	680	550	130		130	7		13
30-0703280...	TOKIO MILLENNIUM RE AG (US BRANCH)					5,612	13,415		19,027	22,832	5,612	17,220		17,220	1		620
75-1976074...	US LLOYDS INS CO.					2,868	2,252		5,120	6,144	2,868	3,276		3,276	3		157
13-1290712...	XL REINS AMER INC.						74		74	89		89		89	3		4
0999999 - Total	Authorized - Other U.S. Unaffiliated Insurers			XXX		77,600	104,192		181,792	218,150	77,706	140,444		140,444	XXX		7,989
1499999 - Total	Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999 and 1299999)			XXX		77,600	104,204		181,792	218,150	77,706	140,444		140,444	XXX		7,989
Unauthorized - Affiliates - Other (Non-U.S.) - Other																	
30-0708277...	Orpheus Re.				2,701	2,397			2,397	2,876	778	2,098	2,098		6	105	
2099999 - Total	Unauthorized - Affiliates - Other (Non-U.S.) - Other			XXX	2,701	2,397			2,397	2,876	778	2,098	2,098		XXX	105	
2199999 - Total	Unauthorized - Affiliates - Other (Non-U.S.) - Total			XXX	2,701	2,397			2,397	2,876	778	2,098	2,098		XXX	105	
2299999 - Total	Unauthorized - Affiliates - Total Unauthorized - Affiliates			XXX	2,701	2,397			2,397	2,876	778	2,098	2,098		XXX	105	
Unauthorized - Other U.S. Unaffiliated Insurers																	
88-0510281...	NATIONSBUILDERS INS CO.					79			79	95	95				6		
AA-3191295...	Third Point Reins (USA) Ltd.		485	0012		40			40	48		48	48	48	4	2	
65-0145688...	UNITED AUTOMOBILE INS CO.				40,970	39,508			39,508	47,410	40,982	6,428	6,428		6	321	
2399999 - Total	Unauthorized - Other U.S. Unaffiliated Insurers	485	XXX		40,970	39,627			39,627	47,552	41,077	6,476	6,476		XXX	324	
Unauthorized - Other non-U.S. Insurers																	
AA-1460019...	MS Amfin AG.		3,818	0001		3,238			3,238	3,886	393	3,493	3,493		3	168	
AA-1460018...	Catlin Re Switzerland Ltd.		15,224	0002		14,994			14,994	17,993	2,689	15,304	15,224	80	2	624	3

## SCHEDULE F - PART 3 (Continued)

**(Credit Risk)**

## 23.1

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44  Total Recoverable on Paid Losses & LAE  Amounts in Dispute Included in Col. 43	45  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE  Amounts Not in Dispute (Cols. 43 – 44)	47  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 – 45)	48  Amounts Received Prior 90 Days	49  Percentage Overdue Col. 42/Col. 43	50  Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/ [Cols. 46 + 48])	51  Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52  Is the Amount in Col. 50 Less Than 20% (Yes or No)	53  Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37	Overdue					43											
			38	39	40	41	42												
		Current	1 – 29 Days	30 – 90 Days	91 – 120 Days	Over 120 Days	Total Overdue Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)											
Authorized - Affiliates - U.S. Non-Pool - Other																			
61-0533007	OLD AMER IND CO																	YES	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other																	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool - Total																	XXX	
0899999	Total Authorized - Affiliates - Total Authorized - Affiliates																	XXX	
Authorized - Other U.S. Unaffiliated Insurers																			
13-3333609	21ST CENTURY N AMER INS CO	.163						.163			.163							YES	
75-2701220	ACCC INS CO																	YES	
06-0237820	ACE PROP & CAS INS CO																	YES	
34-1385465	AFFIRMATIVE INS CO																	YES	
36-2661954	AMERICAN AGRICULTURAL INS CO																	YES	
06-1430254	ARCH REINS CO																	YES	
39-0712210	CHURCH MUT INS CO																	YES	
62-1695059	DIRECT GEN INS CO	.154						.154			.154							YES	
38-2145898	DORINCO REINS CO	4,032	483				483	4,515			4,515			10.698				YES	
42-0234980	EMPLOYERS MUT CAS CO																	YES	
35-2293075	ENDURANCE ASSUR CORP	.479						.479			.479							YES	
62-1613506	FIRST ACCEPTANCE INS CO INC																	YES	
61-0392792	KENTUCKY FARM BUR MUT INS CO																	YES	
04-1543470	LIBERTY MUT INS CO	.239						.239			.239							YES	
43-1898350	MAIDEN REINS N AMER INC	1,243						1,243			1,243							YES	
06-1481194	MARKEL GLOBAL REINS CO	.63	.11				.11	.74			.74			14.865				YES	
75-1767545	MGA INS CO INC																	YES	
75-2248748	MIDDLE STATES INS CO INC	.107						.107			.107							YES	
31-4259550	MOTORISTS MUT INS CO																	YES	
02-0170490	NGM INS CO	2,002						2,002			2,002							YES	
13-3031176	PARTNER REINS CO OF THE US	2	.37				.37	.39			.39			94.872				YES	
31-1379882	SAFE AUTO INS CO																	YES	
75-1444207	SCOR REINS CO	.1						.1			.1							YES	
26-2465659	THE GEN AUTOMOBILE INS CO INC																	YES	
30-0703280	TOKIO MILLENNIUM RE AG (US BRANCH)	1,173	.534				.534	1,707			1,707			31.283				YES	
75-1976074	US LLOYDS INS CO																	YES	
13-1290712	XL REINS AMER INC	.2						.2			.2							YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	9,660	1,065				1,065	10,725			10,725			9.930				XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	9,660	1,065				1,065	10,725			10,725			9.930				XXX	
Unauthorized - Affiliates - Other (Non-U.S.) - Other																			
30-0708277	Orpheus Re	.142						.142			.142							YES	
2099999	Total Unauthorized - Affiliates - Other (Non-U.S.) - Other	.142						.142			.142							XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.) - Total	.142						.142			.142							XXX	
2299999	Total Unauthorized - Affiliates - Total Unauthorized - Affiliates	.142						.142			.142							XXX	
Unauthorized - Other U.S. Unaffiliated Insurers																			
88-0510281	NATIONSBUILDERS INS CO																	YES	
AA-3191295	Third Point Reins (USA) Ltd																	YES	
65-0145688	UNITED AUTOMOBILE INS CO																	YES	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers																	XXX	



## SCHEDULE F - PART 3 (Continued)

### (Aging of Ceded Reinsurance)

## 24.1

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance												Complete if Col. 52 = "No"; Otherwise Enter 0			69  Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
		54  Certified Reinsurer Rating (1 through 6)	55  Effective Date of Certified Reinsurer Rating	56  Percent Collateral Required for Full Credit (0% through 100%)	57  Catastrophe Recoverables Qualifying for Collateral Deferral	58  Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	59  Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60  Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+Col. 22+Col. 24]/Col. 58)	61  Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63  Amount of Credit Allowed for Net Recoverables (Col. 57+[Col. 58 * Col. 61])	64  Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	65  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66  Total Collateral Provided (Col. 20+Col. 21+Col.22+ Col. 24; not to Exceed Col. 63)	67  Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	68  20% of Amount in Col. 67	
Authorized - Affiliates - U.S. Non-Pool - Other																	
61-0533007	TOLD AMER IND CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other																	
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total																	
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates																	
Authorized - Other U.S. Unaffiliated Insurers																	
13-3333609	21ST CENTURY N AMER INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-2701220	ACCC INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-0237820	ACE PROP & CAS INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34-1385465	AFFIRMATIVE INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36-2661954	AMERICAN AGRICULTURAL INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254	ARCH REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39-0712210	CHURCH MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
62-1695059	DIRECT GEN INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38-2145898	DORINCO REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980	EMPLOYERS MUT CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35-2293075	ENDURANCE ASSUR CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
62-1613506	FIRST ACCEPTANCE INS CO INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
61-0392792	KENTUCKY FARM BUR MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04-1543470	LIBERTY MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43-1898350	MAIDEN REINS N AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1481194	MARKEL GLOBAL REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-1767545	MGA INS CO INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-2248748	MIDDLE STATES INS CO INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-4259550	MOTORISTS MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
02-0170490	NGM INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-3031176	PARTNER REINS CO OF THE US	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-1379882	SAFE AUTO INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-1444207	SCOR REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
26-2465659	THE GEN AUTOMOBILE INS CO INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30-0703280	TOKIO MILLENNIUM RE AG (US BRANCH)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-1976074	US LLOYDS INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1290712	XL REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers																	
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																	
Unauthorized - Affiliates - Other (Non-U.S.) - Other																	
30-0708277	Orpheus Re	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2099999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Other																	
2199999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Total																	
2299999 - Total Unauthorized - Affiliates - Total Unauthorized - Affiliates																	
Unauthorized - Other U.S. Unaffiliated Insurers																	
88-0510281	NATIONSBUILDERS INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191295	Third Point Reins (USA) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
65-0145688	UNITED AUTOMOBILE INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2399999 - Total Unauthorized - Other U.S. Unaffiliated Insurers																	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Complete if Col. 52 = "No"; Otherwise Enter 0			69
		54  Certified Reinsurer Rating (1 through 6)	55  Effective Date of Certified Reinsurer Rating	56  Percent Collateral Required for Full Credit (0% through 100%)	57  Catastrophe Recoverables Qualifying for Collateral Deferral	58  Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	59  Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60  Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+Col. 22+Col. 24]/Col. 58)	61  Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63  Amount of Credit Allowed for Net Recoverables (Col. 57+[Col. 58 * Col. 61])	64  Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	65  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66	67	68	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)			
														Total Collateral Provided (Col. 20+Col. 21+Col.22+ Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	20% of Amount in Col. 67				
Unauthorized - Other non-U.S. Insurers																				
AA-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1460018	Catlin Re Switzerland Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	Corinthian Re SPC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3770280	GREENLIGHT REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3190958	JRG REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128001	LLOYD'S SYNDICATE NUMBER 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1780078	PARTNER REINS EUROPE SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-5320039	Peak Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3191298	Qatar Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1120145	QBE REINS (UK) LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3191179	THIRD POINT REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1460023	Tokio Millennium Re AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3191250	Watford Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2699999 - Total Unauthorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)		XXX	XXX	XXX				XXX	XXX											
9999999 Totals		XXX	XXX	XXX				XXX	XXX											

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71  Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72  Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73  Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74  Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or [Col. 40 + 41] * 20%)	75  Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76  Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77  Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78  Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Authorized - Affiliates - U.S. Non-Pool - Other										
61-0533007	OLD AMER IND CO		XXX	XXX				XXX	XXX	
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other										
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total										
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates										
Authorized - Other U.S. Unaffiliated Insurers										
13-3333609	21ST CENTURY N AMER INS CO		XXX	XXX				XXX	XXX	
75-2701220	ACCC INS CO		XXX	XXX				XXX	XXX	
06-0237820	ACE PROP & CAS INS CO		XXX	XXX				XXX	XXX	
34-1385465	AFFIRMATIVE INS CO		XXX	XXX				XXX	XXX	
36-2661954	AMERICAN AGRICULTURAL INS CO		XXX	XXX				XXX	XXX	
06-1430254	ARCH REINS CO		XXX	XXX				XXX	XXX	
39-0712210	CHURCH MUT INS CO		XXX	XXX				XXX	XXX	
62-1695059	DIRECT GEN INS CO		XXX	XXX				XXX	XXX	
38-2145898	DORINCO REINS CO		XXX	XXX				XXX	XXX	
42-0234980	EMPLOYERS MUT CAS CO		XXX	XXX				XXX	XXX	
35-2293075	ENDURANCE ASSUR CORP		XXX	XXX				XXX	XXX	
62-1613506	FIRST ACCEPTANCE INS CO INC		XXX	XXX				XXX	XXX	
61-0392792	KENTUCKY FARM BUR MUT INS CO		XXX	XXX				XXX	XXX	
04-1543470	LIBERTY MUT INS CO		XXX	XXX				XXX	XXX	
43-1898350	MAIDEN REINS N AMER INC		XXX	XXX				XXX	XXX	
06-1481194	MARKEL GLOBAL REINS CO		XXX	XXX				XXX	XXX	
75-1767545	MGA INS CO INC		XXX	XXX				XXX	XXX	
75-2248748	MIDDLE STATES INS CO INC		XXX	XXX				XXX	XXX	
31-4259550	MOTORISTS MUT INS CO		XXX	XXX				XXX	XXX	
02-0170490	NGM INS CO		XXX	XXX				XXX	XXX	
13-3031176	PARTNER REINS CO OF THE US		XXX	XXX				XXX	XXX	
31-1379882	SAFE AUTO INS CO		XXX	XXX				XXX	XXX	
75-1444207	SCOR REINS CO		XXX	XXX				XXX	XXX	
26-2465659	THE GEN AUTOMOBILE INS CO INC		XXX	XXX				XXX	XXX	
30-0703280	TOKIO MILLENNIUM RE AG (US BRANCH)		XXX	XXX				XXX	XXX	
75-1976074	US LLOYDS INS CO		XXX	XXX				XXX	XXX	
13-1290712	XL REINS AMER INC		XXX	XXX				XXX	XXX	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers										
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)										
Unaffiliated - Affiliates - Other (Non-U.S.) - Other										
30-0708277	Orpheus Re				XXX	XXX	XXX		XXX	
2099999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Other										
2199999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Total										
2299999 - Total Unauthorized - Affiliates - Total Unauthorized - Affiliates										
Unaffiliated - Other U.S. Unaffiliated Insurers										
88-0510281	NATIONSBUILDERS INS CO				XXX	XXX	XXX		XXX	
AA-3191295	Third Point Reins (USA) Ltd				XXX	XXX	XXX		XXX	
65-0145688	UNITED AUTOMOBILE INS CO				XXX	XXX	XXX		XXX	
2399999 - Total Unauthorized - Other U.S. Unaffiliated Insurers										

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71  Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72  Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73  Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74  Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or [Col. 40 + 41] * 20%)	75  Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76  Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77  Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78  Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Unauthorized - Other non-U.S. Insurers										
AA-1460019	MS Amlin AG				XXX	XXX	XXX		XXX	
AA-1460018	Catlin Re Switzerland Ltd				XXX	XXX	XXX		XXX	
	Corinthian Re SPC				XXX	XXX	XXX		XXX	
AA-3770280	GREENLIGHT REINS LTD				XXX	XXX	XXX		XXX	
AA-3191190	Hamilton Re Ltd				XXX	XXX	XXX		XXX	
AA-3190958	JRG REINS CO LTD				XXX	XXX	XXX		XXX	
AA-1128001	LLOYD'S SYNDICATE NUMBER 2001				XXX	XXX	XXX		XXX	
AA-1780078	PARTNER REINS EUROPE SE				XXX	XXX	XXX		XXX	
AA-5320039	Peak Reins Co Ltd				XXX	XXX	XXX		XXX	
AA-3191298	Qatar Reins Co Ltd				XXX	XXX	XXX		XXX	
AA-1120145	QBE REINS (UK) LTD				XXX	XXX	XXX		XXX	
AA-3191179	THIRD POINT REINS CO LTD				XXX	XXX	XXX		XXX	
AA-1460023	Tokio Millennium Re AG				XXX	XXX	XXX		XXX	
AA-3191250	Watford Re Ltd				XXX	XXX	XXX		XXX	
2699999 - Total Unauthorized - Other Non-U.S. Insurers					XXX	XXX	XXX		XXX	
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					XXX	XXX	XXX		XXX	
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)										
9999999 Totals										

## 27

## 27

27

27

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	<u>Name of Reinsurer</u>	<u>Commission Rate</u>	<u>Ceded Premium</u>
1.	ACCC INS CO.....	31.000	2,102
2.	DIRECT GENERAL INS CO.....	22.000	1,995
3.	DORINCO REINS CO.....	22.250	81,414
4.	MIDDLE STATES INS CO INC.....	22.250	1,990
5.	UNITED AUTOMOBILE INS CO.....	27.750	41,629

Report the five largest reinsurance recoverables reported in Schedule F, Part 3.Column 15, due from any one reinsurer (based on-the total recoverables), Schedule F, Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	<u>Name of Reinsurer</u>	<u>Total Recoverables</u>	<u>Ceded Premiums</u>	<u>Affiliated</u>
6.	DORINCO REINS CO.....	61,398	81,414	Yes [ ] No [ X ]
7.	JRG REINS CO LTD.....	20,865	18,854	Yes [ ] No [ X ]
8.	NGM INS CO.....	39,274	46,305	Yes [ ] No [ X ]
9.	QATAR REINS CO LTD.....	19,906	23,746	Yes [ ] No [ X ]
10.	UNITED AUTOMOBILE INS CO.....	39,508	41,629	Yes [ ] No [ X ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance			
	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	60,140,551		60,140,551
2. Premiums and considerations (Line 15)	75,384,930		75,384,930
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	19,393,174	(19,393,174)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	243,613		243,613
6. Net amount recoverable from reinsurers	124,743	175,994,312	176,119,055
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	155,287,011	156,601,138	311,888,149
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)		192,108,841	192,108,841
10. Taxes, expenses, and other obligations (Lines 4 through 8)	394,740		394,740
11. Unearned premiums (Line 9)		112,525,581	112,525,581
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	93,478,550	(93,478,550)	
15. Funds held by company under reinsurance treaties (Line 13)	54,411,291	(54,411,291)	
16. Amounts withheld or retained by company for account of others (Line 14)	143,443	(143,443)	
17. Provision for reinsurance (Line 16)			
18. Other liabilities	1,858,987		1,858,987
19. Total liabilities excluding protected cell business (Line 26)	150,287,011	156,601,138	306,888,149
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	5,000,000	X X X	5,000,000
22. Totals (Line 38)	155,287,011	156,601,138	311,888,149

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?    Yes [    ] No [ X ]

If yes, give full explanation:



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES  
SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior	XXX	XXX	XXX	170	170	3	3	1	1			XXX
2. 2009	452,896	455,364	(2,468)	298,328	298,350	18,727	18,722	19,841	19,841		(17)	XXX
3. 2010	495,109	497,846	(2,737)	346,489	346,474	24,878	24,878	22,517	22,517		15	XXX
4. 2011	484,282	486,269	(1,987)	325,706	325,706	21,966	21,966	25,266	25,266			XXX
5. 2012	479,345	479,345		347,170	347,170	22,165	22,165	26,911	26,911			XXX
6. 2013	477,873	477,873		307,973	307,973	17,226	17,226	22,398	22,398			XXX
7. 2014	380,555	380,665	(110)	254,296	254,296	6,286	6,286	26,142	26,142			XXX
8. 2015	336,430	336,571	(141)	234,203	234,203	3,812	3,812	24,346	24,346			XXX
9. 2016	371,350	371,495	(145)	263,047	263,047	3,022	3,022	28,527	28,527			XXX
10. 2017	373,676	373,831	(155)	212,187	212,187	1,213	1,213	31,793	31,793			XXX
11. 2018	361,626	361,802	(176)	108,283	108,283	698	698	17,215	17,215			XXX
12. Totals	XXX	XXX	XXX	2,697,852	2,697,859	119,996	119,991	244,957	244,957		(2)	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. ....	20	20			2	2							XXX
2. ....	20	20	4	4	8	8	1	1					XXX
3. ....	44	44	3	3	10	10	1	1	1	1			XXX
4. ....	96	96	3	3	12	12	2	2	1	1			XXX
5. ....	210	210	546	546	21	21	28	28	10	10			XXX
6. ....	513	513	231	231	26	26	49	49	24	24			XXX
7. ....	1,415	1,415	598	598	198	198	106	106	53	53			XXX
8. ....	2,842	2,842	2,133	2,133	521	521	270	270	140	140			XXX
9. ....	9,038	9,038	6,919	6,919	1,101	1,101	839	839	525	525			XXX
10. ....	19,610	19,610	22,341	22,341	718	718	3,117	3,117	1,793	1,793			XXX
11. ....	46,481	46,481	55,134	55,134	1,209	1,209	8,206	8,206	4,915	4,915			XXX
12. ....	80,289	80,289	87,912	87,912	3,826	3,826	12,619	12,619	7,462	7,462			XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. ....	xxx	xxx	xxx	xxx	xxx	xxx			xxx		
2. ....	336,929	336,946	(17)	74.4	74.0	0.7					
3. ....	393,943	393,928	15	79.6	79.1	(0.5)					
4. ....	373,052	373,052		77.0	76.7						
5. ....	397,061	397,061		82.8	82.8						
6. ....	348,440	348,440		72.9	72.9						
7. ....	289,094	289,094		76.0	75.9						
8. ....	268,267	268,267		79.7	79.7						
9. ....	313,018	313,018		84.3	84.3						
10. ....	292,772	292,772		78.3	78.3						
11. ....	242,141	242,141		67.0	66.9						
12. ....	xxx	xxx	xxx	xxx	xxx	xxx			xxx		

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	137	136	150	131	131	132	104	104	104	104		
2. 2009	14	14	1	(26)	(15)	(16)	(16)	(17)	(17)	(17)		
3. 2010	XXX		(1)	24	15	15	15	15	15	15		
4. 2011	XXX	XXX		10								
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	000	77	72	104	104	104	104	104	104	104	XXX	XXX
2. 2009			(86)	(37)	(24)	(17)	(17)	(17)	(17)	(17)	XXX	XXX
3. 2010	XXX		(20)	15	15	15	15	15	15	15	XXX	XXX
4. 2011	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	87	18	3							
2. 2009	14		24							
3. 2010	XXX		5							
4. 2011	XXX	XXX		10						
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO  
LIABILITY/MEDICAL

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12  Number of Claims Reported Direct and Assumed	
	1  Direct and Assumed	2  Ceded	3  Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received		11  Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior	XXX	XXX	XXX	147	147	2	2					XXX
2. 2009	306,897	309,365	(2,468)	222,362	222,384	13,790	13,785	15,786	15,786		(17)	107,296
3. 2010	340,864	343,601	(2,737)	271,394	271,379	18,622	18,622	17,877	17,877		15	128,406
4. 2011	337,151	339,138	(1,987)	250,861	250,861	15,422	15,422	20,297	20,297			115,674
5. 2012	330,175	330,175		261,685	261,685	15,194	15,194	20,634	20,634			107,886
6. 2013	325,551	325,551		228,697	228,697	12,137	12,137	16,456	16,456			115,893
7. 2014	258,651	258,761	(110)	186,815	186,815	5,293	5,293	18,566	18,566			86,255
8. 2015	222,610	222,751	(141)	164,462	164,462	3,399	3,399	17,408	17,408			83,997
9. 2016	249,344	249,489	(145)	175,367	175,367	2,433	2,433	19,664	19,664			92,679
10. 2017	264,247	264,402	(155)	148,388	148,388	898	898	22,389	22,389			70,416
11. 2018	259,026	259,202	(176)	67,295	67,295	503	503	12,700	12,700			63,177
12. Totals	XXX	XXX	XXX	1,977,473	1,977,480	87,693	87,688	181,777	181,777		(2)	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	20	20			2	2							
2.	14	14			8	8	1	1					1
3.	44	44	(1)	(1)	10	10	1	1	1	1			2
4.	96	96	3	3	12	12	2	2	1	1			5
5.	208	208	546	546	19	19	28	28	10	10			4
6.	513	513	215	215	26	26	49	49	24	24			21
7.	1,411	1,411	597	597	196	196	106	106	53	53			59
8.	2,839	2,839	2,107	2,107	521	521	269	269	139	139			174
9.	9,027	9,027	7,004	7,004	1,099	1,099	835	835	521	521			618
10.	19,575	19,575	22,812	22,812	666	666	3,094	3,094	1,755	1,755			2,563
11.	42,373	42,373	53,533	53,533	989	989	7,790	7,790	4,232	4,232			10,119
12.	76,120	76,120	86,816	86,816	3,548	3,548	12,175	12,175	6,736	6,736			13,566

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	251,961	251,978	(17)	82.1	81.5	0.7					
3.	307,948	307,933	15	90.3	89.6	(0.5)					
4.	286,694	286,694		85.0	84.5						
5.	298,324	298,324		90.4	90.4						
6.	258,117	258,117		79.3	79.3						
7.	213,037	213,037		82.4	82.3						
8.	191,144	191,144		85.9	85.8						
9.	215,950	215,950		86.6	86.6						
10.	219,577	219,577		83.1	83.0						
11.	189,415	189,415		73.1	73.1						
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK  
LIABILITY/MEDICAL

(\$000 OMITTED)												
Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed			
1. Prior	XXX	XXX	XXX									XXX
2. 2009	1,030	1,030		551	551	96	96					6
3. 2010	290	290		200	200			1	1			10
4. 2011	37	37		10	10	1	1					
5. 2012				(2)	(2)							
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX	759	759	97	97	1	1			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded					
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	647	647		62.8	62.8						
3.	201	201		69.3	69.3						
4.	11	11		29.7	29.7						
5.	(2)	(2)									
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	(448)	(448)	146	146	(14)	(14)			XXX
2. 2017	109,429	109,429		63,799	63,799	315	315	9,404	9,404			36,857
3. 2018	102,600	102,600		40,988	40,988	195	195	4,515	4,515			22,443
4. Totals	XXX	XXX	XXX	104,339	104,339	656	656	13,905	13,905			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded	Direct and Assumed	Ceded			
1.	26	26	(34)	(34)	6	6	5	5	5	5			14
2.	35	35	(471)	(471)	52	52	23	23	38	38			117
3.	4,108	4,108	1,601	1,601	220	220	416	416	683	683			1,689
4.	4,169	4,169	1,096	1,096	278	278	444	444	726	726			1,820

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	73,195	73,195		66.9	66.9						
3.	52,726	52,726		51.4	51.4						
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	59	59	73	(5,644)	(5,644)	(5,643)	(5,671)	(5,671)	(5,671)	(5,671)		
2. 2009	14		1	(26)	(15)	(16)	(16)	(17)	(17)	(17)		
3. 2010	XXX		(1)	24	15	15	15	15	15	15		
4. 2011	XXX	XXX		10								
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	77	77										
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2D- WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
2. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX
3. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
4. Totals												

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
2. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX
3. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
4. Totals												

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
2. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX
3. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
4. Totals												

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
2. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX
3. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
4. Totals												

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2009												
3. 2010	.XXX											
4. 2011	.XXX	.XXX										
5. 2012	.XXX	.XXX	.XXX									
6. 2013	.XXX	.XXX	.XXX	.XXX								
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX							
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
9. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
10. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX
11. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	.000.											
2. 2009												
3. 2010	.XXX											
4. 2011	.XXX	.XXX										
5. 2012	.XXX	.XXX	.XXX									
6. 2013	.XXX	.XXX	.XXX	.XXX								
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX							
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
9. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
10. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
11. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.000.		(5)	(5,671)	(5,671)	(5,671)	(5,671)	(5,671)	(5,671)	(5,671)	4,064	1,970
2. 2009			(86)	(37)	(24)	(17)	(17)	(17)	(17)	(17)	57,291	50,004
3. 2010	.XXX		(20)	15	15	15	15	15	15	15	67,969	60,435
4. 2011	.XXX	.XXX									58,884	56,785
5. 2012	.XXX	.XXX	.XXX								57,695	50,187
6. 2013	.XXX	.XXX	.XXX	.XXX							60,935	54,937
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX						43,297	42,899
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					41,929	41,894
9. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				45,813	46,248
10. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			33,106	34,747
11. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		22,254	30,804

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.000.	77	77									
2. 2009											4	2
3. 2010	.XXX										9	1
4. 2011	.XXX	.XXX										
5. 2012	.XXX	.XXX	.XXX									
6. 2013	.XXX	.XXX	.XXX	.XXX								
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX							
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
9. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
10. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
11. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			

SCHEDULE P - PART 3D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior	.000.											
2. 2009												
3. 2010	.XXX											
4. 2011	.XXX	.XXX										
5. 2012	.XXX	.XXX	.XXX									
6. 2013	.XXX	.XXX	.XXX	.XXX								
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX							
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
9. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
10. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
11. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000.											
2. 2009												
3. 2010	.XXX											
4. 2011	.XXX	.XXX										
5. 2012	.XXX	.XXX	.XXX									
6. 2013	.XXX	.XXX	.XXX	.XXX								
7. 2014	.XXX	.XXX	.XXX	.XXX	.XXX							
8. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
9. 2016	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
10. 2017	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
11. 2018	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 3I - SPECIAL PROPERTY  
(FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			29,694	14,322
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			20,690	16,050
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		12,447	8,307

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2009											XXX	XXX
3. 2010	XXX										XXX	XXX
4. 2011	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	9	9	3							
2. 2009	14		24							
3. 2010	XXX		5							
4. 2011	XXX	XXX		10						
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	78									
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 4I - SPECIAL PROPERTY  
(FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	56,623	46,299	46,136	44,544	80	24	4	7		
2. 2009	41,902	51,795	55,178	55,743	56,211	56,556	56,718	57,004	57,291	57,291
3. 2010	XXX	47,384	59,877	62,567	63,940	64,960	65,494	66,334	67,157	67,969
4. 2011	XXX	XXX	40,282	48,802	51,883	53,620	54,709	56,130	57,514	58,884
5. 2012	XXX	XXX	XXX	33,345	44,808	47,914	50,246	52,917	55,334	57,695
6. 2013	XXX	XXX	XXX	XXX	37,039	45,761	49,719	53,973	57,646	60,935
7. 2014	XXX	XXX	XXX	XXX	XXX	28,112	34,759	38,339	41,218	43,297
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	23,290	31,526	36,886	41,929
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,246	35,849	45,813
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,960	33,106
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,254

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	3,440	957	320	136	62	19	13	4	1	
2. 2009	21,112	2,531	792	365	122	58	8	3	4	1
3. 2010	XXX	22,677	4,044	1,418	375	165	54	12	8	2
4. 2011	XXX	XXX	24,183	3,244	958	359	91	76	15	5
5. 2012	XXX	XXX	XXX	21,575	2,835	1,209	297	323	28	4
6. 2013	XXX	XXX	XXX	XXX	16,075	2,794	836	399	101	21
7. 2014	XXX	XXX	XXX	XXX	XXX	14,745	2,165	807	201	59
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	12,353	2,586	445	174
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,018	2,822	618
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,499	2,563
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,119

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	62,092	71,076	73,228	71,033	39	(5)	6	4	(2)	(1)
2. 2009	105,093	101,318	105,054	105,476	105,842	106,218	106,496	106,863	107,225	107,296
3. 2010	XXX	119,555	121,130	122,055	122,854	124,068	125,016	126,149	127,283	128,406
4. 2011	XXX	XXX	110,963	103,392	105,324	107,155	108,983	111,784	113,714	115,674
5. 2012	XXX	XXX	XXX	92,977	90,971	93,776	96,979	101,029	104,324	107,886
6. 2013	XXX	XXX	XXX	XXX	91,757	92,163	97,735	104,328	110,080	115,893
7. 2014	XXX	XXX	XXX	XXX	XXX	73,790	73,232	77,843	82,293	86,255
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	63,061	67,808	75,173	83,997
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	66,883	76,910	92,679
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53,196	70,416
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63,177

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	2,251	2,064	1,994	1,989						
2. 2009		2	4	4	4	4	4	4	4	4
3. 2010	XXX		9	9	9	9	9	9	9	9
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	79	24	4							
2. 2009		1	1							
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	2,489	2,336	2,301	2,309						
2. 2009		3	7	6	6	6	6	6	6	6
3. 2010	XXX		10	10	10	10	10	10	10	10
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior .....	(4,117)										
2. 2009 .....	1,030										
3. 2010 .....	XXX	290									
4. 2011 .....	XXX	XXX	37								
5. 2012 .....	XXX	XXX	XXX								
6. 2013 .....	XXX	XXX	XXX	XXX							
7. 2014 .....	XXX	XXX	XXX	XXX	XXX						
8. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior .....	(4,117)										
2. 2009 .....	1,030										
3. 2010 .....	XXX	290									
4. 2011 .....	XXX	XXX	37								
5. 2012 .....	XXX	XXX	XXX								
6. 2013 .....	XXX	XXX	XXX	XXX							
7. 2014 .....	XXX	XXX	XXX	XXX	XXX						
8. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior .....											
2. 2009 .....											
3. 2010 .....	XXX										
4. 2011 .....	XXX	XXX									
5. 2012 .....	XXX	XXX	XXX								
6. 2013 .....	XXX	XXX	XXX	XXX							
7. 2014 .....	XXX	XXX	XXX	XXX	XXX						
8. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior .....											
2. 2009 .....											
3. 2010 .....	XXX										
4. 2011 .....	XXX	XXX									
5. 2012 .....	XXX	XXX	XXX								
6. 2013 .....	XXX	XXX	XXX	XXX							
7. 2014 .....	XXX	XXX	XXX	XXX	XXX						
8. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1

Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?  
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

Yes [ ] No [ X ]
- 1.2

What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?

\$ .....
- 1.3

Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [ ] No [ X ]
- 1.4

Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [ ] No [ X ]
- 1.5

If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [ ] No [ ] N/A [ ]
- 1.6

If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior .....		
1.602	2009 .....		
1.603	2010 .....		
1.604	2011 .....		
1.605	2012 .....		
1.606	2013 .....		
1.607	2014 .....		
1.608	2015 .....		
1.609	2016 .....		
1.610	2017 .....		
1.611	2018 .....		
1.612	Totals		

2.

The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?

Yes [ X ] No [ ]
3.

The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?:

Yes [ X ] No [ ]
4.

Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [ ] No [ X ]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5.

What were the net premiums in force at the end of the year for:  
(in thousands of dollars)

5.1 Fidelity

\$ .....

5.2 Surety

\$ .....
6.

Claim count information is reported per claim or per claimant (indicate which). .....CLAIMANT  
If not the same in all years, explain in Interrogatory 7.
- 7.1

The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [ ] No [ X ]
- 7.2

An extended statement may be attached.  
.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories									
States, etc.	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
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	L	405,883,327	398,207,239		230,954,601	211,992,495	168,201,457		
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								
59. Totals	XXX	405,883,327	398,207,239		230,954,601	211,992,495	168,201,457		
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page	XXX								
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX								

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 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 state .....56

(b) Explanation of basis of allocation of premiums by states, etc.

THE COMPANY WRITES IN ONE STATE ( TEXAS ) AND PREMIUMS ARE ALLOCATED AS SUCH.



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

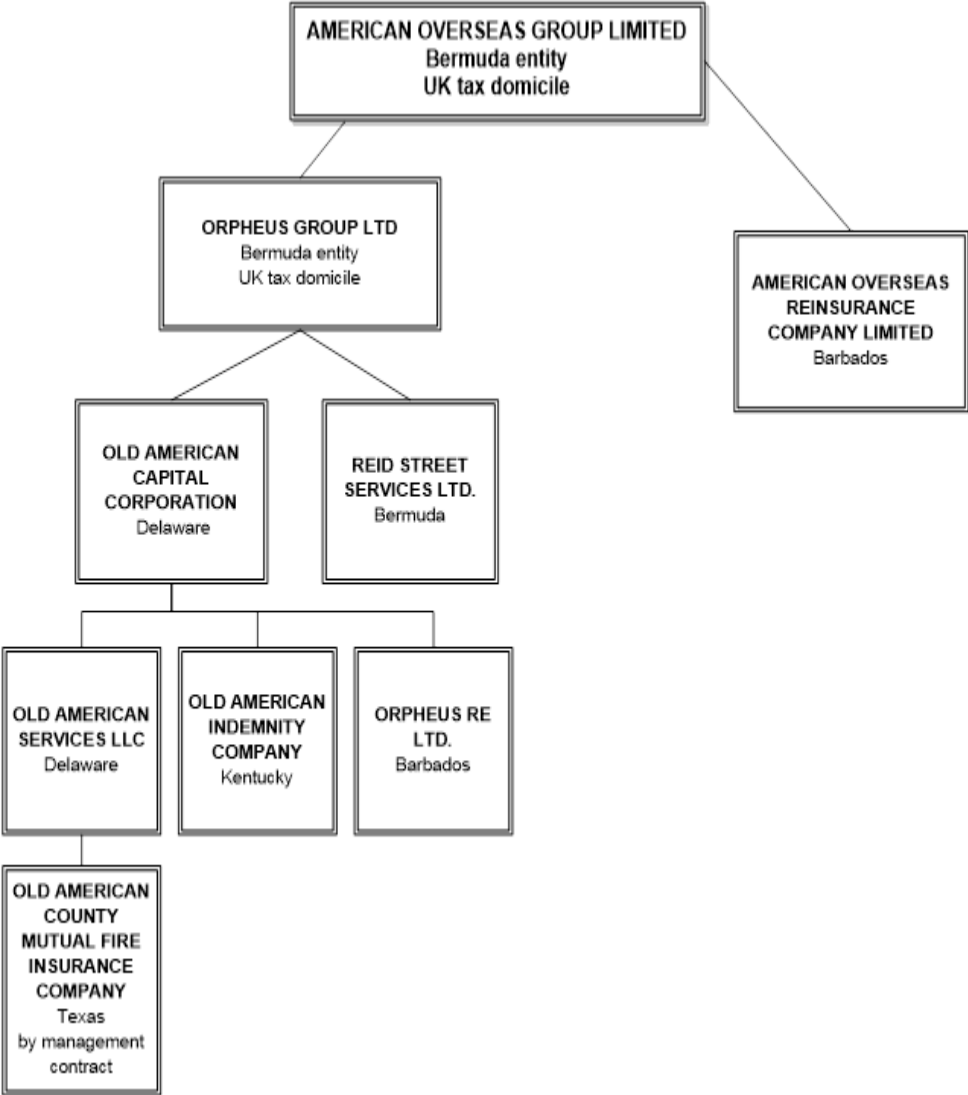
Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
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. District of 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. North Carolina .....	NC .....						
35. North Dakota .....	ND .....						
36. Ohio .....	OH .....						
37. Oklahoma .....	OK .....						
38. Oregon .....	OR .....						
39. Pennsylvania .....	PA .....						
40. Rhode Island .....	RI .....						
41. South Carolina .....	SC .....						
42. South Dakota .....	SD .....						
43. Tennessee .....	TN .....						
44. Texas .....	TX .....						
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. US Virgin Islands .....	VI .....						
56. Northern Mariana Islands .....	MP .....						
57. Canada .....	CAN .....						
58. Aggregate Other Alien .....	OT .....						
59. Totals							

NONE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 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

## 98

## 98

## 98

98

ANNUAL STATEMENT FOR THE YEAR 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 unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING		RESPONSES
1.	Will an actuarial opinion be filed by March 1?	.....YES.....
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....SEE EXPLANATION.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
6.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
MAY FILING		
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....YES.....
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	.....SEE EXPLANATION.....
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....SEE EXPLANATION.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....SEE EXPLANATION.....
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....SEE EXPLANATION.....
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....YES.....
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....YES.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1? .....SEE EXPLANATION.....

APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....

30. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....

31. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....SEE EXPLANATION.....

32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....

33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....

34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....

35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....

36. Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....SEE EXPLANATION.....

AUGUST FILING

37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....YES.....

Explanation:

3. The Company's minimum surplus is determined by the Texas Insurance Code or regulation and is not subject to NAIC RBC.

4. The Company's minimum surplus is determined by the Texas Insurance Code or regulation and is not subject to NAIC RBC.

9. Will be filed by June 30th

12. Not Required

13. Not Required

14. Not Required

15. Not Required

16. Not Required

17. Not Required

19. Not Required

22. Not Required

23. Not Required

24. Not Required

25. Not Required at this time

26. Not Required at this time

27. Not Required at this time

28. Not Required

29. Not Required

30. Not Required

31. Not Required

32. Not Required

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

33. Not Required

34. Not Required

35. Not Required

36. Not Required

Bar Code:

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SUMMARY INVESTMENT SCHEDULE

	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
Investment Categories	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities .....	23,074,813	38.368	23,074,813		23,074,813	38.368
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies .....						
1.22 Issued by U.S. government sponsored agencies .....						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) .....						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations .....						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....						
1.43 Revenue and assessment obligations .....						
1.44 Industrial development and similar obligations.....						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....						
1.512 Issued or guaranteed by FNMA and FHLMC.....						
1.513 All other.....						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521.....						
1.523 All other.....						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) .....	17,616,973	29.293	17,616,973		17,616,973	29.293
2.2 Unaffiliated non-U.S. securities (including Canada).....						
2.3 Affiliated securities.....						
3. Equity interests:						
3.1 Investments in mutual funds .....						
3.2 Preferred stocks:						
3.21 Affiliated .....						
3.22 Unaffiliated .....						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated .....						
3.32 Unaffiliated .....						
3.4 Other equity securities:						
3.41 Affiliated .....						
3.42 Unaffiliated .....						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated .....						
3.52 Unaffiliated .....						
4. Mortgage loans:						
4.1 Construction and land development .....						
4.2 Agricultural .....						
4.3 Single family residential properties .....						
4.4 Multifamily residential properties .....						
4.5 Commercial loans .....						
4.6 Mezzanine real estate loans .....						
5. Real estate investments:						
5.1 Property occupied by company .....						
5.2 Property held for production of income (including \$ .....of property acquired in satisfaction of debt).....						
5.3 Property held for sale (including \$ ..... property acquired in satisfaction of debt) .....						
6. Contract loans .....						
7. Derivatives .....						
8. Receivables for securities .....						
9. Securities Lending (Line 10, Asset Page reinvested collateral).....				XXX.....	XXX.....	XXX.....
10. Cash, cash equivalents and short-term investments .....	19,448,765	32.339	19,448,765		19,448,765	32.339
11. Other invested assets .....						
12. Total invested assets	60,140,551	100.000	60,140,551		60,140,551	100.000



SCHEDULE BA – VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

Table with 13 rows for Schedule BA verification. Line 5.2 contains the text 'NONE'.

SCHEDULE D – VERIFICATION BETWEEN YEARS
Bonds and Stocks

Table with 13 rows for Schedule D verification. Line 11 contains the value 40,691,787.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year					
Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b> Governments (Including all obligations guaranteed by governments)	1. United States .....	23,074,814	23,039,483	23,034,018	23,100,000
	2. Canada .....				
	3. Other Countries				
	4. Totals	23,074,814	23,039,483	23,034,018	23,100,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals				
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and Hybrid Securities (unaffiliated)	8. United States .....	17,616,973	17,581,994	17,662,181	17,588,271
	9. Canada .....				
	10. Other Countries				
	11. Totals	17,616,973	17,581,994	17,662,181	17,588,271
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	40,691,787	40,621,477	40,696,199	40,688,271
<b>PREFERRED STOCKS</b> Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries				
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
<b>COMMON STOCKS</b> Industrial and Miscellaneous (unaffiliated)	20. United States .....				
	21. Canada .....				
	22. Other Countries				
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks				
	26. Total Stocks				
	27. Total Bonds and Stocks	40,691,787	40,621,477	40,696,199	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	15,780,310	7,294,503				XXX	23,074,813	56.7	20,738,641	51.7	23,074,813	
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 Totals	15,780,310	7,294,503				XXX	23,074,813	56.7	20,738,641	51.7	23,074,813	
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals						XXX						

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	6,969,977	10,471,036	175,960			XXX	17,616,973	43.3	19,357,324	48.3	17,616,973	
6.2 NAIC 2						XXX						
6.3 NAIC 3						XXX						
6.4 NAIC 4						XXX						
6.5 NAIC 5						XXX						
6.6 NAIC 6						XXX						
6.7 Totals	6,969,977	10,471,036	175,960			XXX	17,616,973	43.3	19,357,324	48.3	17,616,973	
7. Hybrid Securities												
7.1 NAIC 1						XXX						
7.2 NAIC 2						XXX						
7.3 NAIC 3						XXX						
7.4 NAIC 4						XXX						
7.5 NAIC 5						XXX						
7.6 NAIC 6						XXX						
7.7 Totals						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX						
8.2 NAIC 2						XXX						
8.3 NAIC 3						XXX						
8.4 NAIC 4						XXX						
8.5 NAIC 5						XXX						
8.6 NAIC 6						XXX						
8.7 Totals						XXX						
9. SVO-Designated Securities												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX							
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX							
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX							
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.7 Totals	XXX	XXX	XXX	XXX	XXX							
10. Bank Loans												
10.1 NAIC 1						XXX			XXX	XXX		
10.2 NAIC 2						XXX			XXX	XXX		
10.3 NAIC 3						XXX			XXX	XXX		
10.4 NAIC 4						XXX			XXX	XXX		
10.5 NAIC 5						XXX			XXX	XXX		
10.6 NAIC 6						XXX			XXX	XXX		
10.7 Totals						XXX			XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 22,750,287	17,765,539	175,960				40,691,786	100.0	XXX	XXX	40,691,786	
11.2 NAIC 2	(d)								XXX	XXX		
11.3 NAIC 3	(d)								XXX	XXX		
11.4 NAIC 4	(d)								XXX	XXX		
11.5 NAIC 5	(d)					(c)			XXX	XXX		
11.6 NAIC 6	(d)					(c)			XXX	XXX		
11.7 Totals	22,750,287	17,765,539	175,960			(b) 40,691,786	40,691,786	100.0	XXX	XXX	40,691,786	
11.8 Line 11.7 as a % of Col. 7	55.9	43.7	0.4				100.0	XXX	XXX	XXX	100.0	
12. Total Bonds Prior Year												
12.1 NAIC 1	13,198,351	26,721,604	176,010				XXX	XXX	40,095,965	100.0	40,095,964	
12.2 NAIC 2							XXX	XXX				
12.3 NAIC 3							XXX	XXX				
12.4 NAIC 4							XXX	XXX				
12.5 NAIC 5							XXX	XXX	(c)			
12.6 NAIC 6							XXX	XXX	(c)			
12.7 Totals	13,198,351	26,721,604	176,010				XXX	XXX	(b) 40,095,965	100.0	40,095,964	
12.8 Line 12.7 as a % of Col. 9	32.9	66.6	0.4				XXX	XXX	100.0	XXX	100.0	
13. Total Publicly Traded Bonds												
13.1 NAIC 1	22,750,287	17,765,539	175,960				40,691,786	100.0	40,095,964	100.0	40,691,786	XXX
13.2 NAIC 2												XXX
13.3 NAIC 3												XXX
13.4 NAIC 4												XXX
13.5 NAIC 5												XXX
13.6 NAIC 6												XXX
13.7 Totals	22,750,287	17,765,539	175,960				40,691,786	100.0	40,095,964	100.0	40,691,786	XXX
13.8 Line 13.7 as a % of Col. 7	55.9	43.7	0.4				100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	55.9	43.7	0.4				100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1											XXX	
14.2 NAIC 2											XXX	
14.3 NAIC 3											XXX	
14.4 NAIC 4											XXX	
14.5 NAIC 5											XXX	
14.6 NAIC 6											XXX	
14.7 Totals											XXX	
14.8 Line 14.7 as a % Col. 7								XXX	XXX	XXX	XXX	
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11								XXX	XXX	XXX	XXX	

(a) Includes \$ \_\_\_\_\_ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ \_\_\_\_\_ current year of bonds with Z designations, \$ \_\_\_\_\_ prior year of bonds with Z designations, \$ \_\_\_\_\_ prior year of bonds with Z\* designations. The letter “Z” means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. “Z\*” means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ \_\_\_\_\_ current year of bonds with 5GI designations, \$ \_\_\_\_\_ prior , 5\* or 5GI designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 6\* designations. “5GI\*” means the NAIC designation was assigned by the SVO in reliance on the insurer’s certification that the issuer is current in all principal and interest payments. “6\*” means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) 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 \$ \_\_\_\_\_.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
Distribution by Type	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 11.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments												
1.1 Issuer Obligations .....	15,780,310	7,294,503				XXX	23,074,813	56.7	20,738,641	51.7	23,074,813	
1.2 Residential Mortgage-Backed Securities .....						XXX						
1.3 Commercial Mortgage-Backed Securities .....						XXX						
1.4 Other Loan-Backed and Structured Securities .....						XXX						
1.5 Totals	15,780,310	7,294,503				XXX	23,074,813	56.7	20,738,641	51.7	23,074,813	
2. All Other Governments												
2.1 Issuer Obligations .....						XXX						
2.2 Residential Mortgage-Backed Securities .....						XXX						
2.3 Commercial Mortgage-Backed Securities .....						XXX						
2.4 Other Loan-Backed and Structured Securities .....						XXX						
2.5 Totals						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations .....						XXX						
3.2 Residential Mortgage-Backed Securities .....						XXX						
3.3 Commercial Mortgage-Backed Securities .....						XXX						
3.4 Other Loan-Backed and Structured Securities .....						XXX						
3.5 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations .....						XXX						
4.2 Residential Mortgage-Backed Securities .....						XXX						
4.3 Commercial Mortgage-Backed Securities .....						XXX						
4.4 Other Loan-Backed and Structured Securities .....						XXX						
4.5 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations .....						XXX						
5.2 Residential Mortgage-Backed Securities .....						XXX						
5.3 Commercial Mortgage-Backed Securities .....						XXX						
5.4 Other Loan-Backed and Structured Securities .....						XXX						
5.5 Totals						XXX						
6. Industrial and Miscellaneous												
6.1 Issuer Obligations .....						XXX						
6.2 Residential Mortgage-Backed Securities .....						XXX						
6.3 Commercial Mortgage-Backed Securities .....						XXX						
6.4 Other Loan-Backed and Structured Securities .....	6,969,977	10,471,036	175,960			XXX	17,616,973	43.3	19,357,324	48.3	17,616,973	
6.5 Totals	6,969,977	10,471,036	175,960			XXX	17,616,973	43.3	19,357,324	48.3	17,616,973	
7. Hybrid Securities												
7.1 Issuer Obligations .....						XXX						
7.2 Residential Mortgage-Backed Securities .....						XXX						
7.3 Commercial Mortgage-Backed Securities .....						XXX						
7.4 Other Loan-Backed and Structured Securities .....						XXX						
7.5 Totals						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations .....						XXX						
8.2 Residential Mortgage-Backed Securities .....						XXX						
8.3 Commercial Mortgage-Backed Securities .....						XXX						
8.4 Other Loan-Backed and Structured Securities .....						XXX						
8.5 Totals						XXX						

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX							
9.2 Bond Mutual Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX							
9.3 Totals	XXX	XXX	XXX	XXX	XXX							
10. Bank Loans												
10.1 Bank Loans - Issued.....						XXX			XXX	XXX		
10.2 Bank Loans – Acquired.....						XXX			XXX	XXX		
10.3 Totals						XXX			XXX	XXX		
11. Total Bonds Current Year												
11.1 Issuer Obligations .....	15,780,310	7,294,503				XXX	23,074,813	56.7	XXX	XXX	23,074,813	
11.2 Residential Mortgage-Backed Securities .....						XXX			XXX	XXX		
11.3 Commercial Mortgage-Backed Securities .....						XXX			XXX	XXX		
11.4 Other Loan-Backed and Structured Securities .....	6,969,977	10,471,036	175,960			XXX	17,616,973	43.3	XXX	XXX	17,616,973	
11.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
11.6 Bank Loans .....									XXX	XXX		
11.7 Totals .....	22,750,287	17,765,539	175,960				40,691,786	100.0	XXX	XXX	40,691,786	
11.8 Lines 11.7 as a % Col. 7 .....	55.9	43.7	0.4				100.0	XXX	XXX	XXX	100.0	
12. Total Bonds Prior Year												
12.1 Issuer Obligations .....	9,997,894	10,740,747				XXX	XXX	XXX	20,738,641	51.7	20,738,640	
12.2 Residential Mortgage-Backed Securities .....						XXX	XXX	XXX				
12.3 Commercial Mortgage-Backed Securities .....						XXX	XXX	XXX				
12.4 Other Loan-Backed and Structured Securities .....	3,200,457	15,980,857	176,010			XXX	XXX	XXX	19,357,324	48.3	19,357,324	
12.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX		XXX	XXX				
12.6 Bank Loans .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12.7 Totals .....	13,198,351	26,721,604	176,010				XXX	XXX	40,095,965	100.0	40,095,964	
12.8 Line 12.7 as a % of Col. 9 .....	32.9	66.6	0.4				XXX	XXX	100.0	XXX	100.0	
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations .....	15,780,310	7,294,503				XXX	23,074,813	56.7	20,738,641	51.7	23,074,813	XXX
13.2 Residential Mortgage-Backed Securities .....						XXX						XXX
13.3 Commercial Mortgage-Backed Securities .....						XXX						XXX
13.4 Other Loan-Backed and Structured Securities .....	6,969,977	10,471,036	175,960			XXX	17,616,973	43.3	19,357,324	48.3	17,616,973	XXX
13.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX							XXX
13.6 Bank Loans .....						XXX			XXX	XXX		XXX
13.7 Totals .....	22,750,287	17,765,539	175,960				40,691,786	100.0	40,095,965	100.0	40,691,786	XXX
13.8 Line 13.7 as a % of Col. 7 .....	55.9	43.7	0.4				100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11 .....	55.9	43.7	0.4				100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.1 Issuer Obligations .....						XXX					XXX	
14.2 Residential Mortgage-Backed Securities .....						XXX					XXX	
14.3 Commercial Mortgage-Backed Securities .....						XXX					XXX	
14.4 Other Loan-Backed and Structured Securities .....						XXX					XXX	
14.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX						XXX	
14.6 Bank Loans .....						XXX			XXX	XXX	XXX	
14.7 Totals .....											XXX	
14.8 Line 14.7 as a % of Col. 7 .....								XXX	XXX	XXX	XXX	
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11 .....								XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F o r e i g n	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
Bonds - U.S. Governments - Issuer Obligations																					
912828-3S-7	UNITED STATES TREASURY NOTE				1	249,366	99.3470	248,368	250,000	249,650			284		2.000	2.130	JJ	2,092	2,500	02/08/2018	01/31/2020
912828-3Y-4	UNITED STATES TREASURY NOTE				1	5,049,425	99.5970	5,029,649	5,050,000	5,049,664			238		2.250	2.250	FA	38,607	56,813	02/27/2018	02/29/2020
912828-4Y-3	UNITED STATES TREASURY NOTE				1	597,869	100.1320	600,792	600,000	598,165			296		2.625	2.810	FA	5,352		09/24/2018	08/31/2020
912828-5B-2	UNITED STATES TREASURY NOTE				1	997,230	100.3750	1,003,750	1,000,000	997,516			286		2.750	2.890	MS	6,951		10/18/2018	09/30/2020
912828-D8-0	UNITED STATES TREASURY NOTE				1	5,007,408	99.3380	5,016,619	5,050,000	5,031,098		23,690			1.625	2.190	FA	27,883	41,031	02/27/2018	08/31/2019
912828-V5-6	UNITED STATES TREASURY NOTE				1	9,985,580	99.9040	9,990,400	10,000,000	9,999,405		7,274			1.125	1.190	JJ	47,079	112,500	02/02/2017	01/31/2019
912828-W3-0	UNITED STATES TREASURY NOTE				1	747,717	99.7970	748,485	750,000	749,808		1,192			1.125	1.280	FA	2,867	8,438	03/28/2017	02/28/2019
912828-Y2-0	UNITED STATES TREASURY NOTE				1	399,423	100.3550	401,420	400,000	399,508		85			2.625	2.670	JJ	4,851		07/17/2018	07/15/2021
0199999 - Bonds - U.S. Governments - Issuer Obligations						23,034,018	XXX	23,039,483	23,100,000	23,074,814			33,345		XXX	XXX	XXX	135,682	221,282	XXX	XXX
0599999 - Bonds - U.S. Governments - Subtotals - U.S. Governments						23,034,018	XXX	23,039,483	23,100,000	23,074,814			33,345		XXX	XXX	XXX	135,682	221,282	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																					
02582J-HN-3	AMERICAN EXPRESS CREDIT ACCOUN 17-8 A			2	1FE	200,000	99.9330	199,866	200,000	200,000					2.628	2.270	MON	242	4,185	10/23/2017	05/16/2022
02587A-AL-8	AMERICAN EXPRESS CREDIT ACCOUN 17-2 A			2	1FE	1,006,563	100.1100	1,001,100	1,000,000	1,004,949		(869)			2.958	2.830	MON	1,364	24,289	03/27/2017	09/16/2024
05522R-CQ-9	BANK OF AMERICA CREDIT CARD 14 A1 A			2	1FE	1,506,504	100.0070	1,500,105	1,500,000	1,500,204		(4,364)			2.888	2.460	MON	1,996	35,362	06/26/2017	06/15/2021
14041N-ES-6	CAPITAL ONE MULTI-ASSET EXECUT 14-A4 A4			2	1FE	100,406	100.0830	100,083	100,000	100,180		(214)			2.868	2.590	MON	132	2,337	11/30/2017	06/15/2022
14041N-FC-0	CAPITAL ONE MULTI-ASSET EXECUT 16-A1 A1			2	1FE	1,005,820	100.0890	1,000,900	1,000,000	1,000,983		(2,656)			2.958	2.600	MON	1,364	24,289	02/16/2017	02/15/2022
14041N-FD-8	CAPITAL ONE MULTI-ASSET EXECUT 16-A2 A2			2	1FE	1,013,203	100.5540	1,005,540	1,000,000	1,008,180		(2,816)			3.138	2.800	MON	1,449	26,124	03/16/2017	02/15/2024
14041N-FJ-5	CAPITAL ONE MULTI-ASSET EXECUT 16-A7 A7			2	1FE	955,344	100.4220	954,018	950,000	954,019		(729)			3.018	2.900	MON	1,322	23,655	02/03/2017	09/16/2024
14041N-FL-0	CAPITAL ONE MULTI-ASSET EXECUT 17-A2 A2			2	1FE	1,000,000	100.0000	1,000,000	1,000,000	1,000,000					2.918	2.620	MON	1,345	23,881	03/20/2017	01/15/2025
14314R-AJ-1	CARMAX AUTO OWNER TRUST 17-4 A2B			2	1FE	105,941	99.9820	105,922	105,941	105,941					2.638	2.070	MON	128	2,228	10/17/2017	04/15/2021
161571-GN-8	CHASE ISSUANCE TRUST 14 A5 A5			2	1FE	1,004,180	100.0650	1,000,650	1,000,000	1,000,795		(2,005)			2.878	2.590	MON	1,326	23,473	03/08/2017	04/15/2021
161571-HB-3	CHASE ISSUANCE TRUST 16-A1 A1			2	1FE	1,985,221	100.0820	1,976,620	1,975,000	1,977,214		(4,634)			2.918	2.600	MON	2,656	47,164	03/08/2017	05/15/2021
161571-HJ-6	CHASE ISSUANCE TRUST 17-A1 A1			2	1FE	1,003,359	100.0490	1,000,490	1,000,000	1,001,758		(937)			2.808	2.670	MON	1,293	22,759	03/16/2017	01/15/2022
17305E-GC-3	CITIBANK CREDIT CARD ISSUANCE 17-A4 A4			2	1FE	1,000,000	100.0000	1,000,000	1,000,000	1,000,000					2.732	2.250	MON	1,808	21,621	04/04/2017	04/07/2022
17305E-GD-1	CITIBANK CREDIT CARD ISSUANCE 17-A5 A5			2	1FE	176,053	100.5140	175,900	175,000	175,960		(51)			3.123	3.050	MON	150	4,594	05/10/2017	04/22/2026
254683-BY-0	DISCOVER CARD EXECUTION NOTE T 17-A3 A3			2	1FE	1,001,172	99.9890	999,900	1,000,000	1,000,851		(173)			2.738	2.700	MON	1,260	22,046	04/28/2017	10/17/2022
254683-CE-3	DISCOVER CARD EXECUTION NOTE T 18-A2 A2			2	1FE	600,000	99.2140	595,290	600,000	600,000					2.838	2.800	MON	784	11,064	03/08/2018	08/15/2025
345280-EC-4	FORD CREDIT FLOORPLAN MASTER 0 15-5 A			2	1FE	1,013,750	98.7520	987,525	1,000,000	1,007,223		(4,341)			2.390	1.930	MON	1,062	23,900	06/22/2017	08/15/2022
345280-EV-2	FORD CREDIT FLOORPLAN MASTER 0 16-3 A2			2	1FE	1,008,672	100.1770	1,001,780	1,000,000	1,002,331		(3,611)			3.128	2.700	MON	1,444	26,022	03/08/2017	07/15/2021
345280-FK-5	FORD CREDIT FLOORPLAN MASTER 0 17-1 A2			2	1FE	300,000	100.3280	300,984	300,000	300,000					2.928	2.510	MON	405	7,195	05/24/2017	05/15/2022
345280-FZ-2	FORD CREDIT FLOORPLAN MASTER 0 18-1 A2			2	1FE	400,000	99.4780	397,914	400,000	400,000					2.788	2.710	MON	513	7,103	03/13/2018	05/15/2023
34531C-AE-0	FORD CREDIT AUTO OWNER TRUST 16-C A4			2	1FE	243,711	97.8360	244,590	250,000	244,094		383			1.400	3.200	MON	156	292	11/27/2018	02/15/2022
36255J-AD-6	GM FINANCIAL SECURITIZED TERM 18-3 A3			2	1FE	199,953	100.3560	200,712	200,000	199,960		8			3.020	3.020	MON	252	2,483	07/11/2018	05/16/2023
38013M-AC-0	GM FINANCIAL AUTOMOBILE LEASE 17-2 A2B			2	1FE	82,330	99.9910	82,323	82,330	82,330					2.770	1.950	MON	76	1,872	06/07/2017	01/21/2020



## E10.1

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**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

**Show Investments Owned December 31 of Current Year**

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
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. District of 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. North Carolina ..... NC						
35. North Dakota ..... ND						
36. Ohio ..... OH						
37. Oklahoma ..... OK						
38. Oregon ..... OR						
39. Pennsylvania ..... PA						
40. Rhode Island ..... RI						
41. South Carolina ..... SC						
42. South Dakota ..... SD						
43. Tennessee ..... TN						
44. Texas ..... TX	ST	Deposit Section 912.305 & 912.306 of Texas Ins. Code is Other Special Deposit			.75,000	.75,000
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. US Virgin Islands ..... VI						
56. Northern Mariana Islands ..... MP						
57. Canada ..... CAN						
58. Aggregate Other Alien ..... OT	XXX	XXX				
59. Total	XXX	XXX			75,000	75,000
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX				



SUPPLEMENT FOR THE YEAR 2018 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (Part 2)

NAIC Group Code		04762		For the Year Ended December 31, 2018		To be Filed by March 1		NAIC Company Code		29378	
(A) Financial Impact											
				1		2		3			
				As Reported		Interrogatory 9 Reinsurance Effect		Restated Without Interrogatory 9 Reinsurance			
A01. Assets .....				155,287,011		1,660,290		153,626,721			
A02. Liabilities .....				150,287,011		(628,208)		150,915,219			
A03. Surplus as regards to policyholders .....				5,000,000		2,288,498		2,711,502			
A04. Income before taxes						764,037		(764,037)			
(B) Summary of Reinsurance Contract Terms						(C) Management's Objectives					
Orpheus Re assumes 100% of its business from the Company and its affiliate, Old American Indemnity Company. Orpheus Re is a participant in several of the Company's 100% quota share reinsurance agreements and Orpheus Re participates at the same terms as the other participants to those agreements. This is being reported pursuant to Interrogatory 9.2(a).						Orpheus Re was formed to provide additional reinsurance capacity for a small number of selected MGA programs.					

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.....

.....