

**QUARTERLY STATEMENT**

**OF THE**

**OLD AMERICAN INDEMNITY COMPANY**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE QUARTER ENDED  
MARCH 31, 2024**

**PROPERTY AND CASUALTY**

**2024**



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT
AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
OLD AMERICAN INDEMNITY COMPANY

NAIC Group Code 4762 (Current) 4762 (Prior) NAIC Company Code 11665 Employer's ID Number 61-0533007

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

Main Administrative Office 14675 DALLAS PARKWAY, SUITE 500 DALLAS, TX, US 75254 214-561-1991

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

Primary Location of Books and Records 14675 DALLAS PARKWAY, SUITE 500 DALLAS, TX, US 75254 214-561-1991

Internet Website Address www.oldamericanindemnity.com

Statutory Statement Contact MICHELLE STEPHENS 214-561-1965 STAT@OLDAM.COM 214-561-1990

OFFICERS

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

OTHER

DEBRA JANE ROBERTS, CHIEF EXECUTIVE OFFICER BRENT LAYNE MCGILL, EXECUTIVE VICE PRESIDENT & CHIEF ACTUARY RONALD JAMES BALLARD, EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER
MELANIE SHAE GARRISON, SENIOR VICE PRESIDENT & CHIEF ACCOUNTING OFFICER

DIRECTORS OR TRUSTEES

DEBRA JANE ROBERTS ANDREW JAMES KIRKPATRICK BRENT LAYNE MCGILL
JAMES LANDO ZECH CLEMENT S DWYER JR

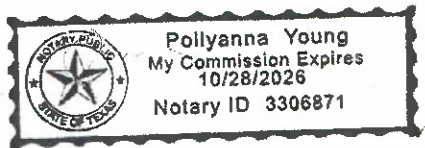
State of Texas County of Dallas SS:

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

Handwritten signatures of Andrew James Kirkpatrick, Melissa Waddell Saylor, and Mark Francis Banar with their respective titles: President, Secretary, and Treasurer.

Subscribed and sworn to before me this day of May 2024 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.....



STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	23,942,563		23,942,563	23,925,441
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ encumbrances) .....				
5. Cash (\$ ..... 17,560,103 ), cash equivalents (\$ ..... 550,000 ) and short-term investments (\$ ..... ) .....	18,110,103		18,110,103	14,956,621
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	42,052,666		42,052,666	38,882,062
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	189,301		189,301	95,839
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	17,952,904		17,952,904	16,191,926
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	44,054,300		44,054,300	36,403,295
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	13,043,782		13,043,782	11,288,842
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 .....	161,491		161,491	127,861
19. Guaranty funds receivable or on deposit .....	1,415,417		1,415,417	1,415,417
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 .....	1,154,115		1,154,115	2,375,184
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	201,860		201,860	217,536
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	120,225,835		120,225,835	106,997,960
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	120,225,835		120,225,835	106,997,960
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. MGA/Premium Tax Receivable .....	1,860		1,860	17,536
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 through 2503 plus 2598)(Line 25 above)	201,860		201,860	217,536

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 1,114,697 )	2,586,899	2,275,755
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	460,675	375,762
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	118,651	154,836
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	1,785,517	1,835,702
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 53,992,024 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)	3,083,123	2,381,420
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	57,672,803	49,532,626
13. Funds held by company under reinsurance treaties	18,856,977	18,021,182
14. Amounts withheld or retained by company for account of others	5,069,236	5,889,881
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
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	12,823,487	10,599,826
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	102,457,367	91,066,992
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	102,457,367	91,066,992
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	13,392,514	11,795,071
35. Unassigned funds (surplus)	1,875,954	1,635,897
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)	17,768,468	15,930,969
38. Totals (Page 2, Line 28, Col. 3)	120,225,835	106,997,960
<b>DETAILS OF WRITE-INS</b>		
2501. MGA Payable	12,823,487	10,599,826
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	12,823,487	10,599,826
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 53,036,254 )	43,589,516	19,925,790	110,489,388
1.2 Assumed (written \$ )			
1.3 Ceded (written \$ 48,303,294 )	39,558,259	17,944,850	99,789,074
1.4 Net (written \$ 4,732,959 )	4,031,257	1,980,940	10,700,314
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ 1,395,973 ):			
2.1 Direct	27,492,388	12,572,407	68,144,149
2.2 Assumed			
2.3 Ceded	26,075,079	11,942,118	64,735,033
2.4 Net	1,417,309	630,289	3,409,116
3. Loss adjustment expenses incurred	305,664	81,979	612,887
4. Other underwriting expenses incurred	2,132,956	907,062	5,150,138
5. Aggregate write-ins for underwriting deductions		(65)	(65)
6. Total underwriting deductions (Lines 2 through 5)	3,855,930	1,619,265	9,172,076
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	175,327	361,675	1,528,238
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	128,542	112,911	473,579
10. Net realized capital gains (losses) less capital gains tax of \$		(13,556)	(13,556)
11. Net investment gain (loss) (Lines 9 + 10)	128,542	99,356	460,023
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	303,869	461,031	1,988,261
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)	303,869	461,031	1,988,261
19. Federal and foreign income taxes incurred	97,443		417,535
20. Net income (Line 18 minus Line 19)(to Line 22)	206,426	461,031	1,570,726
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	15,930,969	11,732,062	11,732,062
22. Net income (from Line 20)	206,426	461,031	1,570,726
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	33,630	9,800	65,171
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	1,597,443		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)	(221,883)
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	1,837,499	248,948	4,198,908
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	17,768,468	11,981,010	15,930,969
<b>DETAILS OF WRITE-INS</b>			
0501. Premium Deficiency Reserves Incurred		(65)	(65)
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)		(65)	(65)
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

## STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	3,461,153	1,350,569	10,268,212
2. Net investment income .....	18,382	55,116	461,778
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	3,479,535	1,405,685	10,729,990
5. Benefit and loss related payments .....	2,861,105	2,708,889	8,957,441
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,440,503	954,316	4,610,909
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) .....	5,301,608	3,663,205	13,568,350
11. Net cash from operations (Line 4 minus Line 10) .....	(1,822,073)	(2,257,519)	(2,838,360)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		2,122,859	3,647,859
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) .....		2,122,859	3,647,859
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		2,065,718	3,559,311
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) .....		2,065,718	3,559,311
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....		57,141	88,547
<b>Cash from Financing and Miscellaneous Sources</b>			
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	221,883
16.6 Other cash provided (applied) .....	4,975,555	2,181,535	15,854,053
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	4,975,555	1,959,652	15,882,170
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	3,153,482	(240,727)	13,132,358
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	14,956,621	1,824,263	1,824,263
19.2 End of period (Line 18 plus Line 19.1) .....	18,110,103	1,583,536	14,956,621
<b>Note: Supplemental disclosures of cash flow information for non-cash transactions:</b>			
20.0001. FIT Liability recognized as surplus contribution - see Note 9F .....	97,443		534,892
20.0002. ....			

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

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 206,426	\$ 1,570,726
(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	\$ 206,426	\$ 1,570,726
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 17,768,468	\$ 15,930,969
(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	\$ 17,768,468	\$ 15,930,969

**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**  
 No Significant Change

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

(6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities, securities where the yield had become negative, or EITF 99-20 eligible securities which are valued using the prospective method.

**D. Going Concern**

According to management's evaluation, as of March 31, 2024, 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**
**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.

**NOTES TO FINANCIAL STATEMENTS**

(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	\$ 2,190,036				\$ 2,190,036	\$ 2,189,218	\$ 818
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					\$ -		\$ -
<b>o. Total Restricted Assets (Sum of a through n)</b>	<b>\$ 2,190,036</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,190,036</b>	<b>\$ 2,189,218</b>	<b>\$ 818</b>

(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)
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		\$ 2,190,036	1.822%	1.822%
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%



## NOTES TO FINANCIAL STATEMENTS

n. Other restricted assets		\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ -	\$ 2,190,036	1.822%	1.822%

(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  
Not Applicable
- 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 Basis:  
The Company's surplus excludes due and accrued investment income if amounts are over 90 days past due.
- B. Total Amount of Due and Accrued Income Excluded:  
As of March 31, 2024, 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.
- | Interest Income Due and Accrued | Amount     |
|---------------------------------|------------|
| 1. Gross                        | \$ 189,301 |
| 2. Nonadmitted                  |            |
| 3. Admitted                     | \$ 189,301 |
- 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 the Current Period are as Follows:  
No Significant Change
- B. Deferred Tax Liabilities Not Recognized:  
Not Applicable
- C. Current income taxes incurred consist of the following major components:  
No Significant Change
- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate:  
No Significant Change
- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits:  
Not Applicable
- F. Consolidated 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 retained 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:  
Not Applicable
- H. Repatriation Transition Tax (RTT)

## NOTES TO FINANCIAL STATEMENTS

Not Applicable

- I. Alternative Minimum Tax (AMT) Credit  
Not Applicable

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

No Significant Change

**NOTE 11 Debt**

No Significant Change

- 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**

Not Applicable

- A. Defined Benefit Plan  
Not Applicable

(4) Components of net periodic benefit cost  
Not Applicable

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

No Significant Change

- J. Change in Unassigned Funds  
The Company had a contributed surplus increase of \$1,597,443 in the first quarter of 2024. \$1,500,000 is set to be received on May 3, 2024.

**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**

No Significant Change

**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 first quarter of 2024, the Company did not have any transfers between Levels 1, 2, or 3 for assets measured and reported at fair value.

As of March 31, 2024, 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)
Bonds	\$ 20,539,336	\$ 23,942,563	\$ 898,772	\$ 19,640,564			
Cash, Cash Equivalents and Short-Term Investments	\$ 18,110,103	\$ 18,110,103	\$ 18,110,103				

- 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

## NOTES TO FINANCIAL STATEMENTS

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 May 3, 2024, the Company received a \$1,500,000 surplus contribution from its parent, Old American Capital Corporation.

### NOTE 23 Reinsurance

- A. Unsecured Reinsurance Recoverables  
No Significant Change
- B. Reinsurance Recoverable in Dispute  
Not Applicable
- C. Reinsurance Assumed and Ceded  
No Significant Change
- 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
- 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

- F. Risk Sharing Provisions of the Affordable Care Act  
Not Applicable

### NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

- A. Development of Prior Year Losses and Loss Adjustment Expenses  
As of March 31, 2024, net reserves totaled \$3,047,573. As of March 31, 2024, \$887,748 has been paid for losses and loss adjustment expenses related to insured events of prior years. Reserves remaining for prior years are now \$1,746,142 as a result of reevaluations of unpaid claims and claim adjustment expenses. Therefore, during the first quarter of 2024, prior year losses and loss adjustment expenses developed favorably by \$17,626. 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

No Significant Change

## NOTES TO FINANCIAL STATEMENTS

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**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

**B. Schedule of Insured Financial Obligations at the End of the Period**

Not Applicable

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ X ] No [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
American Overseas Reinsurance Limited was dissolved on January 25, 2024 .....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0001352713
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2023
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2018
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 05/14/2020
- 6.4 By what department or departments?  
TEXAS DEPARTMENT OF INSURANCE (2023) & KENTUCKY DEPARTMENT OF INSURANCE (2018) .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide 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

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 1,154,115

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [ X ]
- 11.2 If yes, give full and complete information relating thereto: .....
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]
- 14.2 If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....  | \$ .....   |
| 14.22 Preferred Stock .....   | \$ .....  | \$ .....   |
| 14.23 Common Stock .....  | \$ .....  | \$ .....   |
| 14.24 Short-Term Investments .....  | \$ .....  | \$ .....   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....  | \$ .....   |
| 14.26 All Other .....   | \$ .....  | \$ .....   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....  | \$ .....   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....  | \$ .....   |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement. ....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....
- 16.3 Total payable for securities lending reported on the liability page. .... \$ .....

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

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

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

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

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

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

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [  ] No [  ]

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105900 .....	NEW ENGLAND ASSET MANAGEMENT, INC. ....	KUR85EPS460FZTFC130 .....	SEC .....	NO.....

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

- 18.2 If no, list exceptions:  
 .....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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 [  ]

20. 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 [  ]

21. 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 [  ]

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [ X ]

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

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

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

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

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

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

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]





STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

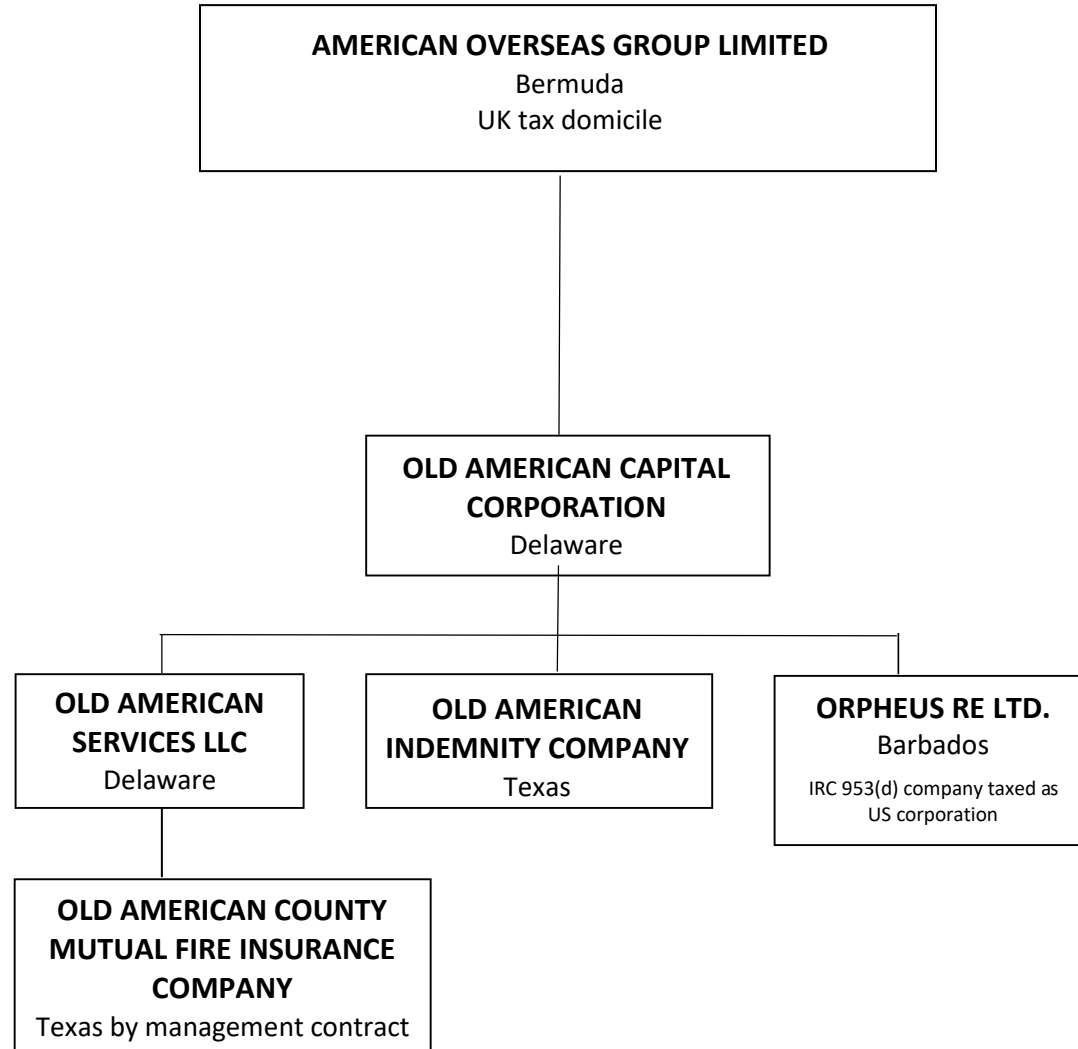
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	L	374,678			9,247	40,704	48,766
2. Alaska	AK	N						
3. Arizona	AZ	L			32,670	189,242	678,059	1,169,631
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	14,420,431		6,114,196		9,463,699	
11. Georgia	GA	L			22,184	304,605	505,871	894,305
12. Hawaii	HI	N						
13. Idaho	ID	N						
14. Illinois	IL	N						
15. Indiana	IN	L			1,200	(667)	19,294	19,072
16. Iowa	IA	N						
17. Kansas	KS	N						
18. Kentucky	KY	L						
19. Louisiana	LA	L	25,654,037	16,108,241	10,013,687	8,321,660	22,525,518	19,656,568
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	10,913,420	6,933,130	4,147,334	2,604,163	13,065,664	9,109,630
38. Oregon	OR	N						
39. Pennsylvania	PA	N						
40. Rhode Island	RI	N						
41. South Carolina	SC	L					8	55
42. South Dakota	SD	N						
43. Tennessee	TN	L						
44. Texas	TX	L						
45. Utah	UT	L	1,673,688	1,653,634	1,709,433	1,482,879	4,696,608	3,860,571
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		53,036,254	24,695,004	22,040,704	12,911,129	50,995,426	34,758,598
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 | 4. Q - Qualified - Qualified or accredited reinsurer.....  | 16 |
| 2. R - Registered - Non-domiciled RRGs.....  |    | 5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile..... |    |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... |    | 6. N - None of the above - Not allowed to write business in the state.....   | 41 |

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

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STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0000 ...	.....	. 00000 .....	.....	.....	.....	BERMUDA STOCK EXCHANGE ..	AMERICAN OVERSEAS GROUP LTD .....	. BMJ .....	UIP .....	.....	.....	.....	AMERICAN OVERSEAS GROUP LTD .....	.. NO .....	.....
. 0000 ...	.....	. 00000 .....	27-2941857 ..	.....	.....	.....	OLD AMERICAN CAPITAL CORPORATION .....	. DE .....	UDP .....	AMERICAN OVERSEAS GROUP LTD .....	Ownership.....	100.000 .....	AMERICAN OVERSEAS GROUP LTD .....	.. NO .....	.....
. 0000 ...	.....	. 00000 .....	27-2941985 ..	.....	.....	.....	OLD AMERICAN SERVICES LLC .....	. DE .....	NIA .....	OLD AMERICAN CAPITAL CORPORATION .....	Ownership.....	100.000 .....	AMERICAN OVERSEAS GROUP LTD .....	.. NO .....	.....
. 4762 ...	ORPHEUS GROUP LTD .....	. 29378 .....	75-0728676 ..	.....	.....	.....	OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY .....	. TX .....	IA .....	OLD AMERICAN SERVICES LLC .....	Management.....	.....	AMERICAN OVERSEAS GROUP LTD .....	.. NO .....	.....
. 4762 ...	ORPHEUS GROUP LTD .....	. 11665 .....	61-0533007 ..	.....	.....	.....	OLD AMERICAN INDEMNITY COMPANY .....	. TX .....	RE .....	OLD AMERICAN CAPITAL CORPORATION .....	Ownership.....	100.000 .....	AMERICAN OVERSEAS GROUP LTD .....	.. NO .....	.....
. 0000 ...	.....	. 00000 .....	30-0708277 ..	.....	.....	.....	ORPHEUS RE LTD .....	. BRB .....	IA .....	OLD AMERICAN CAPITAL CORPORATION .....	Ownership.....	100.000 .....	AMERICAN OVERSEAS GROUP LTD .....	.. NO .....	.....

Asterisk	Explanation

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....				
2.1 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 .....				
9.1 Inland marine .....				
9.2 Pet insurance .....				
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 .....				
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 .....	18,730			(28.4)
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) .....	7,504,766	7,093,298	94.5	53.9
19.2 Other private passenger auto liability .....	25,521,324	16,318,222	63.9	69.2
19.3 Commercial auto no-fault (personal injury protection) .....				
19.4 Other commercial auto liability .....				
21.1 Private passenger auto physical damage .....	8,614,986	4,080,868	47.4	59.9
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	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....	1,929,710			
35. Totals	43,589,516	27,492,388	63.1	63.1
<b>DETAILS OF WRITE-INS</b>				
3401. Policy Fees .....	1,929,710			
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	1,929,710			

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire .....			
2.1	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 .....			
9.1	Inland marine .....			
9.2	Pet insurance .....			
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 .....			
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 .....	25,768	25,768	31,332
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) .....	8,516,915	8,516,915	298,063
19.2	Other private passenger auto liability .....	31,994,889	31,994,889	17,872,043
19.3	Commercial auto no-fault (personal injury protection) .....			
19.4	Other commercial auto liability .....			
21.1	Private passenger auto physical damage .....	10,568,971	10,568,971	5,423,229
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	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....	1,929,710	1,929,710	1,070,337
35.	Totals	53,036,254	53,036,254	24,695,004
<b>DETAILS OF WRITE-INS</b>				
3401.	Policy Fees .....	1,929,710	1,929,710	1,070,337
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page .....			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	1,929,710	1,929,710	1,070,337

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**PART 3 (\$000 OMITTED)**

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2024 Loss and LAE Payments on Claims Reported as of Prior Year-End	2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2024 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2021 + Prior .....	74	103	177	22		22	86		88	174	33	(15)	18
2. 2022 .....	123	196	319	53	13	67	55	14	152	221	(15)	(16)	(31)
3. Subtotals 2022 + Prior .....	197	299	496	75	13	88	141	14	240	395	19	(31)	(13)
4. 2023 .....	796	1,359	2,156	480	320	799	281	188	883	1,351	(36)	31	(5)
5. Subtotals 2023 + Prior .....	993	1,658	2,652	555	333	888	422	201	1,123	1,746	(17)	(1)	(18)
6. 2024 .....	XXX	XXX	XXX	XXX	439	439	XXX	428	874	1,301	XXX	XXX	XXX
7. Totals .....	993	1,658	2,652	555	772	1,327	422	629	1,997	3,048	(17)	(1)	(18)
8. Prior Year-End Surplus As Regards Policyholders	15,931										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. (1.7)	2. 0.0	3. (0.7)
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. (0.1)

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

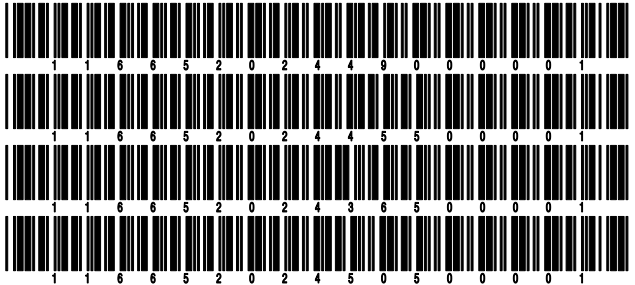
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO
<b>AUGUST FILING</b>	
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....	N/A

Explanations:

1. BUSINESS NOT WRITTEN
2. BUSINESS NOT WRITTEN
3. BUSINESS NOT WRITTEN
4. BUSINESS NOT WRITTEN

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]





**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 11

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1104. ....	.....	.....	.....	.....
1105. ....	.....	.....	.....	.....
1197. Summary of remaining write-ins for Line 11 from overflow page				

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	23,925,441	23,983,418
2. Cost of bonds and stocks acquired .....		3,559,311
3. Accrual of discount .....	21,641	64,079
4. Unrealized valuation increase/(decrease) .....		
5. Total gain (loss) on disposals .....		(13,556)
6. Deduct consideration for bonds and stocks disposed of .....		3,647,859
7. Deduct amortization of premium .....	4,519	19,952
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	23,942,563	23,925,441
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)	23,942,563	23,925,441

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	23,140,952			10,370	23,151,322			23,140,952
2. NAIC 2 (a) .....	784,489			6,752	791,241			784,489
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds	23,925,441			17,122	23,942,563			23,925,441
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock	23,925,441			17,122	23,942,563			23,925,441

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

S102

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

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**

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	550,000	
2. Cost of cash equivalents acquired .....		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

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**NONE**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**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**

STATEMENT AS OF MARCH 31, 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
BANK OF TEXAS ..... DALLAS, TX .....							500,000	.XXX.
CITIBANK ..... NEW YORK, NY .....			5		420,870	440,158	441,066	.XXX.
CITIBANK ..... SAN ANTONIO, TX .....					10,271,377	14,708,093	12,799,756	.XXX.
RENASANT BANK ..... TUPELO, MS .....					25,000	25,000	25,000	.XXX.
STOCK YARDS BANK AND TRUST CO ..... LOUISVILLE, KY .....					95,833	95,833	99,686	.XXX.
US BANK ..... ST. LOUIS, MO .....					(1,302)	(2,599)		.XXX.
WELLS FARGO BANK, N.A. .... SAN FRANCISCO, CA .....					4,583,066	3,962,343	3,694,595	.XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	5		15,394,844	19,228,827	17,560,103	XXX
0299998. Deposits in ... depositories that 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	5		15,394,844	19,228,827	17,560,103	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	5		15,394,844	19,228,827	17,560,103	XXX



