



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
OLD AMERICAN INDEMNITY COMPANY

NAIC Group Code 4762 4762 NAIC Company Code 11665 Employer's ID Number 61-0533007
(Current) (Prior)
Organized under the Laws of Texas, State of Domicile or Port of Entry TX
Country of Domicile United States of America
Incorporated/Organized 11/11/1956 Commenced Business 05/30/1957
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
(Street and Number)
DALLAS, TX, US 75254 214-561-1991
(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
(Street and Number)
DALLAS, TX, US 75254 214-561-1991
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.oldamericanindemnity.com
Statutory Statement Contact MICHELLE STEPHENS 214-561-1965
(Name) (Area Code) (Telephone Number)
STAT@OLDAM.COM 214-561-1990
(E-mail Address) (FAX Number)

OFFICERS

PRESIDENT	<u>ANDREW JAMES KIRKPATRICK</u>	TREASURER	<u>MARK FRANCIS BANAR</u>
SECRETARY	<u>MELISSA WADDELL SAYLORS</u>		
OTHER			
<u>DEBRA JANE ROBERTS, CHIEF EXECUTIVE OFFICER</u>	<u>BRENT LAYNE MCGILL, EXECUTIVE VICE PRESIDENT & CHIEF ACTUARY</u>	<u>RONALD JAMES BALLARD, EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER</u>	
<u>MELANIE SHAE GARRISON, SENIOR VICE PRESIDENT & CHIEF ACCOUNTING OFFICER</u>			
DIRECTORS OR TRUSTEES			
<u>DEBRA JANE ROBERTS</u>	<u>ANDREW JAMES KIRKPATRICK</u>	<u>BRENT LAYNE MCGILL</u>	
<u>JAMES LANDO ZECH</u>	<u>CLEMENT S DWYER JR</u>		

State of TEXAS SS
County of DALLAS

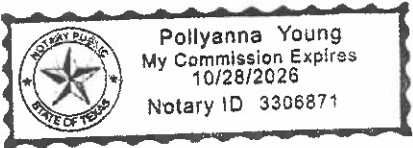
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 February day of 2024
Pollyanna Young
POLLYANNA YOUNG
NOTARY PUBLIC
OCTOBER 28, 2026



- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	23,925,441		23,925,441	23,983,418
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 (\$ 14,406,621 , Schedule E - Part 1), cash equivalents (\$ 550,000 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	14,956,621		14,956,621	1,824,263
6. Contract loans (including \$ premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivable 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)	38,882,062		38,882,062	25,807,681
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	95,839		95,839	112,500
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	16,191,926		16,191,926	5,341,331
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	36,403,295		36,403,295	16,027,537
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	11,288,842		11,288,842	5,216,727
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	127,861		127,861	62,689
19. Guaranty funds receivable or on deposit	1,415,417		1,415,417	1,064,190
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	2,375,184		2,375,184	
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	217,536		217,536	215,382
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	106,997,960		106,997,960	53,848,037
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	106,997,960		106,997,960	53,848,037
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)				
2501. MGA/Premium Tax Receivable	17,536		17,536	15,382
2502. Security Deposit	200,000		200,000	200,000
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	217,536		217,536	215,382

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	2,275,755	1,751,965
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)	375,762	274,066
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	154,836	154,098
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	1,835,702	419,194
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 \$ 45,246,990 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)	2,381,420	986,095
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	49,532,626	20,133,701
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	18,021,182	11,960,761
14. Amounts withheld or retained by company for account of others	5,889,881	1,101,589
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		226,157
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	10,599,826	5,108,349
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	91,066,992	42,115,975
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	91,066,992	42,115,975
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	2,500,000	2,500,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	11,795,071	9,010,179
35. Unassigned funds (surplus)	1,635,897	221,883
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)	15,930,969	11,732,062
38. TOTALS (Page 2, Line 28, Col. 3)	106,997,960	53,848,037
DETAILS OF WRITE-INS		
2501. MGA Payable	10,599,826	5,108,284
2502. Premium Deficiency Reserves		65
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	10,599,826	5,108,349
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 thru 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 thru 3203 plus 3298)(Line 32 above)		

STATEMENT OF INCOME

		1	2
		Current Year	Prior Year
UNDERWRITING INCOME			
1.	Premiums earned (Part 1, Line 35, Column 4).....	10,700,314	7,384,106
DEDUCTIONS:			
2.	Losses incurred (Part 2, Line 35, Column 7)	3,409,116	2,915,162
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	612,887	336,637
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	5,150,138	3,425,613
5.	Aggregate write-ins for underwriting deductions	(65)	(60,261)
6.	Total underwriting deductions (Lines 2 through 5)	9,172,076	6,617,151
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	1,528,238	766,955
INVESTMENT INCOME			
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	473,579	248,743
10.	Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))	(13,556)	(9,601)
11.	Net investment gain (loss) (Lines 9 + 10)	460,023	239,142
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)	1,988,261	1,006,097
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)	1,988,261	1,006,097
19.	Federal and foreign income taxes incurred	417,535	117,358
20.	Net income (Line 18 minus Line 19)(to Line 22)	1,570,726	888,739
CAPITAL AND SURPLUS ACCOUNT			
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	11,732,062	10,850,296
22.	Net income (from Line 20)	1,570,726	888,739
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	65,171	(6,974)
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	2,784,892	
33.2	Transferred to capital (Stock Dividend)		
33.3	Transferred from capital		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders	(221,883)	
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)	4,198,908	881,766
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	15,930,969	11,732,062
DETAILS OF WRITE-INS			
0501.	Premium Deficiency Reserves Incurred	(65)	(60,261)
0502.	.....	
0503.	.....	
0598.	Summary of remaining write-ins for Line 5 from overflow page		
0599.	Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	(65)	(60,261)
1401.	.....	
1402.	.....	
1403.	.....	
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 thru 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 thru 3703 plus 3798)(Line 37 above)		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	10,268,212	2,224,280
2. Net investment income	461,778	463,279
3. Miscellaneous income		
4. Total (Lines 1 through 3)	10,729,990	2,687,559
5. Benefit and loss related payments	8,957,441	(3,319,303)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	4,610,909	5,985,698
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Lines 5 through 9)	13,568,350	2,666,395
11. Net cash from operations (Line 4 minus Line 10)	(2,838,360)	21,164
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	3,647,859	16,540,920
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		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,647,859	16,540,920
13. Cost of investments acquired (long-term only):		
13.1 Bonds	3,559,311	11,716,454
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)	3,559,311	11,716,454
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)	88,547	4,824,466
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	250,000	
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	221,883	
16.6 Other cash provided (applied)	15,854,053	(4,701,640)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	15,882,170	(4,701,640)
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)	13,132,358	143,990
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,824,263	1,680,273
19.2 End of period (Line 18 plus Line 19.1)	14,956,621	1,824,263
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.FIT Liability recognized as surplus contribution – see Note 9F	534,892	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

	1	2	3	4
Line of Business	Net Premiums Written per Column 6, Part 1B	Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
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				
11.1 Medical professional liability - occurrence				
11.2 Medical professional liability - claims-made				
12. Earthquake				
13.1 Comprehensive (hospital and medical) individual				
13.2 Comprehensive (hospital and medical) group				
14. Credit accident and health (group and individual)				
15.1 Vision only				
15.2 Dental only				
15.3 Disability income				
15.4 Medicare supplement				
15.5 Medicaid Title XIX				
15.6 Medicare Title XVIII				
15.7 Long-term care				
15.8 Federal employees health benefits plan				
15.9 Other health	4,757	1,827	898	5,687
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 Private passenger auto no-fault (personal injury protection)	1,015,627	22,955	510,019	528,563
19.2 Other private passenger auto liability.....	4,147,932	737,946	1,401,693	3,484,185
19.3 Commercial auto no-fault (personal injury protection)				
19.4 Other commercial auto liability.....				
21.1 Private passenger auto physical damage	1,274,676	223,367	468,811	1,029,232
21.2 Commercial 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	5,652,647			5,652,647
35. TOTALS	12,095,639	986,095	2,381,420	10,700,314
DETAILS OF WRITE-INS				
3401. Policy fees	5,652,647			5,652,647
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	5,652,647			5,652,647

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

	1	2	3	4	5
Line of Business	Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	Earned But Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
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					
11.1 Medical professional liability - occurrence					
11.2 Medical professional liability - claims-made					
12. Earthquake					
13.1 Comprehensive (hospital and medical) individual					
13.2 Comprehensive (hospital and medical) group					
14. Credit accident and health (group and individual)					
15.1 Vision only					
15.2 Dental only					
15.3 Disability income					
15.4 Medicare supplement					
15.5 Medicaid Title XIX					
15.6 Medicare Title XVIII					
15.7 Long-term care					
15.8 Federal employees health benefits plan					
15.9 Other health	898				898
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 Private passenger auto no-fault (personal injury protection)	510,019				510,019
19.2 Other private passenger auto liability.....	1,401,693				1,401,693
19.3 Commercial auto no-fault (personal injury protection)					
19.4 Other commercial auto liability.....					
21.1 Private passenger auto physical damage	468,811				468,811
21.2 Commercial 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	2,381,420				2,381,420
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Line 35 through 37)					2,381,420
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page					
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)					

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

The Company uses the daily pro rata method to calculate unearned premium. Policy fees are fully earned at policy issuance.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1	Reinsurance Assumed		Reinsurance Ceded		6
	Direct Business (a)	2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	Net Premiums Written Cols. 1+2+3-4-5
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						
11.1 Medical professional liability - occurrence						
11.2 Medical professional liability - claims- made						
12. Earthquake						
13.1 Comprehensive (hospital and medical) individual						
13.2 Comprehensive (hospital and medical) group						
14. Credit accident and health (group and individual)						
15.1 Vision only						
15.2 Dental only						
15.3 Disability income						
15.4 Medicare supplement						
15.5 Medicaid Title XIX						
15.6 Medicare Title XVIII						
15.7 Long-term care						
15.8 Federal employees health benefits plan ...						
15.9 Other health	95, 147			4, 757	85, 632	4, 757
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 Private passenger auto no-fault (personal injury protection)	20, 312, 540			1, 015, 627	18, 281, 286	1, 015, 627
19.2 Other private passenger auto liability.....	84, 794, 539			4, 239, 727	76, 406, 880	4, 147, 932
19.3 Commercial auto no-fault (personal injury protection)						
19.4 Other commercial auto liability.....						
21.1 Private passenger auto physical damage ..	27, 541, 016			1, 377, 051	24, 889, 290	1, 274, 676
21.2 Commercial 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	XXX					
32. Reinsurance - nonproportional assumed liability	XXX					
33. Reinsurance - nonproportional assumed financial lines	XXX					
34. Aggregate write-ins for other lines of business	5, 652, 647					5, 652, 647
35. TOTALS	138, 395, 889			6, 637, 162	119, 663, 088	12, 095, 639
DETAILS OF WRITE-INS						
3401. Policy Fees	5, 652, 647					5, 652, 647
3402.						
3403.						
3498. Summary of remaining write-ins for Line 34 from overflow page						
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	5, 652, 647					5, 652, 647

(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 reported on an annualized basis \$

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1	2	3	4				
	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								
2.1 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								
11.1 Medical professional liability - occurrence								
11.2 Medical professional liability - claims-made								
12. Earthquake								
13.1 Comprehensive (hospital and medical) individual								
13.2 Comprehensive (hospital and medical) group								
14. Credit accident and health (group and individual)								
15.1 Vision only								
15.2 Dental only								
15.3 Disability income								
15.4 Medicare supplement								
15.5 Medicaid Title XIX								
15.6 Medicare Title XVIII								
15.7 Long-term care								
15.8 Federal employees health benefits plan								
15.9 Other health	(200)		(195)	(5)	1,000	1,500	(505)	(8.9)
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 Private passenger auto no-fault (personal injury protection)	3,051,280		2,898,716	152,564	134,452	19,669	267,347	50.6
19.2 Other private passenger auto liability.....	43,306,280		41,141,462	2,164,818	2,028,245	1,679,071	2,513,992	72.2
19.3 Commercial auto no-fault (personal injury protection)								
19.4 Other commercial auto liability.....								
21.1 Private passenger auto physical damage	11,340,367		10,772,418	567,949	112,058	51,725	628,283	61.0
21.2 Commercial 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	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	57,697,727		54,812,401	2,885,326	2,275,755	1,751,965	3,409,116	31.9
DETAILS OF WRITE-INS								
3401.								
3402.								
3403.								
3498. Summary of remaining write-ins for Line 34 from overflow page								
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)								

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded		
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									
11.1 Medical professional liability - occurrence									
11.2 Medical professional liability - claims-made									
12. Earthquake									
13.1 Comprehensive (hospital and medical) individual								(a)	
13.2 Comprehensive (hospital and medical) group								(a)	
14. Credit accident and health (group and individual)									
15.1 Vision only								(a)	
15.2 Dental only								(a)	
15.3 Disability income								(a)	
15.4 Medicare supplement								(a)	
15.5 Medicaid Title XIX								(a)	
15.6 Medicare Title XVIII								(a)	
15.7 Long-term care								(a)	
15.8 Federal employees health benefits plan								(a)	
15.9 Other health					20,000		19,000	(a) 1,000	182
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 Private passenger auto no-fault (personal injury protection)	2,689,033		2,554,581	134,452				134,452	4,611
19.2 Other private passenger auto liability.....	15,334,478		14,568,754	765,724	25,259,062		23,996,541	2,028,245	357,676
19.3 Commercial auto no-fault (personal injury protection)									
19.4 Other commercial auto liability.....									
21.1 Private passenger auto physical damage	1,727,911		1,641,515	86,396	513,258		487,595	112,058	13,293
21.2 Commercial 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	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	19,751,422		18,764,850	986,572	25,792,320		24,503,136	2,275,755	375,762
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Summary of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)									

(a) Including \$ for present value of life indemnity claims reported in Lines 13 and 15.

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	12,248,818			12,248,818
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	11,635,932			11,635,932
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	612,887			612,887
2. Commission and brokerage:				
2.1 Direct excluding contingent		15,502,759		15,502,759
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		20,996,297		20,996,297
2.4 Contingent - direct				
2.5 Contingent - reinsurance assumed				
2.6 Contingent - reinsurance ceded				
2.7 Policy and membership fees		5,383,549		5,383,549
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) ..		(109,989)		(109,989)
3. Allowances to managers and agents				
4. Advertising		4,349		4,349
5. Boards, bureaus and associations		8,249		8,249
6. Surveys and underwriting reports		7,119		7,119
7. Audit of assureds' records		206,877		206,877
8. Salary and related items:				
8.1 Salaries		1,337,420		1,337,420
8.2 Payroll taxes		68,682		68,682
9. Employee relations and welfare		233,097		233,097
10. Insurance		92,369		92,369
11. Directors' fees		92,845		92,845
12. Travel and travel items		92,607		92,607
13. Rent and rent items		118,604		118,604
14. Equipment		45,392		45,392
15. Cost or depreciation of EDP equipment and software		4,318		4,318
16. Printing and stationery		19,963		19,963
17. Postage, telephone and telegraph, exchange and express		17,880		17,880
18. Legal and auditing		286,464	68,264	354,728
19. Totals (Lines 3 to 18)		2,636,234	68,264	2,704,498
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$		1,902,484		1,902,484
20.2 Insurance department licenses and fees		441,930		441,930
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)		47,146		47,146
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		2,391,560		2,391,560
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses		232,333		232,333
25. Total expenses incurred	612,887	5,150,138	68,264	(a) 5,831,289
26. Less unpaid expenses - current year	375,762	1,974,874	15,665	2,366,300
27. Add unpaid expenses - prior year	274,066	558,450	14,842	847,358
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)	511,191	3,733,715	67,441	4,312,347
DETAILS OF WRITE-INS				
2401. Professional Fees		224,878		224,878
2402. Charitable Contributions		7,455		7,455
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)		232,333		232,333

(a) Includes management fees of \$ 2,654,865 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) .....31,486	.....27,751
1.1	Bonds exempt from U.S. tax	(a) .....13,985	.....12,399
1.2	Other bonds (unaffiliated)	(a) .....492,321	.....480,979
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) .....20,713	.....20,713
7	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	Total gross investment income	558,504	541,843
11.	Investment expenses		(g) .....68,264
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
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)		68,264
17.	Net investment income (Line 10 minus Line 16)		473,579
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....		.....
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		.....
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		.....

- (a) Includes \$64,079 accrual of discount less \$19,952 amortization of premium and less \$18,929 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	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) .....	.....(13,556)	.....	.....(13,556)	.....	.....
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)	(13,556)	.....	(13,556)	.....	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	.....	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF NON-ADMITTED 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 thru 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 thru 2503 plus 2598)(Line 25 above)			

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

Old American Indemnity Company (the "Company") was formed as a corporation under the laws of the State of Kentucky on November 11, 1956. The Company, formerly known as Citizens Insurance Company, received its license from the State of Kentucky on May 30, 1957. The Company subsequently changed its name to Viceroy Insurance Company. On June 5, 2012, the Kentucky Department of Insurance approved the change of the Company's name to Old American Indemnity Company. The Texas Department of Insurance approved the Company's request to redomicle to the state of Texas on December 27, 2023.

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 suprlus between NAIC SAP and practices prescribed and permitted by the State of Texas is shown below.

	SSAP #	F/S Page	F/S Line #		2023		2022
NET INCOME							
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$	1,570,726	\$	888,739
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:							
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$	1,570,726	\$	888,739
SURPLUS							
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$	15,930,969	\$	11,732,062
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:							
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$	15,930,969	\$	11,732,062

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 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.
- (12) - (13) Not applicable.

D. Going Concern

According to management's evaluation, as of December 31, 2023, there were no principal conditions or events that raised substantial doubt about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable.

NOTE 3 Business Combinations and Goodwill

Not applicable.

NOTE 4 Discontinued Operations

Not applicable.

NOTE 5 Investments

NOTES TO FINANCIAL STATEMENTS

- A. Mortgage Loans, including Mezzanine Real Estate 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 several 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) 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.
Not applicable.
- E. Dollar 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)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						
	Current Year					6	7
	1	2	3	4	5		
	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)
a. Subject to contractual obligation for which liability is not shown					\$ -	\$ -	\$ -
b. Collateral held under security lending agreements					\$ -	\$ -	\$ -
c. Subject to repurchase agreements					\$ -	\$ -	\$ -
d. Subject to reverse repurchase agreements					\$ -	\$ -	\$ -
e. Subject to dollar repurchase agreements					\$ -	\$ -	\$ -
f. Subject to dollar reverse repurchase agreements					\$ -	\$ -	\$ -
g. Placed under option contracts					\$ -	\$ -	\$ -
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					\$ -	\$ -	\$ -
i. FHLB capital stock					\$ -	\$ -	\$ -
j. On deposit with states	\$ 2,189,218				\$ 2,189,218	\$ 2,139,174	\$ 50,044
k. On deposit with other regulatory bodies					\$ -	\$ -	\$ -
l. Pledged collateral to FHLB (including assets backing funding agreements)					\$ -	\$ -	\$ -
m. Pledged as collateral not captured in other categories					\$ -	\$ -	\$ -
n. Other restricted assets					\$ -	\$ -	\$ -
o. Total Restricted Assets (Sum of a through n)	\$ 2,189,218	\$ -	\$ -	\$ -	\$ 2,189,218	\$ 2,139,174	\$ 50,044

(a) Subset of Column 1

(b) Subset of Column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)

NOTES TO FINANCIAL STATEMENTS

a. Subject to contractual obligation for which liability is not shown		\$	-	0.000%	0.000%
b. Collateral held under security lending agreements		\$	-	0.000%	0.000%
c. Subject to repurchase agreements		\$	-	0.000%	0.000%
d. Subject to reverse repurchase agreements		\$	-	0.000%	0.000%
e. Subject to dollar repurchase agreements		\$	-	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements		\$	-	0.000%	0.000%
g. Placed under option contracts		\$	-	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$	-	0.000%	0.000%
i. FHLB capital stock		\$	-	0.000%	0.000%
j. On deposit with states		\$	2,189,218	2.046%	2.046%
k. On deposit with other regulatory bodies		\$	-	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$	-	0.000%	0.000%
m. Pledged as collateral not captured in other categories		\$	-	0.000%	0.000%
n. Other restricted assets		\$	-	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ -	\$	2,189,218	2.046%	2.046%

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not applicable.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not applicable.

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not applicable.

M. Working Capital Finance Investments
Not applicable.

N. Offsetting and Netting of Assets and Liabilities
Not applicable

O. 5GI Securities
Not applicable.

P. Short Sales
Not applicable.

Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
1. Number of CUSIPs		0
2. Aggregate Amount of Investment Income	\$ -	

R. Reporting Entity's Share of Cash Pool by Asset Type
Not applicable.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies
Not applicable.

NOTE 7 Investment Income

A. Due and Accrued Income was Excluded from Surplus on the Following Bases.
Surplus excludes due and accrued investment income if amounts are over 90 days past due.

B. Total Amount of Due and Accrued Income Excluded.
At December 31, 2023, the Company did not have any due and accrued investment income past due.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

	Amount
Interest Income Due and Accrued	
1. Gross	\$ 95,839
2. Nonadmitted	
3. Admitted	\$ 95,839

D. The aggregate deferred interest.
Not applicable.

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.
Not applicable.

NOTE 8 Derivative Instruments
Not applicable.

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 127,861		\$ 127,861	\$ 62,689	\$ -	\$ 62,689	\$ 65,172	\$ -	\$ 65,172
(b) Statutory Valuation Allowance Adjustment			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 127,861	\$ -	\$ 127,861	\$ 62,689	\$ -	\$ 62,689	\$ 65,172	\$ -	\$ 65,172
(d) Deferred Tax Assets Nonadmitted			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 127,861	\$ -	\$ 127,861	\$ 62,689	\$ -	\$ 62,689	\$ 65,172	\$ -	\$ 65,172
(f) Deferred Tax Liabilities			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 127,861	\$ -	\$ 127,861	\$ 62,689	\$ -	\$ 62,689	\$ 65,172	\$ -	\$ 65,172

2.

	As of End of Current Period			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 127,861		\$ 127,861	\$ 62,689	\$ -	\$ 62,689	\$ 65,172	\$ -	\$ 65,172
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 127,861		\$ 127,861	\$ 62,689	\$ -	\$ 62,689	\$ 65,172	\$ -	\$ 65,172
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 2,087,921	XXX	XXX	\$ 1,750,406	XXX	XXX	\$ 337,515
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 127,861	\$ -	\$ 127,861	\$ 62,689	\$ -	\$ 62,689	\$ 65,172	\$ -	\$ 65,172

3.

	2023	2022
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	712.697%	786.058%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 15,803,108	\$ 11,669,373

4.

	As of End of Current Period		12/31/2022		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 127,861	\$ -	\$ 62,689	\$ -	\$ 65,172	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 127,861	\$ -	\$ 62,689	\$ -	\$ 65,172	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. Deferred Tax Liabilities Not Recognized.
There are no amounts on which the Company has not recognized deferred tax.

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2022	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 417,535	\$ 117,358	\$ 300,177
(b) Foreign		\$ -	\$ -
(c) Subtotal (1a+1b)	\$ 417,535	\$ 117,358	\$ 300,177
(d) Federal income tax on net capital gains		\$ -	\$ -
(e) Utilization of capital loss carry-forwards		\$ -	\$ -
(f) Other		\$ -	\$ -
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 417,535	\$ 117,358	\$ 300,177
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 27,841	\$ 21,273	\$ 6,568
(2) Unearned premium reserve	\$ 100,020	\$ 41,416	\$ 58,604
(3) Policyholder reserves		\$ -	\$ -
(4) Investments		\$ -	\$ -
(5) Deferred acquisition costs		\$ -	\$ -
(6) Policyholder dividends accrual		\$ -	\$ -
(7) Fixed assets		\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

(8) Compensation and benefits accrual		\$	-	\$	-
(9) Pension accrual		\$	-	\$	-
(10) Receivables - nonadmitted		\$	-	\$	-
(11) Net operating loss carry-forward		\$	-	\$	-
(12) Tax credit carry-forward		\$	-	\$	-
(13) Other		\$	-	\$	-
(99) Subtotal (sum of 2a1 through 2a13)	\$ 127,861	\$	62,689	\$	65,172
(b) Statutory valuation allowance adjustment		\$	-	\$	-
(c) Nonadmitted		\$	-	\$	-
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 127,861	\$	62,689	\$	65,172
(e) Capital:					
(1) Investments		\$	-	\$	-
(2) Net capital loss carry-forward		\$	-	\$	-
(3) Real estate		\$	-	\$	-
(4) Other		\$	-	\$	-
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ -	\$	-	\$	-
(f) Statutory valuation allowance adjustment		\$	-	\$	-
(g) Nonadmitted		\$	-	\$	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$	-	\$	-
(i) Admitted deferred tax assets (2d + 2h)	\$ 127,861	\$	62,689	\$	65,172
3. Deferred Tax Liabilities:					
(a) Ordinary:					
(1) Investments		\$	-	\$	-
(2) Fixed assets		\$	-	\$	-
(3) Deferred and uncollected premium		\$	-	\$	-
(4) Policyholder reserves		\$	-	\$	-
(5) Other		\$	-	\$	-
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ -	\$	-	\$	-
(b) Capital:					
(1) Investments		\$	-	\$	-
(2) Real estate		\$	-	\$	-
(3) Other		\$	-	\$	-
(99) Subtotal (3b1+3b2+3b3)	\$ -	\$	-	\$	-
(c) Deferred tax liabilities (3a99 + 3b99)	\$ -	\$	-	\$	-
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 127,861	\$	62,689	\$	65,172

- D. Significant Boook to Tax Adjustments
The Company does not have any significant book to tax adjustments.
- E. Additional Disclosures.

1. The Company does not have any net operating losses available for carryforward to future periods under its tax allocation agreement with Old American Capital Corporation.

2. There is no provision for federal and foreign income taxes incurred as of December 31, 2023.

3. The Company does not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.
- F. Consolidation of Federal Income Tax Return

1. The Company's Federal Income Tax Return is consolidated with Old American Capital Corporation.

2. Under the terms of a tax allocation agreement between Old American Capital Corporation ("Old American Capital"), formerly known as Portsmouth Capital Corporation), a Delaware corporation, and its subsidiaries, the tax liability of each subsidiary of Old American Capital, including that of the Company, is based upon separate return calculations. The Company is required to make payment to Old American Capital of an amount equal to its share of tax liability no earlier than thirty days prior to Old American Capital's filing date and no later than thirty days after the filing date. In the event the Company would be entitled to a refund of federal income tax for any tax year if it had filed a separate tax return, Old American Capital is required to pay the Company the refund amount when the Consolidated Return is filed by Old American Capital, and no later than thirty days after the refund amount is calculated. If for any taxable period the Company has an item of credit or loss that is not used to reduce its federal income tax liability for that period, that item of credit or loss shall be reatined by the Company for possible future use in computing its separate return tax liability or its right to a refund.

In the event the Company has a tax liability that would be due to Old American Capital, but not paid because Old American Capital does not have a tax liability to be paid to the Internal Revenue Service, the Company's liability will be recognized as a surplus contribution from the Parent, Old American Capital.
- G. Federal or Foreign Income Tax Loss Contingencies.
The Company does not have any federal or foreign income tax loss contingencies.
- H. Repatriation Transition Tax (RTT)
The Company is not subect to the Repatriation Transition Tax (RTT).
- I. Alternative Minimum Tax (AMT) Credit
The Company does not have an Alternative Minimum Tax (AMT) Credit.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Relationship of Parent, Subsidiaries and Affiliates
The Company is 100% owned by Old American Capital Corporation.
- B. Transaction Information
Under the terms of an administrative agreement, Old American Services is responsible for providing administrative support services to the Company, including accounting and information technology, product development, underwriting management and claims audit services in exchange for a fee. This fee is based on 2% of the gross written premium of the Company. In 2023 and 2022, the Company recorded \$2,654,865 and \$1,470,679, respectively, in fees paid or payable to Old American Services.
- C. Transactions with related party who are not reported on Schedule Y
Not applicable.
- D. Amounts Due to or from Related Parties
At December 31, 2023, the Company reported \$2,665,957 due from the Parent and \$290,773 due to affiliates.
- E. Management, Service Contracts, Cost Sharing Arrangements
The Company's affiliate, Old American Services, provides administrative support for the Company, which services are detailed in paragraph B above.
- F. Guarantees or Undertakings for Related Parties
Not applicable.
- G. Nature of Relationships that Could Affect Operations

NOTES TO FINANCIAL STATEMENTS

- Not applicable.
- H. Amount Deducted for Investment in Upstream Company
Not applicable.
- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets
Not applicable.
- J. Write-downs for Impairment of Investments in Affiliates
Not applicable.
- K. Foreign Insurance Subsidiary Valued Using CARVM
Not applicable.
- L. Downstream Holding Company Valued Using Look-Through Method
Not applicable.
- M. All SCA Investments
Not applicable.
- N. Investment in Insurance SCAs
Not applicable.
- O. SCA or SSAP 48 Entity Loss Tracking
Not applicable.

NOTE 11 Debt

- A. Debt Related Items
Not applicable.
- B. FHLB (Federal Home Loan Bank) Agreements
Not applicable.

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan
Not applicable.
- B. Investment Policies
Not applicable.
- C. The fair value of each class of plan assets
Not applicable.
- D. Rate of Return Assumptions
Not applicable.
- E. Defined Contribution Plan
Not applicable.
- F. Multiemployer Plans
Not applicable.
- G. Consolidated/Holding Company Plans
The Company's upstream parent has a 401(K) plan that follws all ERISA regulations and IRS Section 125 cafeteria regulations. The parent company matches employee contributions up to 6%. The Company has no legal obligation for benefits under this plan.
- H. Postemployment Benefits and Compensated Absences
Not applicable.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
Not applicable.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. Outstanding Shares
The Company has 2,000,000 Class A common shares authorized, issued, and outstanding. The Company has no preferred stock outstanding.
- B. Dividend Rate of Preferred Stock
Not applicable.
- C. Dividend Restrictions
Witout prior approval of its domiciliary commissioner, dividends to shareholders may not be paid except out of that part of the Company's surplus funds which is derived from any realized net profits. Surplus funds for the purposes of this calculation are defined as the excess of assets over liabilities, including capital stock as liability. There are no other restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to shareholders.
- D. Dates and Amounts of Dividends Paid
The Company paid an ordinary dividend in February 2023 in the amount of \$221,883. The Company did not pay dividends in 2022.
- E. Amount of Ordinary Dividends that may be Paid
Under the insurance regulations of Texas, there are no other limitations to the amount of ordinary dividends that can be paid, other than what is listed in paragraph C above.
- F. Restrictions on Unassigned Funds
There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. Mutual Surplus Advances
Not applicable.
- H. Company Stock Held for Special Purposes
Not applicable.
- I. Changes in Special Surplus Funds
Not applicable.

NOTES TO FINANCIAL STATEMENTS

- J. Change in Unassigned Funds
The Company had a contributed surplus increase of \$2,784,892 in 2023, of which, \$2,000,000 is set to be received on February 26, 2024. The Company did not receive any surplus contributions in 2022.
- K. Surplus Notes
Not applicable.
- L. Impact of Quasi-Reorganizations
Not applicable.
- M. Date of Quasi-Reorganizations
Not applicable.

NOTE 14 Liabilities, Contingencies and Assessments
Not applicable.

NOTE 15 Leases
Not applicable.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
Not applicable.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales
Not applicable.
- B. Transfer and Servicing of Financial Assets
Not applicable.
- C. Wash Sales
Not applicable.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
Not applicable.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

During 2023, the direct written premium of \$132,743,243 before policy fees was written by 4 active managing general agents and 1 managing general agent in run-off. Four of the 5 managing general agents wrote premium that exceeded 5% of the Company's surplus. The direct written premium before policy fees of the managing general agents are shown below.

Name and Address of Managing General Agent or Third Party Administrator	FEIN NUMBER	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/Produced By
Aggressive Insurnace Services, LLC 28470 Avenue Stanford, Suite 250 Santa Clarita, CA 91355 AMVINS Specialty Auto of Florida, LLC 1580 Sawgrass Corporate Parkway, Suite 402 Sunrise, FL 33323	20-8521100	No	Personal auto liability, physical damage and accidental death & dismemberment	U	\$ 66,715,342
	81-3334172	No	Personal auto liability and physical dam	U	\$ 32,833,328
Connect MGA 3700 W 15th St., Suite 200A Plano, TX 75075	45-1475095	No	Personal auto liability and physical dam	U	\$ 9,558,959
Embark General Insurance Agency, LLC 400 Northridge Rd., Suite 300 Atlanta, GA 30350-3354	83-0707283	No	Personal auto liability, physical damage	U	\$ (17,570)
Save Money Car Insurance 6528 E 101st St., Suite D1 #422 Tulsa, OK 74133	46-5338509	No	Personal auto liability and physical damage	U	\$ 23,653,184
Total	XXX	XXX	XXX	XXX	\$ 132,743,243

C - Claims Payment
CA - Claims Adjustment
R - Reinsurance Ceding
B - Binding Authority
P - Premium Collection
U - Underwriting

NOTE 20 Fair Value Measurements

The Company does not own any investments that are considered to be other than temporarily impaired. All bonds held 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 2023, the Company did not have any transfers between Levels 1, 2, or 3 for assets measured and reported at fair value.

As of December 31, 2023, the fair value of the Company's financial instruments is summarized as below.

- A. Fair Value Measurements at Reporting Date
Not applicable.
- B. Other Fair Value Disclosures
Not applicable.
- C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
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NOTES TO FINANCIAL STATEMENTS

Bonds	\$ 20,578,182	\$ 23,925,441	\$ 906,489	\$ 19,671,693			
Cash, cash equivalents, and short-term investments	\$ 14,956,621	\$ 14,956,621	\$ 14,956,621				

- D. Not Practicable to Estimate Fair Value
Not applicable.
- E. Instruments Measured at NAV
Not applicable.

NOTE 21 Other Items

- A. Unusual or Infrequent Items
Not applicable.
- B. Troubled Debt Restructuring: Debtors
Not applicable.
- C. Other Disclosures
Not applicable.
- 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.
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy
Not applicable.

NOTE 22 Events Subsequent

On February 26, 2024, the Company received a \$2,000,000 surplus contribution from its parent, Old American Capital Corporation.

NOTE 23 Reinsurance

- A. Unsecured Reinsurance Recoverables

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Not Members of a Group

FEIN	Reinsurer Name	Unsecured Amount
38-2145898	DORINCO REINS CO	\$ 11,983,916

Individual Reinsurers Who Are Members of a Group

Group Code	FEIN	Reinsurer Name	Unsecured Amount
0473	39-1173498	AMERICAN FAMILY CONNECT P&C INS CO	\$ 12,181,537
3219	35-2293075	ENDURANCE ASSUR CORP	\$ 5,157,238
0473	02-0170490	NGM INS CO	\$ 655,408
0158	47-0698507	ODYSSEY REINS CO	\$ 5,678,607

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

Group Code	FEIN	Reinsurer Name	Unsecured Amount
0473	39-1173498	AMERICAN FAMILY CONNECT P&C INS CO	XXX
0473	02-0170490	NGM INS CO	XXX
Total			\$ 12,836,946

- B. Reinsurance Recoverable in Dispute
Not applicable.
- C. Reinsurance Assumed and Ceded
(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates			\$ 2,381,420	\$ 476,284	\$ (2,381,420)	\$ (476,284)
b. All Other			\$ 42,865,569	\$ 7,291,459	\$ (42,865,569)	\$ (7,291,459)
c. Total (a+b)	\$ -	\$ -	\$ 45,246,989	\$ 7,767,743	\$ (45,246,989)	\$ (7,767,743)
d. Direct Unearned Premium Reserve						\$ 47,628,410

- D. Uncollectible Reinsurance
Not applicable.
- E. Commutation of Reinsurance Reflected in Income and Expenses.
Not applicable.
- F. Retroactive Reinsurance
Not applicable.
- G. Reinsurance Accounted for as a Deposit
Not applicable.

NOTES TO FINANCIAL STATEMENTS

- H. Disclosures 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.
- K. Reinsurance Credit
Not applicable.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination
Not applicable.

- NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses**

A. Development of Prior Year Losses and Loss Adjustment Expenses
As of December 31, 2023, net reserves totaled \$2,651,517. As of December 31, 2023, \$1,246,847 has been paid for losses and loss adjustment expenses related to insured events of prior years. Reserves remaining for prior years are now \$495,779 as a result of reevaluations of unpaid claims and claim adjustment expenses. Therefore, during 2023, prior year losses and loss adjustment expenses developed favorably by \$283,404. The favorable development is generally the result of ongoing analysis of recent loss development trends.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses.
Not applicable.

NOTE 26 Intercompany Pooling Arrangements
Not applicable.

NOTE 27 Structured Settlements
Not applicable.

NOTE 28 Health Care Receivables
Not applicable.

NOTE 29 Participating Policies
Not applicable.

- NOTE 30 Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves\$ -
2. Date of the most recent evaluation of this liability12/31/2023
3. Was anticipated investment income utilized in the calculation?Yes [X] No []

NOTE 31 High Deductibles
Not applicable.

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses
Not applicable.

NOTE 33 Asbestos/Environmental Reserves
Not applicable.

NOTE 34 Subscriber Savings Accounts
Not applicable.

NOTE 35 Multiple Peril Crop Insurance
Not applicable.

NOTE 36 Financial Guaranty Insurance
Not applicable.

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, 2 and 3.

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.

0001352713

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 [X] No []

2.2

If yes, date of change:

12/19/2023

3.1

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

12/31/2023

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.

12/31/2018

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).

05/14/2020

3.4

By what department or departments?
TEXAS DEPARTMENT OF INSURANCE (2023) & KENTUCKY DEPARTMENT OF INSURANCE (2018)

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 [] No [] N/A [X]

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 [X] No []
Yes [X] No []

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 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If the response to 8.1 is yes, please identify the name of the DIHC.

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

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

8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [] No [X]

8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

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

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, 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, 500 NORTH AKARD STREET, SUITE 4300, DALLAS, TEXAS 75201

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 []

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).

GENERAL INTERROGATORIES

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

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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]

19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ 2,375,184
24.1	Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
24.2	If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.	

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

25.01 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 25.03)..... Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending?

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

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

25.093 Total payable for securities lending reported on the liability page.

26.1 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 25.03).

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

26.21 Subject to repurchase agreements

26.22 Subject to reverse repurchase agreements

26.23 Subject to dollar repurchase agreements

26.24 Subject to reverse dollar repurchase agreements

26.25 Placed under option agreements

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

26.27 FHLB Capital Stock

26.28 On deposit with states

26.29 On deposit with other regulatory bodies

26.30 Pledged as collateral - excluding collateral pledged to an FHLB

26.31 Pledged as collateral to FHLB - including assets backing funding agreements

26.32 Other

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

27.2 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.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108

27.42 Permitted accounting practice

27.43 Other accounting guidance

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 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?

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

29. 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?

29.01 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, N.A.	NEW YORK, NY

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

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

29.05 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.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

29.06 For those firms or individuals listed in the table for 29.05 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
105900	NEW ENGLAND ASSET MANAGEMENT, INC.	KUR85EPS460FZTFC130	SEC	NO.....

30.1 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]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		

30.3 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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

31. 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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	23,925,441	20,578,182	(3,347,259)
31.2 Preferred stocks			
31.3 Totals	23,925,441	20,578,182	(3,347,259)

31.4 Describe the sources or methods utilized in determining the fair values:
Fair values are based on end of period prices provided by independent pricing services (vendor price) such as: Refinitiv, ICE Data Services, Bloomberg, IHS Markit, S&P Capital IQ or PricingDirect. Under certain circumstances, if a vendor price is unavailable, a price may be obtained from a broker.

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

32.2 If the answer to 32.1 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 [X] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

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

33.2 If no, list exceptions:
.....

34. 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 [X]

35. 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 [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [] No []

39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$5,848
- 40.2 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	2
Name	Amount Paid
AIPSO	3,298
Florida Automobile JT Underwriting Association	2,550
.....	
- 41.1 Amount of payments for legal expenses, if any?\$ 123,995
- 41.2 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	2
Name	Amount Paid
Greenberg Traurig, P.A.	123,995
.....	
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$
- 42.2 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	2
Name	Amount Paid
.....	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND 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:

1

Current Year

2

Prior Year

2.1

Premium Numerator

2.2

Premium Denominator

10,700,314

7,384,106

2.3

Premium Ratio (2.1/2.2)

0.000

0.000

2.4

Reserve Numerator

2.5

Reserve Denominator

5,032,937

3,012,126

2.6

Reserve Ratio (2.4/2.5)

0.000

0.000

3.1

Did the reporting entity issue participating policies during the calendar year?

Yes [] No [X]

3.2

If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:

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 []

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation

Yes [] No [] N/A []

5.22

As a direct expense of the exchange

Yes [] No [] N/A []

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 []

5.5

If yes, give full information

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND 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?
The Company does not write workers' compensation.

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.
The Company writes property damage coverage on a direct basis in Florida, Georgia, Louisiana, Oklahoma, and Utah. The Company evaluates its exposures by zip code and country.

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?
The Company's marketing efforts have been focused on achieving a spread of risk to minimize catastrophe exposure. The Company participates in multiple reinsurance contracts as well as a reinsurance program that provides additional protection from excessive losses.

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 [☒]

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 catastrophic loss.
The Company is party to multiple reinsurance agreements that provide protection from covered claims, including catastrophe risks.

7.1

Has this 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 [☒]

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 [☐]

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 [☒]

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 [☒]

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 [☒] 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 36 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 [☒]

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 [☒]
Yes [☐] No [☒]
Yes [☐] No [☒]

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 [☒]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND 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 which 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 the 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):\$ 10,000

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. 3

14.1 Is the company 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 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home					
16.12 Products					
16.13 Automobile					
16.14 Other*					

* Disclose type of coverage:
.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND 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 [☒]

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 [☒]

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 [☒]

18.4

If yes, please provide the balance of 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 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

FIVE-YEAR HISTORICAL DATA

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

	1 2023	2 2022	3 2021	4 2020	5 2019
Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)					
1. Liability lines (Lines 11, 16, 17, 18 & 19)	105,107,079	56,516,119	66,975,940	50,279,211	49,141,769
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	27,541,016	16,847,144	21,641,125	14,365,240	13,082,881
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)	5,747,794	3,843,433	5,172,615	4,423,524	4,967,492
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	138,395,889	77,206,696	93,789,680	69,067,975	67,192,142
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11, 16, 17, 18 & 19)	5,163,559	2,745,046	3,279,798	2,488,749	1,557,190
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,274,676	797,357	1,037,056	683,779	401,292
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)	5,657,404	3,681,258	4,832,509	3,510,781	3,543,747
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	12,095,639	7,223,661	9,149,363	6,683,309	5,502,229
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	1,528,238	766,955	(1,234,322)	1,252,693	523,916
14. Net investment gain (loss) (Line 11)	460,023	239,143	524,548	192,200	221,649
15. Total other income (Line 15)					
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	417,535	117,358			
18. Net income (Line 20)	1,570,726	888,740	(709,774)	1,444,893	745,565
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	106,997,960	53,848,038	68,076,972	48,406,415	20,588,058
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	16,191,926	5,341,331	6,054,451	4,915,130	3,111,929
20.2 Deferred and not yet due (Line 15.2)	36,403,295	16,027,537	18,893,678	13,793,099	2,016,248
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	91,066,992	42,115,975	57,226,676	36,568,265	10,044,895
22. Losses (Page 3, Line 1)	2,275,755	1,751,965	1,758,746	977,086	463,251
23. Loss adjustment expenses (Page 3, Line 3)	375,762	274,066	289,740	163,752	77,096
24. Unearned premiums (Page 3, Line 9)	2,381,420	986,095	1,146,540	851,549	632,030
25. Capital paid up (Page 3, Lines 30 & 31)	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
26. Surplus as regards policyholders (Page 3, Line 37)	15,930,969	11,732,062	10,850,296	11,838,150	10,543,163
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	(2,838,360)	21,164	(523,986)	(483,553)	(375,003)
Risk-Based Capital Analysis					
28. Total adjusted capital	15,930,969	11,732,062	10,850,296	11,838,150	10,543,163
29. Authorized control level risk-based capital	2,217,367	1,484,543	2,753,309	1,312,247	1,480,910
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0					
30. Bonds (Line 1)	61.5	92.9	94.5	87.6	78.2
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)	38.5	7.1	5.5	12.4	21.8
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
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Schedule 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)					

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2023	2 2022	3 2021	4 2020	5 2019
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)					
52. Dividends to stockholders (Line 35)	(221,883)		(750,000)		
53. Change in surplus as regards policyholders for the year (Line 38)	4,198,908	881,766	(987,854)	1,294,987	943,215
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11, 16, 17, 18 & 19)	46,357,560	46,866,196	39,162,733	25,152,547	10,068,683
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	11,340,367	11,674,733	14,075,871	6,854,045	4,091,583
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)	(200)		10,372	10,000	
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59. Total (Line 35)	57,697,727	58,540,929	53,248,976	32,016,592	14,160,266
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11, 16, 17, 18 & 19)	2,317,382	2,338,212	1,925,711	1,030,590	302,002
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	567,949	583,731	704,451	327,142	125,618
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)	(5)		519	369	
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65. Total (Line 35)	2,885,326	2,921,943	2,630,681	1,358,101	427,620
Operating Percentages (Page 4) (Line 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)	31.9	39.5	38.5	29.0	15.8
68. Loss expenses incurred (Line 3)	5.7	4.6	5.7	5.6	4.0
69. Other underwriting expenses incurred (Line 4)	48.1	46.4	69.2	46.1	69.5
70. Net underwriting gain (loss) (Line 8)	14.3	10.4	(13.9)	19.4	10.7
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)	42.6	46.6	67.5	44.5	62.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	37.6	44.0	44.2	34.6	19.8
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)	75.9	61.6	84.3	56.5	52.2
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)	(251)	5	(63)	(31)	(46)
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).....	(2.1)	0.1	(0.5)	(0.3)	(0.5)
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(63)	(118)	(50)	(65)	(81)
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)	(0.6)	(1.0)	(0.5)	(0.7)	(0.9)

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 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023 NAIC Company Code 11665

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b).....												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)	95, 147	113, 732		17, 958	(200)	(10, 200)	20, 000		(1, 017)	2, 034	11, 081	2, 235
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 Private Passenger Auto No-Fault (Personal Injury Protection)	20, 312, 540	10, 571, 265		10, 200, 374	3, 051, 280	5, 346, 939	2, 689, 033	14, 110	106, 322	92, 212	2, 703, 058	373, 425
19.2 Other Private Passenger Auto Liability	84, 794, 539	71, 519, 597		28, 033, 863	43, 306, 280	50, 260, 455	40, 593, 540	487, 681	1, 743, 481	4, 567, 011	9, 686, 050	1, 478, 530
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage	27, 541, 016	22, 632, 148		9, 376, 215	11, 340, 367	12, 546, 956	2, 241, 169	193, 822	228, 868	114, 420	3, 102, 570	508, 978
21.2 Commercial 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. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	5, 652, 647	5, 652, 647									5, 383, 549	
35. Total (a)	138, 395, 889	110, 489, 388		47, 628, 410	57, 697, 727	68, 144, 149	45, 543, 742	695, 613	2, 077, 654	4, 775, 677	20, 886, 308	2, 363, 168
DETAILS OF WRITE-INS												
3401. Policy Fees	5, 652, 647	5, 652, 647									5, 383, 549	
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	5, 652, 647	5, 652, 647									5, 383, 549	

(a) Finance and service charges not included in Lines 1 to 35 \$
(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 - Assumed Reinsurance

N O N E

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance 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	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates																			
39-1173498 ..	.29068 ..	AMERICAN FAMILY CONNECT PROP & CAS I	WI.....	.....2.....	.....27,618.....	.....1,797.....	.....501.....	.....3,923.....	.....57.....	.....4,581.....	.....1,403.....	.....11,590.....		.....23,853.....		.....11,671.....		.....12,182.....	
06-1430254 ..	.10348 ..	ARCH REINS CO	DE.....	.....2.....	.....3.....														
38-2145898 ..	.33499 ..	DORINCO REINS CO	MI.....	.....2.....	.....29,832.....	.....1,959.....	.....435.....	.....4,351.....	.....12.....	.....5,164.....	.....1,445.....	.....10,934.....		.....24,300.....		.....12,316.....		.....11,984.....	
35-2293075 ..	.11551 ..	ENDURANCE ASSUR CORP	DE.....	.....2.....	.....11,988.....	.....602.....	.....100.....	.....1,524.....		.....2,539.....	.....636.....	.....3,638.....		.....9,038.....		.....3,881.....		.....5,157.....	
04-1543470 ..	.23043 ..	LIBERTY MUT INS CO	MA.....	.....2.....		.....(2).....		.....3.....		.....4.....	.....1.....			.....7.....				.....7.....	
02-0170490 ..	.14788 ..	NGM INS CO	FL.....	.....2.....		.....21.....	.....1.....	.....291.....		.....253.....	.....92.....			.....658.....		.....3.....		.....655.....	
47-0698507 ..	.23680 ..	ODYSSEY REINS CO	CT.....	.....2.....	.....15,043.....	.....765.....	.....125.....	.....1,524.....		.....2,982.....	.....741.....	.....4,423.....		.....10,560.....		.....4,882.....		.....5,679.....	
13-3031176 ..	.38636 ..	PARTNER REINS CO OF THE US	NY.....	.....2.....		.....8.....		.....36.....		.....39.....	.....12.....			.....95.....				.....95.....	
30-0703280 ..	.15529 ..	RENAISSANCE EUROPE AG US BRANCH	NY.....	.....2.....				.....1.....						.....1.....				.....1.....	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers						84,484	5,151	1,161	11,653	70	15,562	4,332	30,584	68,513		32,753		35,760	
AA-1126435 ..	.00000 ..	LLOYD'S SYNDICATE NUMBER 435	GBR.....		.....5.....														
		LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO																	
AA-1126566 ..	.00000 ..	2999)	GBR.....		.....2.....														
AA-1126609 ..	.00000 ..	LLOYD'S SYNDICATE NUMBER 609	GBR.....		.....2.....														
AA-1127414 ..	.00000 ..	LLOYD'S SYNDICATE NUMBER 1414	GBR.....		.....3.....														
AA-1120124 ..	.00000 ..	LLOYD'S SYNDICATE NUMBER 1945	GBR.....		.....1.....														
AA-1128121 ..	.00000 ..	LLOYD'S SYNDICATE NUMBER 2121	GBR.....		.....1.....														
AA-1128791 ..	.00000 ..	LLOYD'S SYNDICATE NUMBER 2791	GBR.....		.....11.....														
AA-1128987 ..	.00000 ..	LLOYD'S SYNDICATE NUMBER 2987	GBR.....		.....4.....														
1299999. Total Authorized - Other Non-U.S. Insurers						29													
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)						84,513	5,151	1,161	11,653	70	15,562	4,332	30,584	68,513		32,753		35,760	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
30-0708277 ..	.00000 ..	ORPHEUS RE LTD	BRB.....	.....2.....	.....6,637.....	.....1,077.....	.....216.....	.....987.....	.....7.....	.....1,289.....	.....369.....	.....2,381.....		.....6,325.....		.....3,472.....		.....2,853.....	
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other						6,637	1,077	216	987	7	1,289	369	2,381	6,325		3,472		2,853	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)						6,637	1,077	216	987	7	1,289	369	2,381	6,325		3,472		2,853	
2299999. Total Unauthorized - Affiliates						6,637	1,077	216	987	7	1,289	369	2,381	6,325		3,472		2,853	
84-3312314 ..	.00000 ..	OSPREY RE LLC	GA.....	.....2.....	.....20,303.....	.....1,373.....	.....418.....	.....2,120.....	.....53.....	.....2,740.....	.....914.....	.....8,808.....		.....16,426.....		.....9,098.....		.....7,328.....	.....5,346.....
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers						20,303	1,373	418	2,120	53	2,740	914	8,808	16,426		9,098		7,328	5,346
AA-1460019 ..	.00000 ..	MS AMLIN AG	CHE.....	.....2.....		.....13.....		.....62.....		.....63.....	.....21.....			.....159.....				.....159.....	.....29.....
AA-3191306 ..	.00000 ..	BLUEFIRE RE LTD	BMU.....	.....2.....	.....(142).....	.....111.....		.....229.....		.....360.....	.....103.....			.....802.....				.....802.....	.....9,821.....
AA-1460018 ..	.00000 ..	CATLIN RE SWITZERLAND LTD	CHE.....	.....2.....		.....21.....		.....102.....		.....106.....	.....35.....			.....265.....				.....265.....	
AA-3770420 ..	.00000 ..	COASTAL INS SPC	CYM.....	.....2.....	.....6,960.....	.....865.....	.....90.....	.....1,966.....		.....1,978.....	.....560.....	.....1,081.....		.....6,539.....		.....1,613.....		.....4,926.....	.....2,766.....
AA-3770495 ..	.00000 ..	CORINTHIAN RE SPC	CYM.....	.....2.....	.....(2).....	.....18.....	.....(18).....	.....216.....		.....226.....	.....87.....			.....529.....				.....529.....	
AA-5320039 ..	.00000 ..	PEAK REINS CO LTD	HKG.....	.....2.....	.....3,383.....	.....249.....	.....30.....	.....715.....		.....1,035.....	.....272.....	.....1,065.....		.....2,346.....		.....1,132.....		.....2,234.....	
AA-3191298 ..	.00000 ..	QATAR REINS CO LTD	BMU.....	.....2.....	.....(113).....	.....69.....		.....156.....		.....256.....	.....72.....			.....553.....				.....553.....	
AA-1460023 ..	.00000 ..	RENAISSANCE EUROPE AG	CHE.....	.....2.....		.....(3).....	.....3.....			.....1.....				.....2.....				.....2.....	
AA-3770492 ..	.00000 ..	TOPSAIL REINS SPC LTD	CYM.....	.....2.....		.....189.....	.....42.....	.....205.....		.....186.....	.....80.....			.....702.....				.....702.....	.....59.....
AA-3191250 ..	.00000 ..	WATFORD RE LTD	BMU.....	.....2.....				.....2.....		.....1.....				.....3.....				.....3.....	
2699999. Total Unauthorized - Other Non-U.S. Insurers						10,085	1,530	147	3,652	4,213	1,232	2,146		12,921		2,745		10,176	12,675
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						37,026	3,979	781	6,759	8,242	2,515	13,336		35,672		15,315		20,357	18,021
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			
3699999. Total Certified - Affiliates																			
CR-1460019 ..	.00000 ..	MS AMLIN AG	CHE.....	.....2.....	.....4,599.....	.....179.....	.....37.....	.....353.....		.....699.....	.....168.....	.....1,327.....		.....2,763.....		.....1,465.....		.....1,298.....	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
4099999. Total Certified - Other Non-U.S. Insurers					4,599	179	37	353		699	168	1,327		2,763		1,465		1,298	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					4,599	179	37	353		699	168	1,327		2,763		1,465		1,298	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																			
5099999. Total Reciprocal Jurisdiction - Affiliates																			
RJ-1126566 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)	GBR.....		7														
RJ-1126609 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 609	GBR.....		7														
RJ-1126727 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 727	GBR.....		7														
RJ-1127414 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 1414	GBR.....		12														
RJ-1120106 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 1969	GBR.....		21														
RJ-1128121 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 2121	GBR.....		4														
RJ-1128791 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 2791	GBR.....		91														
RJ-1128987 ..	.00000 .	LLOYD'S SYNDICATE NUMBER 2987	GBR.....		12														
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers					162														
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					162														
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					126,300	9,309	1,980	18,765	130	24,503	7,015	45,247		106,948		49,533		57,415	18,021
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																			
9999999 Totals					126,300	9,309	1,980	18,765	130	24,503	7,015	45,247		106,948		49,533		57,415	18,021

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX											XXX		
0899999. Total Authorized - Affiliates				XXX											XXX		
39-1173498 ..	AMERICAN FAMILY CONNECT PROP & CAS I					11,671	12,182		23,853	28,624	11,671	16,952		16,952	3.....		475
06-1430254 ..	ARCH REINS CO														2.....		
38-2145898 ..	DORINCO REINS CO					12,316	11,984		24,300	29,160	12,316	16,844		16,844	3.....		472
35-2293075 ..	ENDURANCE ASSUR CORP					3,881	5,157		9,038	10,846	3,881	6,965		6,965	2.....		146
04-1543470 ..	LIBERTY MUT INS CO						7		7	8		8		8	3.....		
02-0170490 ..	NGM INS CO					3	655		658	790	3	787		787	3.....		22
47-0698507 ..	ODYSSEY REINS CO					4,882	5,679		10,560	12,672	4,882	7,791		7,791	2.....		164
13-3031176 ..	PARTNER REINS CO OF THE US						95		95	114		114		114	2.....		2
30-0703280 ..	RENAISSANCE EUROPE AG US BRANCH						1		1	2		2		2	2.....		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX		32,753	35,760		68,513	82,215	32,753	49,462		49,462	XXX		1,281
AA-1126435 ..	LLOYD'S SYNDICATE NUMBER 435														6.....		
AA-1126566 ..	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)														6.....		
AA-1126609 ..	LLOYD'S SYNDICATE NUMBER 609														6.....		
AA-1127414 ..	LLOYD'S SYNDICATE NUMBER 1414														6.....		
AA-1120124 ..	LLOYD'S SYNDICATE NUMBER 1945														6.....		
AA-1128121 ..	LLOYD'S SYNDICATE NUMBER 2121														6.....		
AA-1128791 ..	LLOYD'S SYNDICATE NUMBER 2791														6.....		
AA-1128987 ..	LLOYD'S SYNDICATE NUMBER 2987														6.....		
1299999. Total Authorized - Other Non-U.S. Insurers				XXX											XXX		
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX		32,753	35,760		68,513	82,215	32,753	49,462		49,462	XXX		1,281
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30-0708277 ..	ORPHEUS RE LTD					2,856	6,325		6,325	7,590	3,472	4,118	2,856	1,262	6.....	86	151
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other				XXX	2,856	6,325			6,325	7,590	3,472	4,118	2,856	1,262	XXX	86	151
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	2,856	6,325			6,325	7,590	3,472	4,118	2,856	1,262	XXX	86	151
2299999. Total Unauthorized - Affiliates				XXX	2,856	6,325			6,325	7,590	3,472	4,118	2,856	1,262	XXX	86	151
84-3312314 ..	OSPREY RE LLC		1,982	0007		16,426			16,426	19,711	14,444	5,267	1,982	3,285	6.....	59	394
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers			1,982	XXX		16,426			16,426	19,711	14,444	5,267	1,982	3,285	XXX	59	394
AA-1460019 ..	MS AMLIN AG		131	0001		159			159	191	29	162	131	32	3.....	4	1
AA-3191306 ..	BLUEFIRE RE LTD		1,574	0011		802			802	963		963			6.....		
AA-1460018 ..	CATLIN RE SWITZERLAND LTD		511	0004		265			265	318		318		318	2.....	7	
AA-3770420 ..	COASTAL INS SPC		2,160	0008		6,539			6,539	7,847	4,379	3,468	2,160	1,308	6.....	65	157
AA-3770495 ..	CORINTHIAN RE SPC		529	0010		529			529	634		634		529	6.....	16	13
AA-5320039 ..	PEAK REINS CO LTD		3,328	0006		3,366			3,366	4,040	1,132	2,908	2,908		4.....	87	
AA-3191298 ..	QATAR REINS CO LTD		1,317	0003		553			553	664		664		664	6.....	20	
AA-1460023 ..	RENAISSANCE EUROPE AG		3,065	0002		2			2	2		2		2	2.....		
AA-3770492 ..	TOPSAIL REINS SPC LTD		712	0009		702			702	843	59	783	712	71	6.....	21	9
AA-3191250 ..	WATFORD RE LTD		250	0005		3			3	4		4		4	6.....		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
2699999. Total Unauthorized - Other Non-U.S. Insurers			13,577	XXX		12,921			12,921	15,505	6,562	8,944	7,427	1,516	XXX	220	179
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			15,558	XXX	2,856	35,672			35,672	42,807	24,478	18,329	12,265	6,064	XXX	365	725
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX											XXX		
3699999. Total Certified - Affiliates				XXX											XXX		
CR-1460019 .. MS AML IN AG			3,443	0001		2,763			2,763	3,316	1,465	1,851	1,851		3	52	
4099999. Total Certified - Other Non-U.S. Insurers			3,443	XXX		2,763			2,763	3,316	1,465	1,851	1,851		XXX	52	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			3,443	XXX		2,763			2,763	3,316	1,465	1,851	1,851		XXX	52	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX											XXX		
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX											XXX		
RJ-1126566 .. LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)															6		
RJ-1126609 .. LLOYD'S SYNDICATE NUMBER 609															6		
RJ-1126727 .. LLOYD'S SYNDICATE NUMBER 727															6		
RJ-1127414 .. LLOYD'S SYNDICATE NUMBER 1414															6		
RJ-1120106 .. LLOYD'S SYNDICATE NUMBER 1969															6		
RJ-1128121 .. LLOYD'S SYNDICATE NUMBER 2121															6		
RJ-1128791 .. LLOYD'S SYNDICATE NUMBER 2791															6		
RJ-1128987 .. LLOYD'S SYNDICATE NUMBER 2987															6		
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX											XXX		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX											XXX		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			19,001	XXX	2,856	71,188	35,760		106,948	128,338	58,695	69,643	14,116	55,526	XXX	417	2,006
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals			19,001	XXX	2,856	71,188	35,760		106,948	128,338	58,695	69,643	14,116	55,526	XXX	417	2,006

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 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 Current	Overdue					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41												
0499999. Total Authorized - Affiliates - U.S. Non-Pool																		XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																		XXX	
0899999. Total Authorized - Affiliates																		XXX	
39-1173498 ..	AMERICAN FAMILY CONNECT PROP & CAS I	2,298						2,298			2,298							YES	
06-1430254 ..	ARCH REINS CO																	YES	
38-2145898 ..	DORINCO REINS CO	2,390		5			5	2,394			2,394			0.2				YES	
35-2293075 ..	ENDURANCE ASSUR CORP	702						702			702							YES	
04-1543470 ..	LIBERTY MUT INS CO	(2)						(2)			(2)			(3.9)				YES	
02-0170490 ..	NGM INS CO	22						22			22							YES	
47-0698507 ..	ODYSSEY REINS CO	890						890			890							YES	
13-3031176 ..	PARTNER REINS CO OF THE US	8						8			8							YES	
30-0703280 ..	RENAISSANCE EUROPE AG US BRANCH																	YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		6,307		5			5	6,312			6,312			0.1				XXX	
AA-1126435 ..	LLOYD'S SYNDICATE NUMBER 435																	YES	
	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)																		
AA-1126566 ..																		YES	
AA-1126609 ..	LLOYD'S SYNDICATE NUMBER 609																	YES	
AA-1127414 ..	LLOYD'S SYNDICATE NUMBER 1414																	YES	
AA-1120124 ..	LLOYD'S SYNDICATE NUMBER 1945																	YES	
AA-1128121 ..	LLOYD'S SYNDICATE NUMBER 2121																	YES	
AA-1128791 ..	LLOYD'S SYNDICATE NUMBER 2791																	YES	
AA-1128987 ..	LLOYD'S SYNDICATE NUMBER 2987																	YES	
1299999. Total Authorized - Other Non-U.S. Insurers																		XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		6,307		5			5	6,312			6,312			0.1				XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																		XXX	
30-0708277 ..	ORPHEUS RE LTD	737		555			555	1,292			1,292			42.9				YES	
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other		737		555			555	1,292			1,292			42.9				XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		737		555			555	1,292			1,292			42.9				XXX	
2299999. Total Unauthorized - Affiliates		737		555			555	1,292			1,292			42.9				XXX	
84-3312314 ..	OSPREY RE LLC	1,791						1,791			1,791							YES	
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers		1,791						1,791			1,791							XXX	
AA-1460019 ..	MS AMLIN AG	13						13			13							YES	
AA-3191306 ..	BLUEFIRE RE LTD	111						111			111							YES	
AA-1460018 ..	CATLIN RE SWITZERLAND LTD	21						21			21							YES	
AA-3770420 ..	COASTAL INS SPC	901	52	3			54	955			955			5.7				YES	
AA-3770495 ..	CORINTHIAN RE SPC																	YES	
AA-5320039 ..	PEAK REINS CO LTD	278						278			278							YES	
AA-3191298 ..	QATAR REINS CO LTD	69						69			69							YES	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 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 Current	Overdue					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41												
AA-1460023 ..	RENAISSANCERE EUROPE AG																	YES.....	
AA-3770492 ..	TOPSAIL REINS SPC LTD	4	16	211			227	231			231			98.4				YES.....	
AA-3191250 ..	WATFORD RE LTD																	YES.....	
2699999. Total Unauthorized - Other Non-U.S. Insurers		1,396	67	214			281	1,678			1,678			16.8				XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		3,924	67	769			836	4,760			4,760			17.6				XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)																		XXX	
3699999. Total Certified - Affiliates																		XXX	
CR-1460019 ..	MS AMLIN AG	217						217			217							YES.....	
4099999. Total Certified - Other Non-U.S. Insurers		217						217			217							XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		217						217			217							XXX	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																		XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																		XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates																		XXX	
RJ-1126566 ..	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)																	YES.....	
RJ-1126609 ..	LLOYD'S SYNDICATE NUMBER 609																	YES.....	
RJ-1126727 ..	LLOYD'S SYNDICATE NUMBER 727																	YES.....	
RJ-1127414 ..	LLOYD'S SYNDICATE NUMBER 1414																	YES.....	
RJ-1120106 ..	LLOYD'S SYNDICATE NUMBER 1969																	YES.....	
RJ-1128121 ..	LLOYD'S SYNDICATE NUMBER 2121																	YES.....	
RJ-1128791 ..	LLOYD'S SYNDICATE NUMBER 2791																	YES.....	
RJ-1128987 ..	LLOYD'S SYNDICATE NUMBER 2987																	YES.....	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers																		XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																		XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		10,448	67	774			841	11,289			11,289			7.5				XXX	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																		XXX	
9999999 Totals		10,448	67	774			841	11,289			11,289			7.5				XXX	

SCHEDULE F - PART 3 (Continued)

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance																
		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%)	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)	
														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		
04999999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
07999999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
08999999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39-1173498	AMERICAN FAMILY CONNECT PROP & CAS I	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	
38-2145898	DORINCO REINS 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	
04-1543470	LIBERTY 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	
47-0698507	ODYSSEY REINS 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	
30-0703280	RENAISSANCERE EUROPE AG US BRANCH	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
09999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126435	LLOYD'S SYNDICATE NUMBER 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126566	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126609	LLOYD'S SYNDICATE NUMBER 609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127414	LLOYD'S SYNDICATE NUMBER 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120124	LLOYD'S SYNDICATE NUMBER 1945	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128121	LLOYD'S SYNDICATE NUMBER 2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128791	LLOYD'S SYNDICATE NUMBER 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128987	LLOYD'S SYNDICATE NUMBER 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12999999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
14999999. Total Authorized Excluding Protected Cells (Sum of 08999999, 09999999, 10999999, 11999999 and 12999999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
18999999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30-0708277	ORPHEUS RE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
20999999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21999999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22999999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
84-3312314	OSPREY RE LLC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23999999. Total Unauthorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS AMLIN AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3191306	BLUEFIRE RE LTD	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	
AA-3770420	COASTAL INS SPC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3770495	CORINTHIAN RE SPC	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	
AA-3191298	QATAR REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1460023	RENAISSANCERE EUROPE AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3770492	TOPSAIL REINS SPC LTD	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	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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	55	56	57	58	59	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			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)												
2699999. Total Unauthorized - Other Non-U.S. Insurers			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	
3299999. Total Certified - Affiliates - U.S. Non-Pool			XXX					XXX	XXX										
3599999. Total Certified - Affiliates - Other (Non-U.S.)			XXX					XXX	XXX										
3699999. Total Certified - Affiliates			XXX					XXX	XXX										
CR-1460019	MS AML IN AG	3	03/08/2022	20.0		1,298	260	265.2	100.0		1,298								
4099999. Total Certified - Other Non-U.S. Insurers			XXX			1,298	260	XXX	XXX		1,298								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX			1,298	260				1,298								
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1126566	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1126609	LLOYD'S SYNDICATE NUMBER 609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1126727	LLOYD'S SYNDICATE NUMBER 727	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1127414	LLOYD'S SYNDICATE NUMBER 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1120106	LLOYD'S SYNDICATE NUMBER 1969	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1128121	LLOYD'S SYNDICATE NUMBER 2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1128791	LLOYD'S SYNDICATE NUMBER 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1128987	LLOYD'S SYNDICATE NUMBER 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers			XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX			1,298	260	XXX	XXX		1,298								
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX										
9999999 Totals			XXX			1,298	260	XXX	XXX		1,298								

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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%])	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 Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
0499999.	Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
0899999.	Total Authorized - Affiliates		XXX	XXX				XXX	XXX	
39-1173498 ..	AMERICAN FAMILY CONNECT PROP & CAS I		XXX	XXX				XXX	XXX	
06-1430254 ..	ARCH REINS CO		XXX	XXX				XXX	XXX	
38-2145898 ..	DORINCO REINS CO		XXX	XXX				XXX	XXX	
35-2293075 ..	ENDURANCE ASSUR CORP		XXX	XXX				XXX	XXX	
04-1543470 ..	LIBERTY MUT INS CO		XXX	XXX				XXX	XXX	
02-0170490 ..	NGM INS CO		XXX	XXX				XXX	XXX	
47-0698507 ..	ODYSSEY REINS CO		XXX	XXX				XXX	XXX	
13-3031176 ..	PARTNER REINS CO OF THE US		XXX	XXX				XXX	XXX	
30-0703280 ..	RENAISSANCE EUROPE AG US BRANCH		XXX	XXX				XXX	XXX	
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-1126435 ..	LLOYD'S SYNDICATE NUMBER 435		XXX	XXX				XXX	XXX	
AA-1126566 ..	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)		XXX	XXX				XXX	XXX	
AA-1126609 ..	LLOYD'S SYNDICATE NUMBER 609		XXX	XXX				XXX	XXX	
AA-1127414 ..	LLOYD'S SYNDICATE NUMBER 1414		XXX	XXX				XXX	XXX	
AA-1120124 ..	LLOYD'S SYNDICATE NUMBER 1945		XXX	XXX				XXX	XXX	
AA-1128121 ..	LLOYD'S SYNDICATE NUMBER 2121		XXX	XXX				XXX	XXX	
AA-1128791 ..	LLOYD'S SYNDICATE NUMBER 2791		XXX	XXX				XXX	XXX	
AA-1128987 ..	LLOYD'S SYNDICATE NUMBER 2987		XXX	XXX				XXX	XXX	
1299999.	Total Authorized - Other Non-U.S. Insurers		XXX	XXX				XXX	XXX	
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX				XXX	XXX	
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX		XXX	
30-0708277 ..	ORPHEUS RE LTD				XXX	XXX	XXX		XXX	
2099999.	Total Unauthorized - Affiliates - Other (Non-U.S.) - Other				XXX	XXX	XXX		XXX	
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX		XXX	
2299999.	Total Unauthorized - Affiliates				XXX	XXX	XXX		XXX	
84-3312314 ..	OSPREY RE LLC				XXX	XXX	XXX		XXX	
2399999.	Total Unauthorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX		XXX	
AA-1460019 ..	MS AMLIN AG				XXX	XXX	XXX		XXX	
AA-3191306 ..	BLUEFIRE RE LTD				XXX	XXX	XXX		XXX	
AA-1460018 ..	CATLIN RE SWITZERLAND LTD				XXX	XXX	XXX		XXX	
AA-3770420 ..	COASTAL INS SPC				XXX	XXX	XXX		XXX	
AA-3770495 ..	CORINTHIAN RE SPC				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-1460023 ..	RENAISSANCE EUROPE AG				XXX	XXX	XXX		XXX	
AA-3770492 ..	TOPSAIL REINS SPC LTD				XXX	XXX	XXX		XXX	

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

26.1

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
0001	2.....	026002574	BARCLAYS BANK PLC, NEW YORK BRANCH .....	.786
0001	2.....	981390502	LLOYDS BANK CORPORATE MARKETS PLC, NEW YORK BRANCH .....	.786
0001	2.....	026007728	NATIONAL AUSTRALIA BANK LIMITED .....	.715
0001	2.....	026007689	BNP PARIBAS, NEW YORK BRANCH .....	.643
0001	2.....	026008044	COMMERZBANK, A.G. ....	.643
0002	1.....	021000089	CITIBANK NA	3,065
0003	1.....	026009917	AUSTRALIA AND NEW ZEALAND BANKING GROUP LTD	1,317
0004	1.....	021000089	CITIBANK NA .....	.511
0005	1.....	981390502	LLOYDS BANK CORPORATE MARKETS PLC, NEW YORK BRANCH .....	.250
0006	3.....	026001591	STANDARD CHARTERED	3,237
0006	3.....	026008073	CREDIT AGRICOLE CORPORATE AND INVESTMENT BANK, NEW YORK BRANCH .....	.90
0007	1.....	111000753	COMERICA BANK, DETROIT, MI	1,982
0008	1.....	111000753	COMERICA BANK, DETROIT, MI	2,160
0009	1.....	101000019	COMMERCE BANK .....	.712
0010	1.....	111000753	COMERICA BANK, DETROIT, MI .....	.529
0011	1.....	021272778	MORGAN STANLEY	1,574
Total				19,001

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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
	Name of Reinsurer	Commission Rate	Ceded Premium
1.	ORPHEUS RE LTD	20.000	6,637
2.	AMERICAN FAMILY CONNECT PROP & CAS I	19.000	17,862
3.	OSPREY RE LLC	19.000	12,780
4.	ENDURANCE ASSUR CORP	19.000	1,214
5.	DORINCO REINS CO	19.000	810

B. 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
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	DORINCO REINS CO	24,300	29,832	Yes [] No [X]
7.	AMERICAN FAMILY CONNECT PROP & CAS I	23,853	27,618	Yes [] No [X]
8.	OSPREY RE LLC	16,426	20,303	Yes [] No [X]
9.	ODYSSEY REINS CO	10,560	15,043	Yes [] No [X]
10.	ENDURANCE ASSUR CORP	9,038	11,988	Yes [] No [X]

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

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)	38,882,062		38,882,062
2. Premiums and considerations (Line 15)	52,595,221		52,595,221
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	11,288,842	(11,288,842)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	4,231,836		4,231,836
6. Net amount recoverable from reinsurers		39,394,259	39,394,259
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	106,997,960	28,105,417	135,103,378
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	2,651,517	50,412,236	53,063,753
10. Taxes, expenses, and other obligations (Lines 4 through 8)	1,990,538		1,990,538
11. Unearned premiums (Line 9)	2,381,420	45,246,990	47,628,410
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)	49,532,626	(49,532,626)	
15. Funds held by company under reinsurance treaties (Line 13)	18,021,182	(18,021,182)	
16. Amounts withheld or retained by company for account of others (Line 14)	5,889,881		5,889,881
17. Provision for reinsurance (Line 16)			
18. Other liabilities	10,599,826		10,599,826
19. Total liabilities excluding protected cell business (Line 26)	91,066,992	28,105,417	119,172,409
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	15,930,969	XXX	15,930,969
22. Totals (Line 38)	106,997,960	28,105,417	135,103,378

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 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	4,757	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	5,687	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	(505)	(8.9)												
4. Cost containment expenses	(51)	(0.9)												
5. Incurred claims and cost containment expenses (Lines 3 and 4)	(556)	(9.8)												
6. Increase in contract reserves														
7. Commissions (a)	(79)	(1.4)												
8. Other general insurance expenses	473	8.3												
9. Taxes, licenses and fees	2,235	39.3												
10. Total other expenses incurred	2,629	46.2												
11. Aggregate write-ins for deductions														
12. Gain from underwriting before dividends or refunds .	3,613	63.5												
13. Dividends or refunds														
14. Gain from underwriting after dividends or refunds	3,613	63.5												
DETAILS OF WRITE-INS														
1101.														
1102.														
1103.														
1198. Summary of remaining write-ins for Line 11 from overflow page														
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)														

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		XXX		XXX		XXX		XXX		XXX	4,757	XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX	5,687	XXX
3. Incurred claims											(505)	(8.9)
4. Cost containment expenses											(51)	(0.9)
5. Incurred claims and cost containment expenses (Lines 3 and 4)											(556)	(9.8)
6. Increase in contract reserves												
7. Commissions (a)											(79)	(1.4)
8. Other general insurance expenses											473	8.3
9. Taxes, licenses and fees											2,235	39.3
10. Total other expenses incurred											2,629	46.2
11. Aggregate write-ins for deductions												
12. Gain from underwriting before dividends or refunds .											3,613	63.5
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds											3,613	63.5
DETAILS OF WRITE-INS												
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page												
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)												

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	898												898
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year	898												898
5. Total premium reserves, prior year	1,827												1,827
6. Increase in total premium reserves	(929)												(929)
B. Contract Reserves:													
1. Additional reserves (a)													
2. Reserve for future contingent benefits													
3. Total contract reserves, current year													
4. Total contract reserves, prior year													
5. Increase in contract reserves													
C. Claim Reserves and Liabilities:													
1. Total current year	1,000												1,000
2. Total prior year	1,500												1,500
3. Increase	(500)												(500)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	(5)												(5)
1.2 On claims incurred during current year													
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	1,000												1,000
2.2 On claims incurred during current year													
3. Test:													
3.1 Lines 1.1 and 2.1	995												995
3.2 Claim reserves and liabilities, December 31, prior year	1,500												1,500
3.3 Line 3.1 minus Line 3.2	(505)												(505)

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written	90,390												90,390
2. Premiums earned	108,045												108,045
3. Incurred claims	(9,695)												(9,695)
4. Commissions	15,050												15,050

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims												(10,200)	(10,200)
2. Beginning claim reserves and liabilities												30,000	30,000
3. Ending claim reserves and liabilities												20,000	20,000
4. Claims paid												(200)	(200)
B. Assumed Reinsurance:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
C. Ceded Reinsurance:													
1. Incurred claims												(9,695)	(9,695)
2. Beginning claim reserves and liabilities												28,500	28,500
3. Ending claim reserves and liabilities												19,000	19,000
4. Claims paid												(195)	(195)
D. Net:													
1. Incurred claims												(505)	(505)
2. Beginning claim reserves and liabilities												1,500	1,500
3. Ending claim reserves and liabilities												1,000	1,000
4. Claims paid												(5)	(5)
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses												(556)	(556)
2. Beginning reserves and liabilities												1,653	1,653
3. Ending reserves and liabilities												1,102	1,102
4. Paid claims and cost containment expenses												(5)	(5)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 (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.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....
2. 2014.....	4,417.....	3,406.....	1,011.....	3,658.....	2,752.....	53.....	36.....	218.....	164.....	249.....	977.....	XXX.....
3. 2015.....	9,944.....	9,258.....	686.....	9,494.....	8,964.....	369.....	352.....	695.....	627.....	351.....	615.....	XXX.....
4. 2016.....	9,113.....	8,781.....	332.....	8,398.....	8,039.....	217.....	208.....	518.....	494.....	119.....	391.....	XXX.....
5. 2017.....	4,326.....	4,154.....	172.....	2,922.....	2,775.....	48.....	47.....	343.....	325.....	7.....	167.....	XXX.....
6. 2018.....	2,341.....	2,259.....	83.....	1,502.....	1,426.....	42.....	40.....	165.....	157.....	5.....	86.....	XXX.....
7. 2019.....	48,299.....	46,888.....	1,412.....	26,126.....	25,319.....	45.....	42.....	4,365.....	4,233.....	42.....	941.....	XXX.....
8. 2020.....	64,755.....	61,753.....	3,002.....	37,847.....	36,019.....	93.....	88.....	6,836.....	6,507.....	114.....	2,162.....	XXX.....
9. 2021.....	83,075.....	79,035.....	4,040.....	68,338.....	64,921.....	605.....	574.....	7,313.....	6,947.....	225.....	3,813.....	XXX.....
10. 2022.....	76,743.....	73,031.....	3,711.....	48,373.....	45,955.....	413.....	393.....	6,275.....	5,962.....	142.....	2,753.....	XXX.....
11. 2023.....	104,837.....	99,789.....	5,048.....	33,982.....	32,283.....	481.....	457.....	8,531.....	8,104.....	70.....	2,150.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	240,639.....	228,452.....	2,365.....	2,237.....	35,258.....	33,520.....	1,325.....	14,054.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													....XXX....
2. 2014.....													....XXX....
3. 2015.....													....XXX....
4. 2016.....			..... 1	..... 1									....XXX....
5. 2017.....			..... 2	..... 2									....XXX....
6. 2018.....			..... 2	..... 2			..... 1						....XXX....
7. 2019.....	.....116	.....111	..... 56	.....53			.....23	..... 22	..... 9	..... 8		..... 9	....XXX....
8. 2020.....	.....293	.....278	.....254	.....242			..... 65	..... 62	..... 26	..... 25		..... 32	....XXX....
9. 2021.....	.....1,095	.....1,040	.....1,219	.....1,158			.....295	.....280	.....122	.....116		.....137	....XXX....
10. 2022.....	.....2,456	.....2,333	.....3,062	.....2,909			.....553	.....525	.....300	.....285		.....319	....XXX....
11. 2023.....	15,792	15,002	21,197	20,137	136	130	3,702	3,517	2,287	2,173		2,156	xxx
12. Totals.....	19,751	18,765	25,792	24,503	137	130	4,639	4,407	2,744	2,607		2,652	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. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	.....	.....
2. 2014.....	3,929.....	2,952.....	977.....	88.9.....	86.7.....	96.6.....	.....	.....	.....	.....	.....
3. 2015.....	10,558.....	9,942.....	615.....	106.2.....	107.4.....	89.7.....	.....	.....	.....	.....	.....
4. 2016.....	9,134.....	8,743.....	391.....	100.2.....	99.6.....	117.8.....	.....	.....	.....	.....	.....
5. 2017.....	3,315.....	3,149.....	167.....	76.6.....	75.8.....	97.1.....	.....	.....	.....	.....	.....
6. 2018.....	1,712.....	1,626.....	86.....	73.1.....	72.0.....	104.0.....	.....	.....	.....	.....	.....
7. 2019.....	30,738.....	29,789.....	949.....	63.6.....	63.5.....	67.3.....	.....	.....	.....	7.....	1.....
8. 2020.....	45,414.....	43,220.....	2,193.....	70.1.....	70.0.....	73.1.....	.....	.....	.....	27.....	5.....
9. 2021.....	78,987.....	75,037.....	3,949.....	95.1.....	94.9.....	97.8.....	.....	.....	.....	116.....	21.....
10. 2022.....	61,433.....	58,361.....	3,072.....	80.0.....	79.9.....	82.8.....	.....	.....	.....	276.....	43.....
11. 2023.....	86,108.....	81,803.....	4,305.....	82.1.....	82.0.....	85.3.....	.....	.....	.....	1,849.....	306.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	2,276.....	376.....

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.

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 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....	442	454	389	345	336	336	336	336	336	336		
2. 2014.....	852	929	926	929	927	924	923	923	923	923		
3. 2015.....	XXX	566	535	567	550	551	549	548	549	547	(1)	(1)
4. 2016.....	XXX	XXX	374	396	395	374	369	368	367	367		(1)
5. 2017.....	XXX	XXX	XXX	181	164	153	149	148	149	149		1
6. 2018.....	XXX	XXX	XXX	XXX	95	84	77	77	78	78		1
7. 2019.....	XXX	XXX	XXX	XXX	XXX	863	851	833	821	818	(3)	(15)
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1,958	1,915	1,870	1,863	(6)	(52)
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,574	3,635	3,578	(57)	4
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,925	2,743	(183)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,765	XXX	XXX
12. Totals											(251)	(63)

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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	000	263	308	332	336	336	336	336	336	336	XXX	XXX
2. 2014.....	464	780	885	906	923	923	923	923	923	923	XXX	XXX
3. 2015.....	XXX	321	472	528	537	545	545	545	545	547	XXX	XXX
4. 2016.....	XXX	XXX	195	341	361	365	367	367	367	367	XXX	XXX
5. 2017.....	XXX	XXX	XXX	86	137	145	146	146	149	149	XXX	XXX
6. 2018.....	XXX	XXX	XXX	XXX	46	70	73	76	77	78	XXX	XXX
7. 2019.....	XXX	XXX	XXX	XXX	XXX	391	749	793	804	809	XXX	XXX
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	996	1,710	1,804	1,833	XXX	XXX
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,891	3,262	3,447	XXX	XXX
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,465	2,439	XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,723	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	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	147	80	34	10						
2. 2014.....	167	92	19	15	4	1				
3. 2015.....	XXX	169	49	25	6	3	1	2	1	
4. 2016.....	XXX	XXX	118	48	21	6	1	1		
5. 2017.....	XXX	XXX	XXX	65	18	6	2	1		
6. 2018.....	XXX	XXX	XXX	XXX	28	8	2	1		
7. 2019.....	XXX	XXX	XXX	XXX	XXX	320	61	23	9	4
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	639	136	39	16
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,071	212	76
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	952	181
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,245

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$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 (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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2014.....												
3. 2015.....												
4. 2016.....												
5. 2017.....												
6. 2018.....												
7. 2019.....												
8. 2020.....												
9. 2021.....												
10. 2022.....												
11. 2023.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2014.....													
3. 2015.....													
4. 2016.....													
5. 2017.....													
6. 2018.....													
7. 2019.....													
8. 2020.....													
9. 2021.....													
10. 2022.....													
11. 2023.....													
12. Totals													

NONE

	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. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014.....											
3. 2015.....											
4. 2016.....											
5. 2017.....											
6. 2018.....											
7. 2019.....											
8. 2020.....											
9. 2021.....											
10. 2022.....											
11. 2023.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$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 (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.....									XXX.....
2. 2014.....	2,932.....	2,201.....	730.....	2,718.....	2,038.....	45.....	29.....	146.....	108.....	180.....	734.....	935.....
3. 2015.....	5,907.....	5,439.....	468.....	6,620.....	6,197.....	275.....	261.....	426.....	382.....	167.....	480.....	2,182.....
4. 2016.....	5,593.....	5,362.....	231.....	5,997.....	5,737.....	152.....	145.....	318.....	304.....	28.....	280.....	1,661.....
5. 2017.....	2,702.....	2,579.....	123.....	2,033.....	1,931.....	34.....	33.....	213.....	202.....	1.....	113.....	536.....
6. 2018.....	1,578.....	1,511.....	67.....	1,083.....	1,029.....	26.....	26.....	127.....	121.....	3.....	61.....	290.....
7. 2019.....	37,261.....	36,161.....	1,100.....	21,742.....	21,071.....	23.....	22.....	3,383.....	3,281.....	11.....	773.....	6,664.....
8. 2020.....	49,707.....	47,384.....	2,323.....	30,650.....	29,171.....	60.....	57.....	5,256.....	5,003.....	24.....	1,735.....	8,495.....
9. 2021.....	62,814.....	59,742.....	3,072.....	52,436.....	49,815.....	358.....	340.....	5,552.....	5,274.....	43.....	2,917.....	13,759.....
10. 2022.....	58,502.....	55,658.....	2,844.....	37,852.....	35,960.....	289.....	275.....	4,832.....	4,591.....	34.....	2,149.....	10,958.....
11. 2023.....	82,091.....	78,078.....	4,013.....	24,026.....	22,825.....	323.....	307.....	6,772.....	6,433.....	14.....	1,556.....	11,826.....
12. Totals.....	XXX.....	XXX.....	XXX.....	185,157.....	175,774.....	1,584.....	1,493.....	27,024.....	25,699.....	505.....	10,799.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2014.....													
3. 2015.....													
4. 2016.....			1	1									
5. 2017.....			2	2									
6. 2018.....			2	2			1						
7. 2019.....	116	111	56	53			23	22	9	8		9	13
8. 2020.....	283	269	255	243			64	61	26	25		31	24
9. 2021.....	1,074	1,020	1,229	1,167			286	271	121	115		135	117
10. 2022.....	2,303	2,188	3,087	2,932			546	518	297	282		312	290
11. 2023	14,248	13,536	20,628	19,596	136	129	3,604	3,424	2,138	2,031		2,038	2,830
12. Totals	18,024	17,123	25,259	23,997	136	129	4,524	4,298	2,591	2,462		2,525	3,274

	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. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2014.....	2,909.....	2,175.....	734.....	99.2.....	98.8.....	100.5.....					
3. 2015.....	7,320.....	6,840.....	480.....	123.9.....	125.8.....	102.6.....					
4. 2016.....	6,468.....	6,188.....	280.....	115.6.....	115.4.....	121.5.....					
5. 2017.....	2,281.....	2,168.....	114.....	84.4.....	84.1.....	92.3.....					
6. 2018.....	1,239.....	1,178.....	61.....	78.5.....	78.0.....	90.9.....					
7. 2019.....	25,350.....	24,569.....	782.....	68.0.....	67.9.....	71.1.....				7.....	1.....
8. 2020.....	36,594.....	34,827.....	1,766.....	73.6.....	73.5.....	76.0.....				27.....	4.....
9. 2021.....	61,055.....	58,002.....	3,053.....	97.2.....	97.1.....	99.4.....				115.....	20.....
10. 2022.....	49,206.....	46,746.....	2,460.....	84.1.....	84.0.....	86.5.....				269.....	42.....
11. 2023.....	71,875.....	68,281.....	3,594.....	87.6.....	87.5.....	89.6.....				1,744.....	294.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	2,163.....	362.....

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 1E - Commercial Multiple Peril

N O N E

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

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
	1 Direct and Assumed	2 Ceded	3 Net (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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	36	33	33	31			8	4	XXX.....
2. 2022.....	18,033	17,176	857	10,521	9,995	124	118	1,427	1,356	108	604	6,437
3. 2023	22,632	21,603	1,029	9,955	9,458	158	150	1,752	1,664	56	593	5,591
4. Totals	XXX	XXX	XXX	20,512	19,486	316	300	3,179	3,020	172	1,201	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior	31	30	(11)	(10)			11	10	1	1		2	2
2. 2022	153	145	(25)	(24)			7	7	3	3		7	7
3. 2023	1,544	1,467	549	521	1	1	96	91	147	140		117	409
4. Totals	1,728	1,642	513	488	1	1	114	108	151	144		125	418

	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. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	1	1
2. 2022.....	12,210	11,600	611	67.7	67.5	71.3				6	
3. 2023	14,203	13,493	710	62.8	62.5	69.0				105	12
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	112	13

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$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 (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.....	NONE								XXX.....
2. 2022.....												XXX.....
3. 2023.....												XXX.....
4. Totals.....	XXX.....	XXX.....	XXX.....								XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2022													
3. 2023													
4. Totals													

	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. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2022.....											
3. 2023.....											
4. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$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 (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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 2022.....	208.....	197.....	10.....					16.....	15.....		1.....	XXX.....
3. 2023.....	114.....	108.....	6.....					7.....	7.....			XXX.....
4. Totals.....	XXX.....	XXX.....	XXX.....					23.....	22.....		1.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2022													
3. 2023			20	19			2	2	2	2		1	
4. Totals			20	19			2	2	2	2		1	

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2022	16	15	1	7.7	7.7	7.7					
3. 2023	31	29	2	27.1	27.1	27.1				1	
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	

Schedule P - Part 1M - International
N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property
N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability
N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines
N O N E

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence
N O N E

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made
N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty
N O N E

Schedule P - Part 1T - Warranty
N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....	443	450	386	345	336	336	336	336	336	336		
2. 2014.....	647	705	698	702	700	697	696	696	696	696		
3. 2015.....	XXX	449	425	457	439	440	438	437	438	436	(1)	(1)
4. 2016.....	XXX	XXX	276	295	294	273	268	267	266	266		(1)
5. 2017.....	XXX	XXX	XXX	132	118	107	102	102	103	103		1
6. 2018.....	XXX	XXX	XXX	XXX	74	61	54	54	55	55		1
7. 2019.....	XXX	XXX	XXX	XXX	XXX	719	714	697	684	680	(5)	(17)
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1,595	1,564	1,517	1,512	(5)	(52)
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,798	2,826	2,769	(57)	(29)
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,410	2,204	(206)	XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,148	XXX	XXX
12. Totals											(274)	(98)

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

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	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. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2023.....	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	97	134	134		37
2. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	514	539	25	XXX
3. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	615	XXX	XXX
4. Totals											25	37

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2023.....	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				(2)
2. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2		(2)	XXX
3. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	XXX
4. Totals											(2)	(2)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	000											
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior.....	000	260	306	332	336	336	336	336	336	336	288	82
2. 2014.....	290	547	653	679	696	696	696	696	696	696	667	268
3. 2015.....	XXX	238	366	417	426	434	434	434	434	436	1,265	917
4. 2016.....	XXX	XXX	108	240	260	264	266	266	266	266	1,005	656
5. 2017.....	XXX	XXX	XXX	44	91	98	99	99	102	102	360	176
6. 2018.....	XXX	XXX	XXX	XXX	28	48	50	53	55	55	195	95
7. 2019.....	XXX	XXX	XXX	XXX	XXX	270	613	657	667	671	4,239	2,412
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	683	1,360	1,452	1,482	5,378	3,093
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,213	2,459	2,640	8,430	5,212
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,000	1,907	6,049	4,619
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,217	4,577	4,419

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

1. Prior.....	000											
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior.....	000											
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000											
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	000.....											
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	000.....											
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	000.....										XXX.....	XXX.....
2. 2014.....											XXX.....	XXX.....
3. 2015.....	XXX.....										XXX.....	XXX.....
4. 2016.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2017.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	000.....											
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	000.....											
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2023.....	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.....	128.....	132.....	1,954.....	290.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	465.....	532.....	2,420.....	4,010.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	506.....	2,189.....	2,993.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....			XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2023.....	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. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	000.....										XXX.....	XXX.....
2. 2014.....											XXX.....	XXX.....
3. 2015.....	XXX.....										XXX.....	XXX.....
4. 2016.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2017.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	150	79	33	10						
2. 2014.....	161	102	23	15	4	1				
3. 2015.....	XXX	153	45	26	6	3	1	2	1	
4. 2016.....	XXX	XXX	115	48	21	6	1	1		
5. 2017.....	XXX	XXX	XXX	61	18	6	2	1		
6. 2018.....	XXX	XXX	XXX	XXX	27	8	2	1		
7. 2019.....	XXX	XXX	XXX	XXX	XXX	306	61	23	9	4
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	615	136	39	16
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,040	213	76
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	943	182
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,212

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

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XXX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XX	XXX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XXX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XX	XXX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XXX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XX	XXX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XX					
8. 2020.....	XXX	XXX	XX	XX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XX					
8. 2020.....	XXX	XXX	XX	XX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XX					
8. 2020.....	XXX	XXX	XX	XX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XX					
8. 2020.....	XXX	XXX	XX	XX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	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	28	(1)	
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	(1)
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	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		
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	569	237	37	13	1					
2. 2014.....	396	627	655	662	666	667	667	667	667	667
3. 2015.....	XXX	678	1,134	1,238	1,256	1,262	1,264	1,264	1,264	1,265
4. 2016.....	XXX	XXX	648	961	995	1,004	1,005	1,005	1,005	1,005
5. 2017.....	XXX	XXX	XXX	249	342	353	355	356	360	360
6. 2018.....	XXX	XXX	XXX	XXX	131	179	187	191	194	195
7. 2019.....	XXX	XXX	XXX	XXX	XXX	2,800	4,055	4,199	4,236	4,239
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	3,594	5,137	5,326	5,378
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,415	8,142	8,430
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,153	6,049
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,577

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	245	192	19	3						
2. 2014.....	199	28	10	1	1					
3. 2015.....	XXX	563	111	26	8	2	2	1	1	
4. 2016.....	XXX	XXX	335	35	12	2	1	1		
5. 2017.....	XXX	XXX	XXX	115	25	9	4	3		
6. 2018.....	XXX	XXX	XXX	XXX	82	20	6	3	1	
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1,016	197	74	34	13
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1,333	236	79	24
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,526	387	117
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,714	290
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,830

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	(18)	264	(124)	1						
2. 2014.....	830	922	930	932	935	935	935	935	935	935
3. 2015.....	XXX	1,881	2,145	2,172	2,177	2,180	2,182	2,182	2,182	2,182
4. 2016.....	XXX	XXX	1,574	1,646	1,660	1,661	1,661	1,661	1,661	1,661
5. 2017.....	XXX	XXX	XXX	502	530	536	536	536	536	536
6. 2018.....	XXX	XXX	XXX	XXX	275	289	289	290	290	290
7. 2019.....	XXX	XXX	XXX	XXX	XXX	6,039	6,628	6,640	6,651	6,664
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	7,803	8,426	8,460	8,495
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,464	13,607	13,759
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,049	10,958
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,826

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1
N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2
N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1
N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2
N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts
N O N E

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? Yes [] No [☒]
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:
- 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 []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []
- 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	2014		
1.603	2015		
1.604	2016		
1.605	2017		
1.606	2018		
1.607	2019		
1.608	2020.....		
1.609	2021.....		
1.610	2022.....		
1.611	2023.....		
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 [☒] 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 [☒] 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 [☒]

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)per 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 [☒]
- 7.2 (An extended statement may be attached.)
.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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
		2	3						
	Active Status (a)	Direct Premiums Written	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 Premiums Written for Federal Purchasing Groups (Included in Column 2)
1. Alabama	AL	L			25,379	(23,088)	31,869		
2. Alaska	AK	N							
3. Arizona	AZ	L			672,306	34,604	701,830		
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	L	33,711,996	16,764,239	4,473,465	11,525,300	7,051,835		
11. Georgia	GA	L	(17,576)	(14,286)	542,919	(290,386)	526,057		
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	L			41,609	37,389	20,658		
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	L							
19. Louisiana	LA	L	69,789,387	62,692,878	34,826,562	34,703,150	20,578,081		
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	L							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	L							
33. New York	NY	N							
34. North Carolina	NC	L							
35. North Dakota	ND	L							
36. Ohio	OH	N							
37. Oklahoma	OK	L	28,560,768	24,476,438	12,492,503	16,288,074	11,771,349		
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	L				(282)	16		
42. South Dakota	SD	N							
43. Tennessee	TN	L							
44. Texas	TX	L							
45. Utah	UT	L	6,351,315	6,570,119	4,622,984	5,869,389	4,862,048		
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate other alien	OT	XXX							
59. Totals	XXX	138,395,889	110,489,388		57,697,727	68,144,149	45,543,742		
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX								

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 16

2. R - Registered - Non-domiciled RRGs.....

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....

4. Q - Qualified - Qualified or accredited reinsurer.....

5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile.....

6. N - None of the above - Not allowed to write business in the state... 41

(b) Explanation of basis of allocation of premiums by states, etc.
The Company allocates premium by risk location.

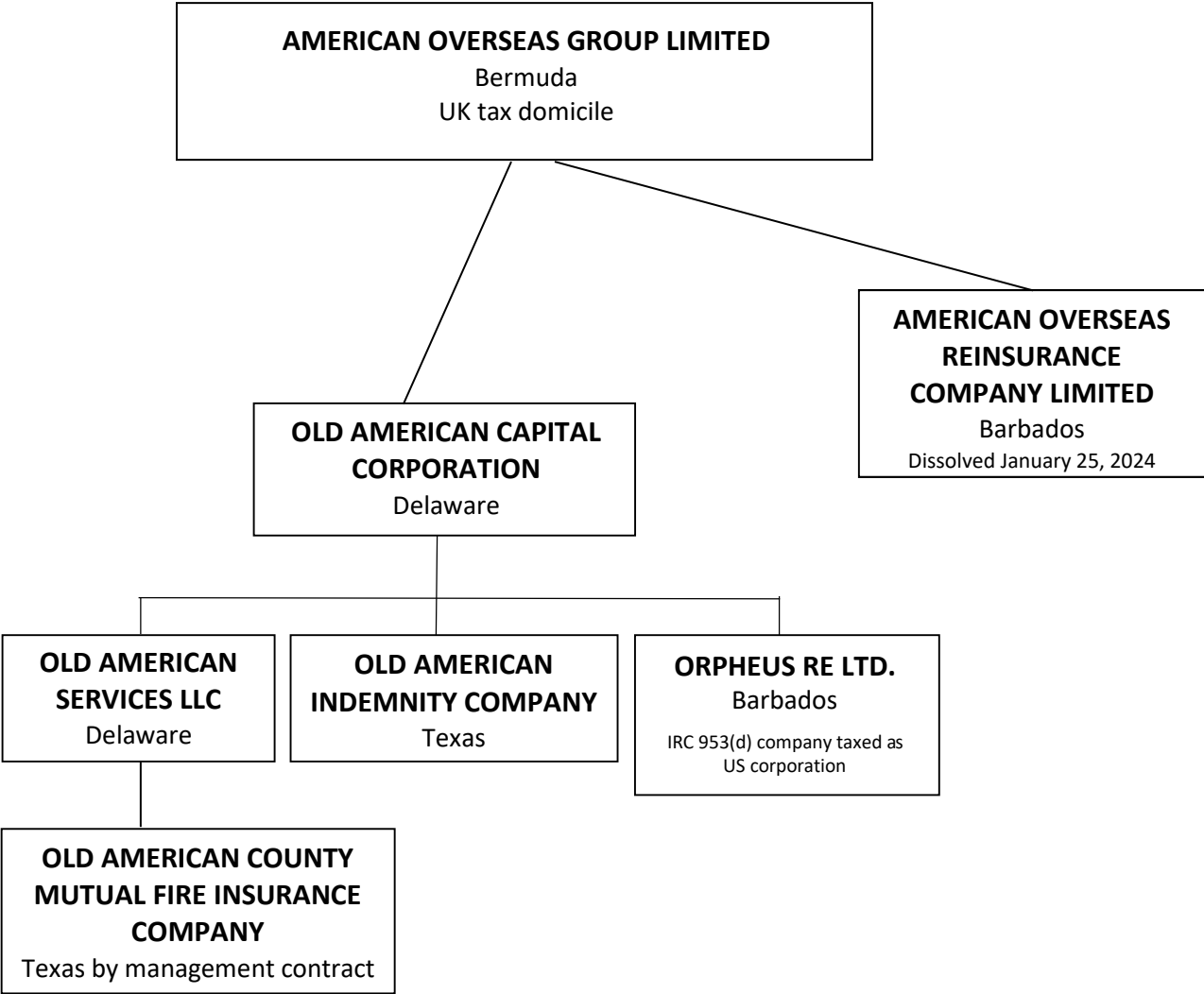
SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only			
			1	2	3	4
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)
			5			6
			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.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

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



SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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.


		Responses
MARCH FILING		
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?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
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 Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual 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		
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? ...	YES
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	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?	NO
25.	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?	NO
26.	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?.....	NO
27.	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?.....	NO
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?.....	NO
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING		
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
38.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
11.		
12.		
13.		
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37.		

Bar Codes:

11.	SIS Stockholder Information Supplement [Document Identifier 420]	
12.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	
13.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
14.	Supplement A to Schedule T [Document Identifier 455]	
15.	Trusteed Surplus Statement [Document Identifier 490]	
16.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18.	Medicare Part D Coverage Supplement [Document Identifier 365]	<div><div></div><div>116652023365000000</div></div>
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	<div><div></div><div>116652023400000000</div></div>
22.	Bail Bond Supplement [Document Identifier 500]	<div><div></div><div>116652023500000000</div></div>
23.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	<div><div></div><div>116652023505000000</div></div>
24.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>116652023224000000</div></div>
25.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>116652023225000000</div></div>
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>116652023226000000</div></div>
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	<div><div></div><div>116652023555000000</div></div>
28.	Exhibit of Other Liabilities by Lines of Business [Document Identifier 570]	<div><div></div><div>116652023570000000</div></div>
30.	Credit Insurance Experience Exhibit [Document Identifier 230]	<div><div></div><div>116652023230000000</div></div>
31.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	<div><div></div><div>116652023306000000</div></div>
33.	Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	<div><div></div><div>116652023216000000</div></div>
34.	Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]	<div><div></div><div>116652023550000000</div></div>
35.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	<div><div></div><div>116652023290000000</div></div>
36.	Private Flood Insurance Supplement [Document Identifier 560]	<div><div></div><div>116652023560000000</div></div>
37.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	<div><div></div><div>116652023565000000</div></div>

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 11

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1104.
1105.
1197. Summary of remaining write-ins for Line 11 from overflow page				

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage of Column 1 Line 13	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments	949,116	2.441	949,116		949,116	2.441
1.02 All other governments		0.000				0.000
1.03 U.S. states, territories and possessions, etc. guaranteed	1,744,895	4.488	1,744,895		1,744,895	4.488
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed	324,533	0.835	324,533		324,533	0.835
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	20,906,898	53.770	20,906,898		20,906,898	53.770
1.06 Industrial and miscellaneous		0.000				0.000
1.07 Hybrid securities		0.000				0.000
1.08 Parent, subsidiaries and affiliates		0.000				0.000
1.09 SVO identified funds		0.000				0.000
1.10 Unaffiliated bank loans		0.000				0.000
1.11 Unaffiliated certificates of deposit		0.000				0.000
1.12 Total long-term bonds	23,925,441	61.533	23,925,441		23,925,441	61.533
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)		0.000				0.000
2.02 Parent, subsidiaries and affiliates		0.000				0.000
2.03 Total preferred stocks		0.000				0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)		0.000				0.000
3.02 Industrial and miscellaneous Other (Unaffiliated)		0.000				0.000
3.03 Parent, subsidiaries and affiliates Publicly traded		0.000				0.000
3.04 Parent, subsidiaries and affiliates Other		0.000				0.000
3.05 Mutual funds		0.000				0.000
3.06 Unit investment trusts		0.000				0.000
3.07 Closed-end funds		0.000				0.000
3.08 Exchange traded funds		0.000				0.000
3.09 Total common stocks		0.000				0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages		0.000				0.000
4.02 Residential mortgages		0.000				0.000
4.03 Commercial mortgages		0.000				0.000
4.04 Mezzanine real estate loans		0.000				0.000
4.05 Total valuation allowance		0.000				0.000
4.06 Total mortgage loans		0.000				0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company		0.000				0.000
5.02 Properties held for production of income		0.000				0.000
5.03 Properties held for sale		0.000				0.000
5.04 Total real estate		0.000				0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	14,406,621	37.052	14,406,621		14,406,621	37.052
6.02 Cash equivalents (Schedule E, Part 2)	550,000	1.415	550,000		550,000	1.415
6.03 Short-term investments (Schedule DA)		0.000				0.000
6.04 Total cash, cash equivalents and short-term investments	14,956,621	38.467	14,956,621		14,956,621	38.467
7. Contract loans		0.000				0.000
8. Derivatives (Schedule DB)		0.000				0.000
9. Other invested assets (Schedule BA)		0.000				0.000
10. Receivables for securities		0.000				0.000
11. Securities Lending (Schedule DL, Part 1).....		0.000		XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)		0.000				0.000
13. Total invested assets	38,882,062	100.000	38,882,062		38,882,062	100.000

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year

2. Cost of acquired:

2.1 Actual cost at time of acquisition (Part 2, Column 6)

2.2 Additional investment made after acquisition (Part 2, Column 9)

3. Current year change in encumbrances:

3.1 Totals, Part 1, Column 13

3.2 Totals, Part 3, Column 11

4. Total gain (loss) on disposals, Part 3, Column 18

5. Deduct amounts received on disposals, Part 3, Column 15

6. Total foreign exchange change in book/adjusted carrying value:

6.1 Totals, Part 1, Column 15

6.2 Totals, Part 3, Column 13

7. Deduct current year's other than temporary impairment recognized:

7.1 Totals, Part 1, Column 12

7.2 Totals, Part 3, Column 10

8. Deduct current year's depreciation:

8.1 Totals, Part 1, Column 11

8.2 Totals, Part 3, Column 9

9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)

10. Deduct total nonadmitted amounts

11. Statement value at end of current period (Line 9 minus Line 10)

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year

2. Cost of acquired:

2.1 Actual cost at time of acquisition (Part 2, Column 7)

2.2 Additional investment made after acquisition (Part 2, Column 8)

3. Capitalized deferred interest and other:

3.1 Totals, Part 1, Column 12

3.2 Totals, Part 3, Column 11

4. Accrual of discount

5. Unrealized valuation increase/(decrease):

5.1 Totals, Part 1, Column 9

5.2 Totals, Part 3, Column 8

6. Total gain (loss) on disposals, Part 3, Column 18

7. Deduct amounts received on disposals, Part 3, Column 15

8. Deduct amortization of premium and mortgage interest points and commitment fees

9. Total foreign exchange change in book value/recorded investment excluding accrued interest:

9.1 Totals, Part 1, Column 13

9.2 Totals, Part 3, Column 13

10. Deduct current year's other than temporary impairment recognized:

10.1 Totals, Part 1, Column 11

10.2 Totals, Part 3, Column 10

11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)

12. Total valuation allowance

13. Subtotal (Line 11 plus 12)

14. Deduct total nonadmitted amounts

15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year	
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8)	
	2.2 Additional investment made after acquisition (Part 2, Column 9)	
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16	
	3.2 Totals, Part 3, Column 12	
4.	Accrual of discount	
5.	Unrealized valuation increase/(decrease):	
	5.1 Totals, Part 1, Column 13	
	5.2 Totals, Part 3, Column 9	
6.	Total gain (loss) on disposals, Part 3, Column 19	
7.	Deduct amounts received on disposals, Part 3, Column 16	
8.	Deduct amortization of premium and depreciation	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17	
	9.2 Totals, Part 3, Column 14	
10.	Deduct current year's other than temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15	
	10.2 Totals, Part 3, Column 11	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	23,983,418
2.	Cost of bonds and stocks acquired, Part 3, Column 7	3,559,311
3.	Accrual of discount	64,079
4.	Unrealized valuation increase/(decrease):	
	4.1. Part 1, Column 12	
	4.2. Part 2, Section 1, Column 15	
	4.3. Part 2, Section 2, Column 13	
	4.4. Part 4, Column 11	
5.	Total gain (loss) on disposals, Part 4, Column 19	(13,556)
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	3,647,859
7.	Deduct amortization of premium	19,952
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1. Part 1, Column 15	
	8.2. Part 2, Section 1, Column 19	
	8.3. Part 2, Section 2, Column 16	
	8.4. Part 4, Column 15	
9.	Deduct current year's other than temporary impairment recognized:	
	9.1. Part 1, Column 14	
	9.2. Part 2, Section 1, Column 17	
	9.3. Part 2, Section 2, Column 14	
	9.4. Part 4, Column 13	
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	23,925,441
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	23,925,441

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
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	949,116	906,489	943,319	960,000
	2. Canada				
	3. Other Countries				
	4. Totals	949,116	906,489	943,319	960,000
U.S. States, Territories and Possessions (Direct and guaranteed)					
	5. Totals	1,744,895	1,665,118	1,740,640	1,760,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)					
	6. Totals	324,533	313,840	322,930	325,000
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	20,906,898	17,692,735	20,898,715	21,095,000
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States				
	9. Canada				
	10. Other Countries				
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	23,925,441	20,578,182	23,905,604	24,140,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	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	23,925,441	20,578,182	23,905,604	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 12.7	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		949,116				XXX	949,116	4.0	1,949,043	8.1	949,116	
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		949,116				XXX	949,116	4.0	1,949,043	8.1	949,116	
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		1,744,895				XXX	1,744,895	7.3	1,500,000	6.3	1,744,895	
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		1,744,895				XXX	1,744,895	7.3	1,500,000	6.3	1,744,895	
4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed												
4.1 NAIC 1		324,533				XXX	324,533	1.4	499,862	2.1	324,533	
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		324,533				XXX	324,533	1.4	499,862	2.1	324,533	
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	342,413	3,438,815	12,547,867	2,793,313	1,000,000	XXX	20,122,408	84.1	20,034,512	83.5	20,122,408	
5.2 NAIC 2		784,489				XXX	784,489	3.3			784,489	
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals	342,413	4,223,304	12,547,867	2,793,313	1,000,000	XXX	20,906,898	87.4	20,034,512	83.5	20,906,898	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
6.1 NAIC 1						XXX.....						
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						XXX.....						
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 Identified Funds												
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. Unaffiliated Bank Loans												
10.1 NAIC 1						XXX.....						
10.2 NAIC 2						XXX.....						
10.3 NAIC 3						XXX.....						
10.4 NAIC 4						XXX.....						
10.5 NAIC 5						XXX.....						
10.6 NAIC 6						XXX.....						
10.7 Totals						XXX.....						
11. Unaffiliated Certificates of Deposit												
11.1 NAIC 1						XXX.....						
11.2 NAIC 2						XXX.....						
11.3 NAIC 3						XXX.....						
11.4 NAIC 4						XXX.....						
11.5 NAIC 5						XXX.....						
11.6 NAIC 6						XXX.....						
11.7 Totals						XXX.....						

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
12. Total Bonds Current Year												
12.1 NAIC 1	(d) 342,413	..... 6,457,359	..... 12,547,867	..... 2,793,313	..... 1,000,000		..... 23,140,952	..... 96.7	..... XXX	..... XXX	..... 23,140,952	
12.2 NAIC 2	(d) .....	..... 784,489					..... 784,489	..... 3.3	..... XXX	..... XXX	..... 784,489	
12.3 NAIC 3	(d) .....								..... XXX	..... XXX		
12.4 NAIC 4	(d) .....								..... XXX	..... XXX		
12.5 NAIC 5	(d)						(c) .....		..... XXX	..... XXX		
12.6 NAIC 6	(d)						(c) .....		..... XXX	..... XXX		
12.7 Totals .....	..... 342,413	..... 7,241,848	..... 12,547,867	..... 2,793,313	..... 1,000,000		(b) 23,925,441	..... 100.0	..... XXX	..... XXX	..... 23,925,441	
12.8 Line 12.7 as a % of Col. 7	..... 1.4	..... 30.3	..... 52.4	..... 11.7	..... 4.2		..... 100.0	..... XXX	..... XXX	..... XXX	..... 100.0	
13. Total Bonds Prior Year												
13.1 NAIC 1 .....	..... 2,452,696	..... 3,180,608	..... 14,677,897	..... 2,672,216	..... 1,000,000		..... XXX	..... XXX	..... 23,983,418	..... 100.0	..... 23,983,418	
13.2 NAIC 2 .....							..... XXX	..... XXX				
13.3 NAIC 3 .....							..... XXX	..... XXX				
13.4 NAIC 4 .....							..... XXX	..... XXX				
13.5 NAIC 5 .....							..... XXX	..... XXX	(c)			
13.6 NAIC 6 .....							..... XXX	..... XXX	(c)			
13.7 Totals .....	..... 2,452,696	..... 3,180,608	..... 14,677,897	..... 2,672,216	..... 1,000,000		..... XXX	..... XXX	(b) 23,983,418	..... 100.0	..... 23,983,418	
13.8 Line 13.7 as a % of Col. 9	..... 10.2	..... 13.3	..... 61.2	..... 11.1	..... 4.2		..... XXX	..... XXX	..... 100.0	..... XXX	..... 100.0	
14. Total Publicly Traded Bonds												
14.1 NAIC 1 .....	..... 342,413	..... 6,457,359	..... 12,547,867	..... 2,793,313	..... 1,000,000		..... 23,140,952	..... 96.7	..... 23,983,418	..... 100.0	..... 23,140,952	..... XXX
14.2 NAIC 2 .....		..... 784,489					..... 784,489	..... 3.3			..... 784,489	..... XXX
14.3 NAIC 3 .....												..... XXX
14.4 NAIC 4 .....												..... XXX
14.5 NAIC 5 .....												..... XXX
14.6 NAIC 6 .....												..... XXX
14.7 Totals .....	..... 342,413	..... 7,241,848	..... 12,547,867	..... 2,793,313	..... 1,000,000		..... 23,925,441	..... 100.0	..... 23,983,418	..... 100.0	..... 23,925,441	..... XXX
14.8 Line 14.7 as a % of Col. 7	..... 1.4	..... 30.3	..... 52.4	..... 11.7	..... 4.2		..... 100.0	..... XXX	..... XXX	..... XXX	..... 100.0	..... XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	..... 1.4	..... 30.3	..... 52.4	..... 11.7	..... 4.2		..... 100.0	..... XXX	..... XXX	..... XXX	..... 100.0	..... XXX
15. Total Privately Placed Bonds												
15.1 NAIC 1 .....											..... XXX	
15.2 NAIC 2 .....											..... XXX	
15.3 NAIC 3 .....											..... XXX	
15.4 NAIC 4 .....											..... XXX	
15.5 NAIC 5 .....											..... XXX	
15.6 NAIC 6 .....											..... XXX	
15.7 Totals .....											..... XXX	
15.8 Line 15.7 as a % of Col. 7								..... XXX	..... XXX	..... XXX	..... XXX	
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12								..... 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 and \$ 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.
(c) Includes \$ current year, \$ prior year of bonds with 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 2023 OF THE OLD AMERICAN INDEMNITY 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 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 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.01 Issuer Obligations		949,116				XXX	949,116	4.0	1,949,043	8.1	949,116	
1.02 Residential Mortgage-Backed Securities						XXX						
1.03 Commercial Mortgage-Backed Securities						XXX						
1.04 Other Loan-Backed and Structured Securities ...						XXX						
1.05 Totals		949,116				XXX	949,116	4.0	1,949,043	8.1	949,116	
2. All Other Governments												
2.01 Issuer Obligations						XXX						
2.02 Residential Mortgage-Backed Securities						XXX						
2.03 Commercial Mortgage-Backed Securities						XXX						
2.04 Other Loan-Backed and Structured Securities ...						XXX						
2.05 Totals						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.01 Issuer Obligations		1,744,895				XXX	1,744,895	7.3	1,500,000	6.3	1,744,895	
3.02 Residential Mortgage-Backed Securities						XXX						
3.03 Commercial Mortgage-Backed Securities						XXX						
3.04 Other Loan-Backed and Structured Securities ...						XXX						
3.05 Totals		1,744,895				XXX	1,744,895	7.3	1,500,000	6.3	1,744,895	
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations		324,533				XXX	324,533	1.4	499,862	2.1	324,533	
4.02 Residential Mortgage-Backed Securities						XXX						
4.03 Commercial Mortgage-Backed Securities						XXX						
4.04 Other Loan-Backed and Structured Securities ...						XXX						
4.05 Totals		324,533				XXX	324,533	1.4	499,862	2.1	324,533	
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.01 Issuer Obligations	342,413	4,223,304	12,547,867	2,793,313	1,000,000	XXX	20,906,898	87.4	20,034,512	83.5	20,906,898	
5.02 Residential Mortgage-Backed Securities						XXX						
5.03 Commercial Mortgage-Backed Securities						XXX						
5.04 Other Loan-Backed and Structured Securities ...						XXX						
5.05 Totals	342,413	4,223,304	12,547,867	2,793,313	1,000,000	XXX	20,906,898	87.4	20,034,512	83.5	20,906,898	
6. Industrial and Miscellaneous												
6.01 Issuer Obligations						XXX						
6.02 Residential Mortgage-Backed Securities						XXX						
6.03 Commercial Mortgage-Backed Securities						XXX						
6.04 Other Loan-Backed and Structured Securities ...						XXX						
6.05 Totals						XXX						
7. Hybrid Securities												
7.01 Issuer Obligations						XXX						
7.02 Residential Mortgage-Backed Securities						XXX						
7.03 Commercial Mortgage-Backed Securities						XXX						
7.04 Other Loan-Backed and Structured Securities ...						XXX						
7.05 Totals						XXX						
8. Parent, Subsidiaries and Affiliates												
8.01 Issuer Obligations						XXX						
8.02 Residential Mortgage-Backed Securities						XXX						
8.03 Commercial Mortgage-Backed Securities						XXX						
8.04 Other Loan-Backed and Structured Securities ...						XXX						
8.05 Affiliated Bank Loans - Issued						XXX						
8.06 Affiliated Bank Loans - Acquired						XXX						
8.07 Totals						XXX						

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued						XXX						
10.02 Unaffiliated Bank Loans - Acquired						XXX						
10.03 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.01 Totals						XXX						
12. Total Bonds Current Year												
12.01 Issuer Obligations	342,413	7,241,848	12,547,867	2,793,313	1,000,000	XXX	23,925,441	100.0	XXX	XXX	23,925,441	
12.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.04 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans						XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
12.08 Unaffiliated Certificates of Deposit						XXX			XXX	XXX		
12.09 Totals	342,413	7,241,848	12,547,867	2,793,313	1,000,000		23,925,441	100.0	XXX	XXX	23,925,441	
12.10 Line 12.09 as a % of Col. 7	1.4	30.3	52.4	11.7	4.2		100.0	XXX	XXX	XXX	100.0	0.0
13. Total Bonds Prior Year												
13.01 Issuer Obligations	2,452,696	3,180,608	14,677,897	2,672,216	1,000,000	XXX	XXX	XXX	23,983,418	100.0	23,983,418	
13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
13.04 Other Loan-Backed and Structured Securities						XXX	XXX	XXX				
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX				
13.06 Affiliated Bank Loans						XXX	XXX	XXX				
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX				
13.08 Unaffiliated Certificates of Deposit						XXX	XXX	XXX				
13.09 Totals	2,452,696	3,180,608	14,677,897	2,672,216	1,000,000		XXX	XXX	23,983,418	100.0	23,983,418	
13.10 Line 13.09 as a % of Col. 9	10.2	13.3	61.2	11.1	4.2		XXX	XXX	100.0	XXX	100.0	
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations	342,413	7,241,848	12,547,867	2,793,313	1,000,000	XXX	23,925,441	100.0	23,983,418	100.0	23,925,441	XXX
14.02 Residential Mortgage-Backed Securities						XXX						XXX
14.03 Commercial Mortgage-Backed Securities						XXX						XXX
14.04 Other Loan-Backed and Structured Securities						XXX						XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
14.06 Affiliated Bank Loans						XXX						XXX
14.07 Unaffiliated Bank Loans						XXX						XXX
14.08 Unaffiliated Certificates of Deposit						XXX						XXX
14.09 Totals	342,413	7,241,848	12,547,867	2,793,313	1,000,000		23,925,441	100.0	23,983,418	100.0	23,925,441	XXX
14.10 Line 14.09 as a % of Col. 7	1.4	30.3	52.4	11.7	4.2		100.0	XXX	XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12	1.4	30.3	52.4	11.7	4.2		100.0	XXX	XXX	XXX	100.0	XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations						XXX		0.0			XXX	
15.02 Residential Mortgage-Backed Securities						XXX					XXX	
15.03 Commercial Mortgage-Backed Securities						XXX					XXX	
15.04 Other Loan-Backed and Structured Securities						XXX					XXX	
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX						XXX	
15.06 Affiliated Bank Loans						XXX					XXX	
15.07 Unaffiliated Bank Loans						XXX					XXX	
15.08 Unaffiliated Certificates of Deposit						XXX					XXX	
15.09 Totals											XXX	
15.10 Line 15.09 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12		0.0						XXX	XXX	XXX	XXX	0.0

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year				
2. Cost of cash equivalents acquired	550,000		550,000	
3. Accrual of discount				
4. Unrealized valuation increase/(decrease)				
5. Total gain (loss) on disposals				
6. Deduct consideration received on disposals				
7. Deduct amortization of premium				
8. Total foreign exchange change in book/adjusted carrying value				
9. Deduct current year's other than temporary impairment recognized				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	550,000		550,000	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Line 10 minus Line 11)	550,000		550,000	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 1 - Mortgage Loans Owned

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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	C o d e	F o r e i g n	Bond Char	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other- Than- Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912828-27-8	UNITED STATES TREASURY NOTE .....	..SD..			... 1.A .....	.....490,060 .....	..92.8440 .....	.....464,219 .....	.....500,000 .....	.....493,707 .....		.....1,964 .....			....1.500 .....	.....1.923	JJ .....	.....3,139 .....	.....7,500 .....	...02/16/2022 ...	...01/31/2027 ...
91282C-EF-4	UNITED STATES TREASURY NOTE .....				... 1.A .....	.....9,849 .....	..95.5940 .....	.....9,559 .....	.....10,000 .....	.....9,899 .....		.....26 .....			....2.500 .....	.....2.788	MS .....	.....64 .....	.....250 .....	...04/11/2022 ...	...03/31/2027 ...
91282C-EF-4	UNITED STATES TREASURY NOTE .....	..SD..			... 1.A .....	.....393,960 .....	..95.5940 .....	.....382,375 .....	.....400,000 .....	.....395,943 .....		.....1,180 .....			....2.500 .....	.....2.830	MS .....	.....2,541 .....	.....10,001 .....	...05/09/2022 ...	...03/31/2027 ...
91282C-FU-0	UNITED STATES TREASURY NOTE .....	..SD..			... 1.A .....	.....49,449	100.6720 .....	.....50,336 .....	.....50,000 .....	.....49,567 .....		.....102 .....			....4.125 .....	.....4.373	AO .....	.....351 .....	.....2,063 .....	...11/03/2022 ...	...10/31/2027 ...
0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						943,319	XXX	906,489	960,000	949,116		3,272			XXX	XXX	XXX	6,094	19,813	XXX	XXX
0109999999. Total - U.S. Government Bonds						943,319	XXX	906,489	960,000	949,116		3,272			XXX	XXX	XXX	6,094	19,813	XXX	XXX
0309999999. Total - All Other Government Bonds							XXX								XXX	XXX	XXX			XXX	XXX
546417-DQ-6	LOUISIANA ST			1	.. 1.D FE .....	.....1,740,640 .....	..94.6090 .....	.....1,665,118 .....	.....1,760,000 .....	.....1,744,895 .....		.....4,254 .....			....0.840 .....	.....1.435	JD .....	.....1,232 .....	.....13,692 .....	...07/27/2023 ...	...06/01/2025 ...
0419999999. Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations						1,740,640	XXX	1,665,118	1,760,000	1,744,895		4,254			XXX	XXX	XXX	1,232	13,692	XXX	XXX
0509999999. Total - U.S. States, Territories and Possessions Bonds						1,740,640	XXX	1,665,118	1,760,000	1,744,895		4,254			XXX	XXX	XXX	1,232	13,692	XXX	XXX
128506-JV-5	CALCASIEU PARISH LA SCH DIST # .....				.. 1.C FE .....	.....322,930 .....	..96.5660 .....	.....313,840 .....	.....325,000 .....	.....324,533 .....					....2.200 .....	.....2.331	FA .....	.....2,701 .....	.....7,150 .....	...10/23/2019 ...	...02/15/2025 ...
0619999999. Subtotal - Bonds - U.S. Political Subdivisions - Issuer Obligations						322,930	XXX	313,840	325,000	324,533		407			XXX	XXX	XXX	2,701	7,150	XXX	XXX
0709999999. Total - U.S. Political Subdivisions Bonds						322,930	XXX	313,840	325,000	324,533		407			XXX	XXX	XXX	2,701	7,150	XXX	XXX
100216-GJ-3	BOSSIER CITY LA UTILITIES REVE		2		.. 1.C FE .....	.....405,760 .....	..78.6260 .....	.....314,504 .....	.....400,000 .....	.....404,478			(521)		....2.500 .....	.....2.341	AO .....	.....2,500 .....	.....10,000 .....	...06/28/2021 ...	...10/01/2035 ...
100216-GK-0	BOSSIER CITY LA UTILITIES REVE		2		.. 1.C FE .....	.....810,800 .....	..77.7850 .....	.....622,280 .....	.....800,000 .....	.....808,407			(974)		....2.600 .....	.....2.450	AO .....	.....5,200 .....	.....20,800 .....	...06/29/2021 ...	...10/01/2036 ...
114876-HA-6	BROUSSARD LA SALES & USE TAX		2		.. 1.C FE .....	.....695,000 .....	..81.8980 .....	.....569,191 .....	.....695,000 .....	.....695,000 .....					....2.380 .....	.....2.380	MN .....	.....2,757 .....	.....16,541 .....	...06/28/2021 ...	...05/01/2033 ...
270618-GR-6	E BATON ROUGE PARISH LA SWIR CO		1		.. 1.D FE .....	.....843,201 .....	..84.5650 .....	.....723,031 .....	.....855,000 .....	.....845,990 .....		.....1,386 .....			....1.693 .....	.....1.877	FA .....	.....6,031 .....	.....14,475 .....	...12/17/2021 ...	...02/01/2030 ...
506498-B4-5	LAFAYETTE LA UTILITIES REVENUE		1		.. 1.E FE .....	.....2,012,600 .....	..89.4140 .....	.....1,788,280 .....	.....2,000,000 .....	.....2,009,085 .....		.....1,901	(1,778)		....2.000 .....	.....1.901	MN .....	.....6,667 .....	.....40,000 .....	...12/29/2021 ...	...11/01/2028 ...
506624-TU-9	LAFAYETTE PARISH LA SCH BRD SA		2		.. 1.B FE .....	.....1,000,000 .....	..66.9910 .....	.....669,910 .....	.....1,000,000 .....	.....1,000,000 .....					....2.830 .....	.....2.830	AO .....	.....7,075 .....	.....28,300 .....	...09/18/2020 ...	...04/01/2048 ...
54628C-MK-5	LOUISIANA ST LOCAL GOVT ENVRNM		1		.. 1.E FE .....	.....735,584 .....	..93.6620 .....	.....749,296 .....	.....800,000 .....	.....754,730 .....		.....19,146 .....			....1.447 .....	.....4.317	FA .....	.....4,823 .....	.....11,576 .....	...01/19/2023 ...	...02/01/2026 ...
54628C-NQ-1	LOUISIANA ST LOCAL GOVT ENVRNM		1		.. 1.C FE .....	.....330,134 .....	..97.6290 .....	.....341,702 .....	.....350,000 .....	.....342,413 .....		.....12,279 .....			....1.050 .....	.....4.869	FA .....	.....1,531 .....	.....3,675 .....	...01/05/2023 ...	...08/01/2024 ...
54628C-WD-0	LOUISIANA ST LOCAL GOVT ENVRNM		2		.. 1.E FE .....	.....994,170 .....	..80.9950 .....	.....809,950 .....	.....1,000,000 .....	.....995,424 .....		.....540 .....			....1.945 .....	.....2.009	AO .....	.....4,863 .....	.....19,450 .....	...08/10/2021 ...	...10/01/2031 ...
54628C-IUJ-7	LOUISIANA ST LOCAL GOVT ENVRNM		2		.. 1.E FE .....	.....1,975,440 .....	..74.5460 .....	.....1,490,920 .....	.....2,000,000 .....	.....1,978,617 .....		.....1,401 .....			....2.475 .....	.....2.574	AO .....	.....12,375 .....	.....49,500 .....	...09/22/2021 ...	...10/01/2036 ...
54639P-AA-8	LOUISIANA ST PUBLIC FACS AUTH		2		.. 1.A FE .....	.....325,000 .....	.....100.0000 .....	.....325,000 .....	.....325,000 .....	.....325,000 .....					....2.010 .....	.....2.010	MON .....	.....929 .....	.....8,393 .....	...03/28/2023 ...	...01/01/2037 ...
546462-EL-2	LOUISIANA ST ENERGY & PIWR AUTH		1		.. 1.C FE .....	.....300,000 .....	..86.0160 .....	.....258,048 .....	.....300,000 .....	.....300,000 .....					....1.982 .....	.....1.982	JD .....	.....496 .....	.....5,946 .....	...08/19/2021 ...	...06/01/2029 ...
546475-TS-3	LOUISIANA ST GAS & FUELS TAX R		1		.. 1.D FE .....	.....1,446,546 .....	..87.2580 .....	.....1,243,427 .....	.....1,425,000 .....	.....1,439,082 .....		.....(2,526) .....			....1.598 .....	.....1.405	MN .....	.....3,795 .....	.....22,772 .....	...12/30/2020 ...	...05/01/2029 ...
546475-TV-6	LOUISIANA ST GAS & FUELS TAX R		1		.. 1.D FE .....	.....4,825,612 .....	..83.4690 .....	.....3,977,298 .....	.....4,765,000 .....	.....4,810,206 .....		.....(4,975) .....			....1.998 .....	.....1.874	MN .....	.....15,867 .....	.....95,205 .....	...12/30/2020 ...	...05/01/2032 ...
546475-VP-6	LOUISIANA ST GAS & FUELS TAX R		1		.. 1.D FE .....	.....486,576 .....	..82.2540 .....	.....493,524 .....	.....600,000 .....	.....489,696 .....		.....3,120 .....			....2.701 .....	.....5.001	MN .....	.....2,701 .....	.....8,103 .....	...08/10/2023 ...	...05/01/2034 ...
546540-RE-7	LOUISIANA ST UNIV & AGRIC & ME .....				.. 1.E FE .....	.....175,000 .....	..93.4690 .....	.....163,571 .....	.....175,000 .....	.....175,000 .....					....2.596 .....	.....2.596	JJ .....	.....2,272 .....	.....4,543 .....	...12/06/2019 ...	...07/01/2027 ...
647753-MC-3	NEW ORLEANS LA WTR REVENUE		1		.. 2.A FE .....	.....766,377 .....	..87.1620 .....	.....784,458 .....	.....900,000 .....	.....784,489 .....		.....18,112 .....			....1.259 .....	.....4.901	JD .....	.....944 .....	.....11,331 .....	...04/19/2023 ...	...12/01/2027 ...
79356N-DD-2	SAINT TAMMANY PARISH LA SALES .....	..SD..			.. 1.B FE .....	.....500,000 .....	..88.9160 .....	.....444,580 .....	.....500,000 .....	.....500,000 .....					....1.671 .....	.....1.671	JD .....	.....696 .....	.....8,355 .....	...12/02/2020 ...	...06/01/2028 ...
875682-GL-4	TANGIPAHOA PARISH LA WTR DISTR .....				.. 1.C FE .....	.....103,759 .....	..86.8840 .....	.....86,884 .....	.....100,000 .....	.....102,828 .....		.....(378) .....			....2.440 .....	.....2.000	JD .....	.....203 .....	.....2,440 .....	...06/28/2021 ...	...12/01/2030 ...
881182-BK-4	TERREBONNE LA LEVEE & CONSV DI .....				.. 1.E FE .....	.....1,644,611 .....	..89.1500 .....	.....1,430,858 .....	.....1,605,000 .....	.....1,630,535 .....		.....(4,438) .....			....2.188 .....	.....1.878	JD .....	.....2,926 .....	.....35,117 .....	...09/28/2020 ...	...06/01/2029 ...
881182-BR-9	TERREBONNE LA LEVEE & CONSV DI		2		.. 1.E FE .....	.....522,545 .....	..81.2050 .....	.....406,025 .....	.....500,000 .....	.....515,916 .....		.....(2,281) .....			....2.788 .....	.....2.252	JD .....	.....1,162 .....	.....13,940 .....	...01/04/2021 ...	...06/01/2035 ...
0819999999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						20,898,715	XXX	17,692,735	21,095,000	20,906,898		38,114			XXX	XXX	XXX	85,813	430,461	XXX	XXX
0909999999. Total - U.S. Special Revenues Bonds						20,898,715	XXX	17,692,735	21,095,000	20,906,898		38,114			XXX	XXX	XXX	85,813	430,461	XXX	XXX
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds							XXX								XXX	XXX	XXX			XXX	XXX
1309999999. Total - Hybrid Securities							XXX								XXX	XXX	XXX			XXX	XXX
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds							XXX								XXX	XXX	XXX			XXX	XXX
1909999999. Subtotal - Bonds - Unaffiliated Bank Loans							XXX								XXX	XXX	XXX			XXX	XXX
2419999999. Total - Issuer Obligations						23,905,604	XXX	20,578,182	24,140,000	23,925,441		46,046			XXX	XXX	XXX	95,841	471,117	XXX	XXX
2429999999. Total - Residential Mortgage-Backed Securities							XXX								XXX	XXX	XXX			XXX	XXX
2439999999. Total - Commercial Mortgage-Backed Securities							XXX								XXX	XXX	XXX			XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY 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	C o d e	F o r e i g n	Bond Char	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other- Than- Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
2449999999. Total - Other Loan-Backed and Structured Securities							XXX								XXX	XXX	XXX			XXX	XXX
2459999999. Total - SVO Identified Funds							XXX								XXX	XXX	XXX			XXX	XXX
2469999999. Total - Affiliated Bank Loans							XXX								XXX	XXX	XXX			XXX	XXX
2479999999. Total - Unaffiliated Bank Loans							XXX								XXX	XXX	XXX			XXX	XXX
2489999999. Total - Unaffiliated Certificates of Deposit							XXX								XXX	XXX	XXX			XXX	XXX
2509999999 - Total Bonds						23,905,604	XXX	20,578,182	24,140,000	23,925,441		46,046			XXX	XXX	XXX	95,841	471,117	XXX	XXX

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:										
Line Number										
1A	1A ..\$	1,274,116	1B ..\$	1,500,000	1C ..\$	2,977,659	1D ..\$	9,329,870	1E ..\$	8,059,307
1B	2A ..\$	784,489	2B ..\$		2C ..\$				1F ..\$	1G ..\$
1C	3A ..\$		3B ..\$		3C ..\$					
1D	4A ..\$		4B ..\$		4C ..\$					
1E	5A ..\$		5B ..\$		5C ..\$					
1F	6 ..\$									

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned
N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned
N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
546417-DQ-6	LOUISIANA ST .....		...07/27/2023 ...	BOFA SECURITIES INC.		240,640	260,000	364
0509999999.	Subtotal - Bonds - U.S. States, Territories and Possessions					240,640	260,000	364
54628C-MK-5	LOUISIANA ST LOCAL GOVT ENVRM .....		...01/19/2023 ...	WELLS FARGO SECURITIES LLC		735,584	800,000	5,531
54628C-NQ-1	LOUISIANA ST LOCAL GOVT ENVRM .....		...01/05/2023 ...	CITIGROUP GLOBAL MARKETS INC.		330,134	350,000	1,613
54639P-AA-8	LOUISIANA ST PUBLIC FACS AUTH .....		...03/28/2023 ...	CITIGROUP GLOBAL MARKETS INC.		325,000	325,000	742
546475-VP-6	LOUISIANA ST GAS & FUELS TAX R .....		...08/10/2023 ...	WELLS FARGO SECURITIES LLC		486,576	600,000	4,637
647753-MC-3	NEW ORLEANS LA VTR REVENUE .....		...04/19/2023 ...	RAYMOND JAMES & ASSOCIATES INC.		766,377	900,000	4,501
0909999999.	Subtotal - Bonds - U.S. Special Revenues					2,643,671	2,975,000	17,023
2509999997.	Total - Bonds - Part 3					2,884,311	3,235,000	17,387
2509999998.	Total - Bonds - Part 5					675,000	675,000	1,542
2509999999.	Total - Bonds					3,559,311	3,910,000	18,929
4509999997.	Total - Preferred Stocks - Part 3						XXX	
4509999998.	Total - Preferred Stocks - Part 5						XXX	
4509999999.	Total - Preferred Stocks						XXX	
5989999997.	Total - Common Stocks - Part 3						XXX	
5989999998.	Total - Common Stocks - Part 5						XXX	
5989999999.	Total - Common Stocks						XXX	
5999999999.	Total - Preferred and Common Stocks						XXX	
.....
.....
.....
6009999999 - Totals						3,559,311	XXX	18,929

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identi- fication	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con- sideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other- Than- Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date
912828-4D-9 ...	UNITED STATES TREASURY NOTE .....		..03/31/2023 ..	VARIOUS .....		.....453,000	.....453,000	.....458,346	.....453,338				.....(338)	.....(338)	.....453,000				.....5,663	..03/31/2023 ..
912828-VB-3 ..	UNITED STATES TREASURY NOTE .....		..05/15/2023 ..	MATURITY 100.0000 .....		.....300,000	.....300,000	.....300,224	.....300,022				.....(22)	.....(22)	.....300,000				.....2,625	..05/15/2023 ..
91282C-CN-9 ...	UNITED STATES TREASURY NOTE .....		..07/31/2023 ..	MATURITY 100.0000 .....		.....250,000	.....250,000	.....249,454	.....249,839				.....161	.....161	.....250,000				.....313	..07/31/2023 ..
0109999999	Subtotal - Bonds - U.S. Governments					.....1,003,000	.....1,003,000	.....1,008,023	.....1,003,199				.....(199)	.....(199)	.....1,003,000				.....8,600	XXX
793572-YM-4 ..	SAINT TAMMANY LA PARISHWIDE SC .....		..03/01/2023 ..	MATURITY 100.0000 .....		.....175,000	.....175,000	.....185,698	.....175,736				.....(736)	.....(736)	.....175,000				.....2,625	..03/01/2023 ..
0709999999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					.....175,000	.....175,000	.....185,698	.....175,736				.....(736)	.....(736)	.....175,000				.....2,625	XXX
270618-DR-9 ..	E BATON ROUGE PARISH LA SIIR CO .....		..02/01/2023 ..	MATURITY 100.0000 .....		.....200,000	.....200,000	.....205,530	.....200,132				.....(132)	.....(132)	.....200,000				.....3,200	..02/01/2023 ..
270852-AB-2 ..	E BATON ROUGE PARISH LA SOL WS .....		..04/19/2023 ..	WELLS FARGO SECURITIES LLC .....		.....300,000	.....300,000	.....300,000	.....300,000						.....300,000				.....3,142	..12/01/2028 ..
64763H-FR-1 ...	NEW ORLEANS LA AVIATION BRD .....		..01/01/2023 ..	MATURITY 100.0000 .....		.....1,000,000	.....1,000,000	.....1,020,350	.....1,000,000						.....1,000,000				.....14,745	..01/01/2023 ..
0909999999	Subtotal - Bonds - U.S. Special Revenues					.....1,500,000	.....1,500,000	.....1,525,880	.....1,500,132				.....(132)	.....(132)	.....1,500,000				.....21,087	XXX
54627R-AK-6 ..	LOUISIANA ST LOCAL GOVT ENVRNM .....		..03/28/2023 ..	VARIOUS .....		.....294,859	.....304,541	.....313,059	.....309,267				.....(853)	.....(853)	.....308,414		.....(13,556)	.....(13,556)	.....6,321	..08/01/2028 ..
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					.....294,859	.....304,541	.....313,059	.....309,267				.....(853)	.....(853)	.....308,414		.....(13,556)	.....(13,556)	.....6,321	XXX
2509999997	Total - Bonds - Part 4					.....2,972,859	.....2,982,541	.....3,032,660	.....2,988,334				.....(1,920)	.....(1,920)	.....2,986,414		.....(13,556)	.....(13,556)	.....38,632	XXX
2509999998	Total - Bonds - Part 5					.....675,000	.....675,000	.....675,000							.....675,000				.....2,845	XXX
2509999999	Total - Bonds					.....3,647,859	.....3,657,541	.....3,707,660	.....2,988,334				.....(1,920)	.....(1,920)	.....3,661,414		.....(13,556)	.....(13,556)	.....41,477	XXX
4509999997	Total - Preferred Stocks - Part 4						XXX													XXX
4509999998	Total - Preferred Stocks - Part 5						XXX													XXX
4509999999	Total - Preferred Stocks						XXX													XXX
5989999997	Total - Common Stocks - Part 4						XXX													XXX
5989999998	Total - Common Stocks - Part 5						XXX													XXX
5989999999	Total - Common Stocks						XXX													XXX
5999999999	Total - Preferred and Common Stocks						XXX													XXX
6009999999	Totals					.....3,647,859	XXX	.....3,707,660	.....2,988,334			.....(1,920)	.....(1,920)		.....3,661,414		.....(13,556)	.....(13,556)	.....41,477	XXX

SCHEDULE D - PART 5

[illegible]

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

N O N E

Schedule D - Part 6 - Section 2

N O N E

Schedule DA - Part 1 - Short-Term Investments Owned

N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of
Current Year

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
CITIBANK NEW YORK, NY .....	.....	.....	.....	.....	..... 417,556	..XXX.
CITIBANK SAN ANTONIO, TX .....	.....	.....	.....	.....	..... 9,356,741	..XXX.
RENASANT BANK TUPELO, MS .....	.....	.....	.....	.....	..... 25,000	..XXX.
STOCK YARDS BANK AND TRUST CO LOUISVILLE, KY .....	.....	..... 1.671	..... 25,401	.....	..... 92,083	..XXX.
US BANK ST. LOUIS, MO .....	.....	..... 2.500	..... 12,324	.....	.....	..XXX.
WELLS FARGO BANK, N.A. SAN FRANCISCO, CA .....	.....	.....	.....	.....	..... 4,515,241	..XXX.
0199998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX				XXX
0199999. Totals - Open Depositories	XXX	XXX	37,725		14,406,621	XXX
0299998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX				XXX
0299999. Totals - Suspended Depositories	XXX	XXX				XXX
0399999. Total Cash on Deposit	XXX	XXX	37,725		14,406,621	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
.....
.....
.....
.....
.....
.....
0599999 Total - Cash	XXX	XXX	37,725		14,406,621	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	1,640,997	4. April.....	2,118,386	7. July.....	5,155,537	10. October.....	8,293,958
2. February....	2,292,884	5. May.....	1,694,521	8. August.....	5,383,584	11. November...	9,597,885
3. March.....	1,583,536	6. June.....	4,229,380	9. September ..	7,167,869	12. December ..	14,406,621

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A ..\$	1B ..\$	1C ..\$	1D ..\$	1E ..\$	1F ..\$	1G ..\$
1B	2A ..\$	2B ..\$	2C ..\$				
1C	3A ..\$	3B ..\$	3C ..\$				
1D	4A ..\$	4B ..\$	4C ..\$				
1E	5A ..\$	5B ..\$	5C ..\$				
1F	6\$						

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1	2	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
	Type of Deposit	Purpose of Deposit	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	ST..... For the benefit and protection of all policyholders and creditors	200,000	200,000		
11. Georgia	GA	B..... For the protection of policyholders or others entitled to the proceeds of policies	84,138	81,255		
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY	0..... For the benefit and protection of all policyholders and creditors	1,013,707	954,292		
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	B..... For the benefit and protection of all policyholders and creditors	361,372	351,456		
33. New York	NY					
34. North Carolina	NC	ST..... For the benefit and protection of all policyholders and creditors	300,000	300,000		
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC	B..... For the benefit and protection of all policyholders and creditors	230,000	204,507		
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. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	XXX			
59. Subtotal	XXX	XXX	2,189,218	2,091,510		
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX				