



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 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 (Street and Number) DALLAS, TX, US 75254 (City or Town, State, Country and Zip Code)

Main Administrative Office 14675 DALLAS PARKWAY, SUITE 500 (Street and Number) DALLAS, TX, US 75254 (City or Town, State, Country and Zip Code) 214-561-1991 (Area Code) (Telephone Number)

Mail Address P.O. BOX 793747 (Street and Number or P.O. Box) DALLAS, TX, US 75379-3747 (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 (City or Town, State, Country and Zip Code) 214-561-1991 (Area Code) (Telephone Number)

Internet Website Address www.oldamericanindemnity.com

Statutory Statement Contact MICHELLE STEPHENS (Name) 214-561-1965 (Area Code) (Telephone Number) STAT@OLDAM.COM (E-mail Address) 214-561-1990 (FAX Number)

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 UNDERWRITING OFFICER 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 JOSE O MONTEMAYOR

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.

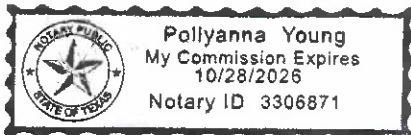
Signature of Andrew James Kirkpatrick
ANDREW JAMES KIRKPATRICK
PRESIDENT

Signature of Melissa Waddell Saylor
MELISSA WADDELL SAYLORS
SECRETARY

Signature of Mark Francis Banar
MARK FRANCIS BANAR
TREASURER

Subscribed and sworn to before me this 18th day of February 2025
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 2024 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)	33,280,754		33,280,754	23,925,441
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 (\$ 7,177,426 , Schedule E - Part 1), cash equivalents (\$ 550,000 , Schedule E - Part 2) and short-term investments (\$ 744,883 , Schedule DA)	8,472,309		8,472,309	14,956,621
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)	41,753,063		41,753,063	38,882,062
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	162,241		162,241	95,839
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,479,091		8,479,091	16,191,926
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	36,572,644		36,572,644	36,403,295
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	12,191,212		12,191,212	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	157,347		157,347	127,861
19. Guaranty funds receivable or on deposit	1,844,590		1,844,590	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	3,024		3,024	2,375,184
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	226,956		226,956	217,536
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	101,390,167		101,390,167	106,997,960
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	101,390,167		101,390,167	106,997,960
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. MGA/Premium Tax Receivable	26,956		26,956	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)	226,956		226,956	217,536

ANNUAL STATEMENT FOR THE YEAR 2024 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)	3,417,813	2,275,755
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)	594,600	375,762
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	248,283	154,836
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	1,815,997	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 (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 48,340,885 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)	2,743,265	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)	53,202,193	49,532,626
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	9,567,974	18,021,182
14. Amounts withheld or retained by company for account of others	5,520,596	5,889,881
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		
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	172,693	10,599,826
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	77,283,414	91,066,992
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	77,283,414	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	17,545,071	11,795,071
35. Unassigned funds (surplus)	4,061,681	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) (Page 4, Line 39)	24,106,753	15,930,969
38. TOTALS (Page 2, Line 28, Col. 3)	101,390,167	106,997,960
DETAILS OF WRITE-INS		
2501. MGA Payable	172,693	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)	172,693	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)		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	17,106,328	10,700,314
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	6,155,125	3,409,116
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	1,174,379	612,887
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	7,383,606	5,150,138
5. Aggregate write-ins for underwriting deductions		(65)
6. Total underwriting deductions (Lines 2 through 5)	14,713,111	9,172,076
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	2,393,217	1,528,238
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	649,315	473,579
10. Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))	42,483	(13,556)
11. Net investment gain (loss) (Lines 9 + 10)	691,798	460,023
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)	3,085,015	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)	3,085,015	1,988,261
19. Federal and foreign income taxes incurred	688,718	417,535
20. Net income (Line 18 minus Line 19)(to Line 22)	2,396,297	1,570,726
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	15,930,969	11,732,062
22. Net income (from Line 20)	2,396,297	1,570,726
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	29,487	65,171
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	5,750,000	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)	8,175,784	4,198,908
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	24,106,753	15,930,969
DETAILS OF WRITE-INS		
0501. Premium Deficiency Reserves Incurred		(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)
1401.		
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)		
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page		
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	28,681,226	10,268,212
2. Net investment income	460,085	461,778
3. Miscellaneous income		
4. Total (Lines 1 through 3)	29,141,310	10,729,990
5. Benefit and loss related payments	5,915,438	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	8,702,060	4,610,909
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	450,022	
10. Total (Lines 5 through 9)	15,067,520	13,568,350
11. Net cash from operations (Line 4 minus Line 10)	14,073,790	(2,838,360)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	3,137,960	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)	3,137,960	3,647,859
13. Cost of investments acquired (long-term only):		
13.1 Bonds	12,320,480	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)	12,320,480	3,559,311
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)	(9,182,520)	88,547
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	5,250,000	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)	(16,625,582)	15,854,053
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(11,375,582)	15,882,170
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)	(6,484,312)	13,132,358
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	14,956,621	1,824,263
19.2 End of period (Line 18 plus Line 19.1)	8,472,309	14,956,621

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. FIT Liability recognized as surplus contribution - see Note 9F		534,892
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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire				
2.1 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 plans				
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				
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)	1,275,162	510,019	376,965	1,408,216
19.2 Other private passenger auto liability.....	6,491,947	1,402,591	1,778,292	6,116,246
19.3 Commercial auto no-fault (personal injury protection)				
19.4 Other commercial auto liability.....				
21.1 Private passenger auto physical damage	1,902,195	468,811	588,008	1,782,997
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	7,798,869			7,798,869
35. TOTALS	17,468,172	2,381,420	2,743,265	17,106,328
DETAILS OF WRITE-INS				
3401. Policy fees	7,798,869			7,798,869
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)	7,798,869			7,798,869

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire					
2.1 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 plans					
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					
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)	376,965				376,965
19.2 Other private passenger auto liability	1,778,292				1,778,292
19.3 Commercial auto no-fault (personal injury protection)					
19.4 Other commercial auto liability					
21.1 Private passenger auto physical damage	588,008				588,008
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	2,743,265				2,743,265
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Line 35 through 37)					2,743,265
DETAILS OF WRITE-INS					
3401.					
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)					

(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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1		Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3-4-5
	Direct Business (a)		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
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 plans							
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							
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)	25,610,091				1,286,899	23,048,030	1,275,162
19.2 Other private passenger auto liability.....	117,340,884				6,697,237	104,151,700	6,491,947
19.3 Commercial auto no-fault (personal injury protection)							
19.4 Other commercial auto liability.....							
21.1 Private passenger auto physical damage	39,436,275				2,184,963	35,349,118	1,902,195
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	7,798,869						7,798,869
35. TOTALS	190,186,119				10,169,099	162,548,848	17,468,172
DETAILS OF WRITE-INS							
3401. Policy Fees	7,798,869						7,798,869
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)	7,798,869						7,798,869

(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 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A , Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (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								
9.1 Inland marine								
9.2 Pet insurance plans								
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								
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)	12,393,038		11,773,375	619,663	335,245	134,452	820,456	58.3
19.2 Other private passenger auto liability	64,938,725		61,527,922	3,410,803	2,924,296	2,029,245	4,305,854	70.4
19.3 Commercial auto no-fault (personal injury protection)								
19.4 Other commercial auto liability								
21.1 Private passenger auto physical damage	18,441,990		17,459,389	982,602	158,272	112,058	1,028,815	57.7
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	95,773,754		90,760,686	5,013,068	3,417,813	2,275,755	6,155,125	36.0
DETAILS OF WRITE-INS								
3401.								
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)								

ANNUAL STATEMENT FOR THE YEAR 2024 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 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 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									
9.1 Inland marine									
9.2 Pet insurance plans									
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							(a)		
16. Workers' compensation									
17.1 Other liability - occurrence									
17.2 Other liability - claims-made									
17.3 Excess workers' compensation									
18.1 Products liability - occurrence									
18.2 Products liability - claims-made									
19.1 Private passenger auto no-fault (personal injury protection)	1,745,653		1,658,445	87,208	4,958,290		4,710,253	335,245	113,651
19.2 Other private passenger auto liability	20,662,205		19,543,892	1,118,313	33,150,214		31,344,231	2,924,296	459,336
19.3 Commercial auto no-fault (personal injury protection)									
19.4 Other commercial auto liability									
21.1 Private passenger auto physical damage	2,699,909		2,562,664	137,246	302,633		281,607	158,272	21,613
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	25,107,768		23,765,001	1,342,767	38,411,137		36,336,091	3,417,813	594,600
DETAILS OF WRITE-INS									
3401.									
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)									

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	21,446,768			21,446,768
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	20,272,389			20,272,389
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	1,174,379			1,174,379
2. Commission and brokerage:				
2.1 Direct excluding contingent		20,495,494		20,495,494
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		28,170,932		28,170,932
2.4 Contingent - direct				
2.5 Contingent - reinsurance assumed				
2.6 Contingent - reinsurance ceded				
2.7 Policy and membership fees		7,423,356		7,423,356
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) ..		(252,083)		(252,083)
3. Allowances to managers and agents				
4. Advertising		5,584		5,584
5. Boards, bureaus and associations		9,073		9,073
6. Surveys and underwriting reports		8,631		8,631
7. Audit of assureds' records		336,920		336,920
8. Salary and related items:				
8.1 Salaries		2,012,186		2,012,186
8.2 Payroll taxes		92,003		92,003
9. Employee relations and welfare		306,822		306,822
10. Insurance		108,580		108,580
11. Directors' fees		112,563		112,563
12. Travel and travel items		98,779		98,779
13. Rent and rent items		154,443		154,443
14. Equipment		59,746		59,746
15. Cost or depreciation of EDP equipment and software		2,662		2,662
16. Printing and stationery		29,023		29,023
17. Postage, telephone and telegraph, exchange and express		19,839		19,839
18. Legal and auditing		478,055	86,663	564,718
19. Totals (Lines 3 to 18)		3,834,908	86,663	3,921,571
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$		2,601,677		2,601,677
20.2 Insurance department licenses and fees		582,477		582,477
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)		357,628		357,628
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		3,541,781		3,541,781
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses		259,000		259,000
25. Total expenses incurred	1,174,379	7,383,606	86,663 (a)	8,644,649
26. Less unpaid expenses - current year	594,600	2,041,133	23,147	2,658,880
27. Add unpaid expenses - prior year	375,762	1,974,874	15,665	2,366,300
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)	955,540	7,317,347	79,182	8,352,069
DETAILS OF WRITE-INS				
2401. Professional Fees		249,991		249,991
2402. Charitable Contributions		9,009		9,009
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)		259,000		259,000

(a) Includes management fees of \$ 3,647,745 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 23,164	..... 23,180
1.1 Bonds exempt from U.S. tax	(a) 12,902	..... 11,974
1.2 Other bonds (unaffiliated)	(a) 583,666	..... 648,845
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) 49,845	..... 51,980
7. Derivative instruments	(f) .....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....
10. Total gross investment income	669,577	735,979
11. Investment expenses .....	.....	(g) 86,663
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) .....	.....	86,663
17. Net investment income (Line 10 minus Line 16) .....	.....	649,315
DETAILS OF WRITE-INS		
0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	.....	.....
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	.....	.....

- (a) Includes \$ 148,723 accrual of discount less \$ 18,412 amortization of premium and less \$ 84,358 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 \$ 10,573 accrual of discount less \$ amortization of premium and less \$ 3,131 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)	42,483	.....	42,483	.....	.....
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)	42,483	.....	42,483	.....	.....
DETAILS OF WRITE-INS					
0901.
0902.
0903.
0998. Summary of remaining write-ins for Line 9 from overflow page
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)

ANNUAL STATEMENT FOR THE YEAR 2024 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 through 1103 plus 1198)(Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			

NONE

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 & 2)	XXX	XXX	XXX	\$	2,396,297	\$	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	\$	2,396,297	\$	1,570,726
SURPLUS							
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$	24,106,753	\$	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	\$	24,106,753	\$	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

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, 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

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 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	\$ 2,192,538				\$ 2,192,538	\$ 2,189,218	\$ 3,321
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)	\$ 2,192,538	\$ -	\$ -	\$ -	\$ 2,192,538	\$ 2,189,218	\$ 3,321

(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	\$ 2,192,538	2.162%	2.162%
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)	\$ -	\$ 2,192,538	2.162%

(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

S. Aggregate Collateral Loans by Qualifying Investment Collateral
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, 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	\$ 162,241
2. Nonadmitted	
3. Admitted	\$ 162,241

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			12/31/2023			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col. 1 + 2) Total	Ordinary	Capital	(Col. 4 + 5) Total	(Col. 1 - 4) Ordinary	(Col. 2 - 5) Capital	(Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 157,347		\$ 157,347	\$ 127,861		\$ 127,861	\$ 29,487	\$ -	\$ 29,487

NOTES TO FINANCIAL STATEMENTS

(b) Statutory Valuation Allowance Adjustment			\$ -			\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 157,347	\$ -	\$ 157,347	\$ 127,861	\$ -	\$ 127,861	\$ 29,487	\$ -	\$ 29,487
(d) Deferred Tax Assets Nonadmitted			\$ -			\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 157,347	\$ -	\$ 157,347	\$ 127,861	\$ -	\$ 127,861	\$ 29,487	\$ -	\$ 29,487
(f) Deferred Tax Liabilities			\$ -			\$ -	\$ -	\$ -	\$ -
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 157,347	\$ -	\$ 157,347	\$ 127,861	\$ -	\$ 127,861	\$ 29,487	\$ -	\$ 29,487

2.

	As of End of Current Period			12/31/2023			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)	\$ 157,347		\$ 157,347	\$ 127,861		\$ 127,861	\$ 29,487	\$ -	\$ 29,487
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 157,347		\$ 157,347	\$ 127,861		\$ 127,861	\$ 29,487	\$ -	\$ 29,487
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 3,592,411	XXX	XXX	\$ 2,087,921	XXX	XXX	\$ 1,504,489
(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))	\$ 157,347	\$ -	\$ 157,347	\$ 127,861	\$ -	\$ 127,861	\$ 29,487	\$ -	\$ 29,487

3.

	2024	2023
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	756.363%	712.697%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 23,949,406	\$ 15,803,108

4.

	As of End of Current Period		12/31/2023		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)	\$ 157,347	\$ -	\$ 127,861	\$ -	\$ 29,487	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies					0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 157,347	\$ -	\$ 127,861	\$ -	\$ 29,487	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies					0.000%	0.000%

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

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) 12/31/2023	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 677,340	\$ 417,535	\$ 259,805
(b) Foreign			\$ -
(c) Subtotal (1a+1b)	\$ 677,340	\$ 417,535	\$ 259,805
(d) Federal income tax on net capital gains			\$ -
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other	\$ 11,378		\$ 11,378
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 688,718	\$ 417,535	\$ 271,183
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 42,130	\$ 27,841	\$ 14,289
(2) Unearned premium reserve	\$ 115,217	\$ 100,020	\$ 15,197
(3) Policyholder reserves			\$ -

NOTES TO FINANCIAL STATEMENTS

(4) Investments			\$	-		
(5) Deferred acquisition costs			\$	-		
(6) Policyholder dividends accrual			\$	-		
(7) Fixed assets			\$	-		
(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)	\$	157,347	\$	127,861	\$	29,487
(b) Statutory valuation allowance adjustment			\$	-		
(c) Nonadmitted			\$	-		
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	157,347	\$	127,861	\$	29,487
(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)	\$	157,347	\$	127,861	\$	29,487
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)	\$	157,347	\$	127,861	\$	29,487

D. Significant Book to Tax Adjustments

The Company does not have any significant book to tax adjustments.

E. Additional Disclosures.

- 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.
- There is no provision for federal and foreign income taxes incurred as of December 31, 2024.
- The Company does not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.

F. Consolidation of Federal Income Tax Return

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

The Company does not have any federal or foreign income tax loss contingencies.

H. Repatriation Transition Tax (RTT)

The Company is not subject 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 2024 and 2023, the Company recorded \$3,647,745 and \$2,654,865, 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, 2024, the Company reported \$272,682 due from the Parent and \$269,658 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.

NOTES TO FINANCIAL STATEMENTS

- F. Guarantees or Undertakings for Related Parties
Not Applicable
- G. Nature of Relationships that Could Affect Operations
Not Applicable
- H. Amount Deducted for Investment in Upstream Company
Not Applicable
- I. Amount Deducted for Investment in Upstream Company
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 follows 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
Without 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 did not pay an ordinary dividend in 2024. In 2023, the Company paid an ordinary dividend in the amount of \$221,883.
- 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

NOTES TO FINANCIAL STATEMENTS

Not Applicable

I. Changes in Special Surplus Funds
Not Applicable

J. Change in Unassigned Surplus
The Company had a contributed surplus increase of \$5,750,000, of which, \$500,000 was received on February 26, 2025. The Company had a contributed surplus increase of \$2,784,892 in 2023

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 2024, the direct written premium of \$182,387,250 before policy fees was written by 5 active managing general agents. All 5 of the 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 Inurnace Services, LLC 28470 Avenue Stanford, Suite 250 Santa Clarita, CA 91355	20-8521100	No	Personal auto liability and physical damage	U, B, P	\$ 85,868,981
AmWins Specialty Auto of Florida, LLC 1580 Sawgrass Corporate Parkway, Suite 402 Sunrise, FL 33323	81-3334172	No	Personal auto liability and physical damage	U, C, CA, B, P	\$ 41,580,713
Connect MGA 3700 W 15th St., Suite 200 Plano, TX 75075	45-1475095	No	Personal auto liability and physical damage	U, C, CA, B, P	\$ 12,320,972
Insurescan MGA, LLC P.O. Box 3005 Auburn, AL 36831	87-2984529	No	Personal auto liability and physical damage	U, C, CA, B, P	\$ 4,592,204
Save Money Car Insurance 6528 E 101st St., Suite D1 #422 Tulsa, OK 74133	46-5338509	No	Personal auto liability and physical damage	U, C, CA, B, P	\$ 38,024,380
Total	XXX	XXX	XXX	XXX	\$ 182,387,250

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 2024, 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, 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

NOTES TO FINANCIAL STATEMENTS

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	\$ 29,890,515	\$ 33,280,754	\$ 917,442	\$ 28,973,073			
Cash, Cash Equivalents and Short-Term Investments	\$ 8,473,429	\$ 8,472,309	\$ 7,727,426	\$ 746,003			

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, 2025, the Company received a \$500,000 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

ID Number	Reinsurer Name	Unsecured Amount
38-2145898	DORINCO REINS CO	\$ 20,208,013

Individual Reinsurers Who Are Members of a Group

Group Code	ID Number	Reinsurer Name	Unsecured Amount
0473	39-1173498	AMERICAN FAMILY CONNECT P&C INS CO.	\$ 16,274,187
3219	35-2293075	ENDURANCE ASSUR CORP	\$ 6,831,715
0158	47-0698507	ODYSSEY REINS CO	\$ 7,421,261

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables
Not Applicable

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			\$ 2,847,680	\$ 564,837	\$ (2,847,680)	\$ (564,837)
b. All Other			\$ 45,493,204	\$ 7,397,268	\$ (45,493,204)	\$ (7,397,268)
c. Total (a+b)	\$ -	\$ -	\$ 48,340,884	\$ 7,962,105	\$ (48,340,884)	\$ (7,962,105)
d. Direct Unearned Premium Reserve						\$ 51,084,149

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

NOTES TO FINANCIAL STATEMENTS

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

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

- A. Development of Prior Year Losses and Loss Adjustment Expenses
Net reserves at December 31, 2023 totaled \$2,651,517. As of December 31, 2024, \$1,750,511 has been paid for losses and loss adjustment expenses related to insured events of prior years. Reserves remaining for prior years are now \$614,029 as a result of reevaluations of unpaid claims and claim adjustment expenses. Therefore, during 2024, prior year losses and loss adjustment expenses developed favorably by \$286,977. 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 liability 12/31/2024
- 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? Yes No
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 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 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 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 No
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2023
- 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes No
4.12 renewals? Yes 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? Yes No
4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
If yes, complete and file the merger history data file with the NAIC.
- 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
- 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 No
- 7.2 If yes,
7.21 State the percentage of foreign control 100.0 %
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).

1 Nationality	2 Type of Entity
BERMUDA	HOLDING COMPANY

ANNUAL STATEMENT FOR THE YEAR 2024 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 locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$
 - 20.12 To stockholders not officers.....\$
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$
 - 20.22 To stockholders not officers.....\$
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$
 - 21.22 Borrowed from others.....\$
 - 21.23 Leased from others\$
 - 21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$
 - 22.22 Amount paid as expenses\$
 - 22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$ 272,682
- 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 [] No [X]
- 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)

INVESTMENT

- 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 2024 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? Yes [] No [] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 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? Yes [] No [] N/A [X]
- 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). Yes [X] No []
- 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 \$ 2,192,538
- 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? Yes [] No [X]
- 27.2 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.

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? Yes [] No []
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
- 27.42 Permitted accounting practice Yes [] No []
- 27.43 Other accounting guidance Yes [] No []
- 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: Yes [] No []
- 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? Yes [] No [X]
- 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?..... Yes [X] No []

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 2024 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. This includes both primary and sub-advisors. 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

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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	34,025,637	30,636,518	(3,389,119)
31.2 Preferred stocks			
31.3 Totals	34,025,637	30,636,518	(3,389,119)

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 its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? 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]

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

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$5,853

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 Name	2 Amount Paid
AIPSO	2,853
FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION	2,500

41.1 Amount of payments for legal expenses, if any? \$377,312

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 Name	2 Amount Paid
GREENBERG TRAUERIG, P.A.	365,453

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 Name	2 Amount Paid

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	17,106,328	10,700,314
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator		
2.5 Reserve Denominator	6,755,678	5,032,937
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

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 Alabama, Florida, 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 [X]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured 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 [X]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [] No []
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [] No [X]
- 8.2 If yes, give full information
.....
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes [] No [X]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes [X] No []
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 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 [X]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or, Yes [] No [X]
(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 Yes [] No [X]
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [] No [X]
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [] No [] N/A [X]

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. 6
- 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:
.....

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

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

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

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 18.4 If yes, please provide the balance of 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 [X] 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 2024 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 2024	2 2023	3 2022	4 2021	5 2020
Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)					
1. Liability lines (Lines 11, 16, 17, 18 & 19)	142,950,975	105,107,079	56,516,119	66,975,940	50,279,211
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	39,436,275	27,541,016	16,847,144	21,641,125	14,365,240
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)	7,798,869	5,747,794	3,843,433	5,172,615	4,423,524
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	190,186,119	138,395,889	77,206,696	93,789,680	69,067,975
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11, 16, 17, 18 & 19)	7,767,109	5,163,559	2,745,046	3,279,798	2,488,749
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,902,195	1,274,676	797,357	1,037,056	683,779
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)	7,798,869	5,657,404	3,681,258	4,832,509	3,510,781
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	17,468,172	12,095,639	7,223,661	9,149,363	6,683,309
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	2,393,217	1,528,238	766,955	(1,234,322)	1,252,693
14. Net investment gain (loss) (Line 11)	691,798	460,023	239,143	524,548	192,200
15. Total other income (Line 15)					
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	688,718	417,535	117,358		
18. Net income (Line 20)	2,396,297	1,570,726	888,740	(709,774)	1,444,893
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	101,390,167	106,997,960	53,848,038	68,076,972	48,406,415
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	8,479,091	16,191,926	5,341,331	6,054,451	4,915,130
20.2 Deferred and not yet due (Line 15.2)	36,572,644	36,403,295	16,027,537	18,893,678	13,793,099
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	77,283,414	91,066,992	42,115,975	57,226,676	36,568,265
22. Losses (Page 3, Line 1)	3,417,813	2,275,755	1,751,965	1,758,746	977,086
23. Loss adjustment expenses (Page 3, Line 3)	594,600	375,762	274,066	289,740	163,752
24. Unearned premiums (Page 3, Line 9)	2,743,265	2,381,420	986,095	1,146,540	851,549
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)	24,106,753	15,930,969	11,732,062	10,850,296	11,838,150
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	14,073,790	(2,838,360)	21,164	(523,986)	(483,553)
Risk-Based Capital Analysis					
28. Total adjusted capital	24,106,753	15,930,969	11,732,062	10,850,296	11,838,150
29. Authorized control level risk-based capital	3,166,392	2,217,367	1,484,543	2,753,309	1,312,247
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)	79.7	61.5	92.9	94.5	87.6
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)	20.3	38.5	7.1	5.5	12.4
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)					

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2024	2 2023	3 2022	4 2021	5 2020
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)	8,175,784	4,198,908	881,766	(987,854)	1,294,987
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11, 16, 17, 18 & 19)	77,331,764	46,357,560	46,866,196	39,162,733	25,152,547
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	18,441,990	11,340,367	11,674,733	14,075,871	6,854,045
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)	95,773,754	57,697,727	58,540,929	53,248,976	32,016,592
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11, 16, 17, 18 & 19)	4,030,466	2,317,382	2,338,212	1,925,711	1,030,590
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	982,602	567,949	583,731	704,451	327,142
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)	5,013,068	2,885,326	2,921,943	2,630,681	1,358,101
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)	36.0	31.9	39.5	38.5	29.0
68. Loss expenses incurred (Line 3)	6.9	5.7	4.6	5.7	5.6
69. Other underwriting expenses incurred (Line 4)	43.2	48.1	46.4	69.2	46.1
70. Net underwriting gain (loss) (Line 8)	14.0	14.3	10.4	(13.9)	19.4
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)	42.3	42.6	46.6	67.5	44.5
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	42.8	37.6	44.0	44.2	34.6
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)	72.5	75.9	61.6	84.3	56.5
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)	(242)	(251)	5	(63)	(31)
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).....	(1.5)	(2.1)	0.1	(0.5)	(0.3)
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)	(322)	(63)	(118)	(50)	(65)
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)	(2.7)	(0.6)	(1.0)	(0.5)	(0.7)

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 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance lines like Fire, Auto, and Commercial, ending with a Total (a) row.

(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

19AL



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

(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

19AZ



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2024

NAIC Company Code 11665

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine												
9.2 Pet Insurance Plans												
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)												
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)	24,201,711	26,908,977		7,147,929	11,952,340	16,234,147	6,603,370	1,819,630	1,911,842	3,123,537	478,329	
19.2 Other Private Passenger Auto Liability	13,293,255	14,346,559		4,083,600	7,585,175	6,449,059	3,382,593	(767,025)	244,568	1,715,663	262,732	
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage	4,085,747	4,669,434		1,371,971	2,269,282	2,038,041	(19,677)	839	12,214	527,317	80,752	
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	1,187,283	1,187,283								1,124,950		
35. Total (a)	42,767,996	47,112,253		12,603,500	21,806,796	24,721,247	9,966,286	1,053,444	2,168,624	6,491,468	821,813	
DETAILS OF WRITE-INS												
3401. Policy Fees	1,187,283	1,187,283								1,124,950		
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)	1,187,283	1,187,283								1,124,950		

(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

19 FL



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

(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

19 GA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

(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

19.IN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) of 1,235.

19 KY

(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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2024

NAIC Company Code 11665

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine												
9.2 Pet Insurance Plans												
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)												
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)	44,861	45,643		11,422	5,500	12,850	7,350		747	747	5,226	621
19.2 Other Private Passenger Auto Liability	68,095,738	66,461,989		17,162,716	36,641,813	42,900,433	26,154,185		677,405	2,748,012	7,933,150	942,369
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage	17,728,382	17,573,374		4,271,655	7,935,993	8,039,369	785,891	(6,743)		39,499	2,065,356	245,341
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	4,282,813	4,282,813									4,096,511	
35. Total (a)	90,151,795	88,363,819		21,445,793	44,583,306	50,952,651	26,947,426		671,409	2,788,258	14,100,243	1,188,331
DETAILS OF WRITE-INS												
3401. Policy Fees	4,282,813	4,282,813									4,096,511	
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)	4,282,813	4,282,813									4,096,511	

(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

191A



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Auto, Life, and Health, ending with a Total (a) of 2,000.

(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

19 MO



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row.

(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

19 NM



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) of 3,805.

(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

19 NC



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Auto, Life, etc.

19 ND

(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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(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

19 OK



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row.

(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

19 SC



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row showing 1,155.

19.TN

(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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row showing 74,045.

(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

19.TX



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4762

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2024

NAIC Company Code 11665

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine												
9.2 Pet Insurance Plans												
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)												
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)	1,336,800	1,188,548		478,056	431,711	149,422	85,181	3,436	8,545	5,109	168,205	31,681
19.2 Other Private Passenger Auto Liability	6,862,000	5,666,250		2,569,627	3,527,299	5,556,663	6,244,419	102,339	226,241	444,298	863,549	162,645
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage	1,552,061	1,489,234		563,293	1,087,875	1,106,087	297,735	16,548	13,737	4,743	195,319	36,787
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	214,333	214,333									203,081	
35. Total (a)	9,964,994	8,558,366		3,610,975	5,046,885	6,812,172	6,627,335	122,323	248,523	454,150	1,430,153	231,114
DETAILS OF WRITE-INS												
3401. Policy Fees	214,333	214,333									203,081	
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)	214,333	214,333									203,081	

(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

19 UT



ANNUAL STATEMENT FOR THE YEAR 2024 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 2024

NAIC Company Code 11665

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(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

19 GT

Schedule F - Part 1 - Assumed Reinsurance

NONE

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 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 Company 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 Commissions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable		18 Other Amounts Due to Reinsurers			
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	35,248	1,988	475	4,264	54	7,623	2,190	10,421		27,016		10,742		16,274		
31-0542366	.10677	THE CINCINNATI INS CO	OH		7															
38-2145898	.33499	DORINCO REINS CO	MI	2	42,744	2,147	365	7,016	12	8,844	2,634	12,179		33,198		12,990		20,208		
35-2293075	.11551	ENDURANCE ASSUR CORP	DE	2	15,373	675	115	2,065		3,445	848	4,045		11,191		4,359		6,832		
95-2769232	.27847	INSURANCE CO OF THE WEST	CA	2	1,592	54	12	140		248	55	386		895		432		463		
04-1543470	.23043	LIBERTY MUT INS CO	MA	2		(2)		1		2	1			2				2		
02-0170490	.14788	NGM INS CO	FL	2		9	1	113		111	39			273		3		270		
47-0698507	.23680	ODYSSEY REINS CO	CT	2	19,321	815	144	2,149		3,907	976	4,825		12,817		5,395		7,421		
13-3031176	.38636	PARTNER REINS CO OF THE US	NY	2				11		10	5			25				25		
30-0703280	.15529	RENAISSANCE EUROPE AG US BRANCH	NY	2																
0999999. Total Authorized - Other U.S. Unaffiliated Insurers						114,284	5,686	1,111	15,760	66	24,190	6,748	31,856	85,416		33,921		51,496		
AA-1460023	.00000	RENAISSANCE EUROPE AG	CHE	2		(3)		3											2	
1299999. Total Authorized - Other Non-U.S. Insurers							(3)	3											2	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)						114,284	5,683	1,114	15,760	66	24,190	6,748	31,856	85,417		33,921		51,496	2	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																				
30-0708277	.00000	ORPHEUS RE LTD	BRB	2	10,169	1,735	325	1,343	6	2,076	588	2,848		8,921		4,738		4,183		
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other						10,169	1,735	325	1,343	6	2,076	588	2,848	8,921		4,738		4,183		
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)						10,169	1,735	325	1,343	6	2,076	588	2,848	8,921		4,738		4,183		
2299999. Total Unauthorized - Affiliates						10,169	1,735	325	1,343	6	2,076	588	2,848	8,921		4,738		4,183		
98-3398195	.00000	GRYPHON OA SERIES PROTECTED CELL	TN	2	7,692	742	83	1,520	31	3,157	1,060	1,503		8,097		1,644		6,453	12	
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers						7,692	742	83	1,520	31	3,157	1,060	1,503	8,097		1,644		6,453	12	
AA-1460019	.00000	MS AMLIN AG	CHE	2		3		19		17	7			46				46	29	
AA-3191306	.00000	BLUEFIRE RE LTD	BMU	2		10		79		59	35			183				183	9,466	
AA-1460018	.00000	CATLIN RE SWITZERLAND LTD	CHE	2		5		32		28	12			78				78		
AA-5320039	.00000	PEAK REINS CO LTD	HKG	2	8,460	336	62	1,052		1,687	417	2,152		5,708		2,353		3,354		
AA-3191298	.00000	ANTARES REINS CO LTD	BMU	2		10		54		40	24			128				128		
AA-3190859	.00000	ARIA (SAC) LTD	BMU	2	13,442	611	100	2,161		2,224	733	3,894		9,723		4,103		5,619		
AA-3770492	.00000	TOPSAIL REINS SPC LTD	CYM	2	10,104	729	266	926	19	1,350	501	4,062		7,853		4,177		3,677	59	
AA-3191250	.00000	WATFORD RE LTD	BMU	2										1				1		
2699999. Total Unauthorized - Other Non-U.S. Insurers						32,005	1,704	428	4,323	19	5,406	1,730	10,108	23,719		10,633		13,086	9,554	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						49,866	4,181	836	7,187	57	10,640	3,379	14,459	40,738		17,015		23,722	9,566	
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	(174)	35		81		205	67			388				388		
4099999. Total Certified - Other Non-U.S. Insurers						(174)	35	81		205	67			388				388		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)						(174)	35	81		205	67			388				388		
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		15															
RJ-1126609	.00000	LLOYD'S SYNDICATE NUMBER 609	GBR		15															

ANNUAL STATEMENT FOR THE YEAR 2024 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				
RJ-1126727	.00000	LLOYD'S SYNDICATE NUMBER 727	GBR		70																
RJ-1127414	.00000	LLOYD'S SYNDICATE NUMBER 1414	GBR		27																
RJ-1120106	.00000	LLOYD'S SYNDICATE NUMBER 1969	GBR		48																
RJ-1128121	.00000	LLOYD'S SYNDICATE NUMBER 2121	GBR		7																
RJ-1128791	.00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		173																
RJ-1128987	.00000	LLOYD'S SYNDICATE NUMBER 2987	GBR		27																
RJ-1460019	.00000	MS AMLIN AG	CHE	2	8,358	282	60	737		1,302	291	2,027		4,698		2,266		2,432			
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers					8,742	282	60	737		1,302	291	2,027		4,698		2,266		2,432			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					8,742	282	60	737		1,302	291	2,027		4,698		2,266		2,432			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					172,718	10,181	2,011	23,765	123	36,336	10,484	48,341		131,241		53,202		78,039	9,568		
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																					
9999999 Totals					172,718	10,181	2,011	23,765	123	36,336	10,484	48,341		131,241		53,202		78,039	9,568		

ANNUAL STATEMENT FOR THE YEAR 2024 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk							
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * 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 1					10,742	16,274		27,016	32,419	10,742	21,677		21,677	3		607
31-0542366 .. THE CINCINNATI INS CO														2		
38-2145898 .. DORINCO REINS CO					12,990	20,208		33,198	39,837	12,990	26,848		26,848	3		752
35-2293075 .. ENDURANCE ASSUR CORP					4,359	6,832		11,191	13,429	4,359	9,070		9,070	2		190
95-2769232 .. INSURANCE CO OF THE WEST					432	463		895	1,074	432	642		642	3		18
04-1543470 .. LIBERTY MUT INS CO						2		2	2		2		2	3		
02-0170490 .. NGM INS CO					3	270		273	327	3	324		324	3		9
47-0698507 .. ODYSSEY REINS CO					5,395	7,421		12,817	15,380	5,395	9,985		9,985	2		210
13-3031176 .. PARTNER REINS CO OF THE US						25		25	31		31		31	2		1
30-0703280 .. RENAISSANCE EUROPE AG US BRANCH														2		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	33,921	51,496		85,416	102,500	33,921	68,579		68,579	XXX		1,787
AA-1460023 .. RENAISSANCE EUROPE AG														2		
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	33,921	51,496		85,417	102,500	33,921	68,579		68,579	XXX		1,787
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30-0708277 .. ORPHEUS RE LTD					4,324	8,921		8,921	10,706	4,738	5,967		4,324	6	130	197
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other				XXX	4,324	8,921		8,921	10,706	4,738	5,967		4,324	1,643	XXX	130
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	4,324	8,921		8,921	10,706	4,738	5,967		4,324	1,643	XXX	130
2299999. Total Unauthorized - Affiliates				XXX	4,324	8,921		8,921	10,706	4,738	5,967		4,324	1,643	XXX	130
98-3398195 .. GRYPHON QA SERIES PROTECTED CELL		2,171	0007		5,549	8,097		8,097	9,717	1,656	8,061		7,720	6	341	232
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers		2,171	XXX		5,549	8,097		8,097	9,717	1,656	8,061		7,720	341	XXX	232
AA-1460019 .. MS AMLIN AG		18	0001		46			46	55	29	27		18	2		
AA-3191306 .. BLUEFIRE RE LTD		1,574	0009		183			183	219	219				6		
AA-1460018 .. CATLIN RE SWITZERLAND LTD		511	0004		78			78	94		94		94	2		2
AA-5320039 .. PEAK REINS CO LTD		3,354	0006		5,708			5,708	6,849	2,353	4,496		3,354	4	101	38
AA-3191298 .. ANTARES REINS CO LTD		260	0003		128			128	154		154		154	4		5
AA-3190859 .. ARIA (SAC) LTD					5,619			9,723	11,667	4,103	7,564		5,619	6	169	233
AA-3770492 .. TOPSAIL REINS SPC LTD		3,617	0008		7,853			7,853	9,424	4,236	5,188		3,617	6	109	188
AA-3191250 .. WATFORD RE LTD		5	0005		1			1	1		1		1	6		
2699999. Total Unauthorized - Other Non-U.S. Insurers		9,339	XXX		5,619	23,719		23,719	28,463	10,941	17,522		12,856	4,666	XXX	385
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		11,510	XXX		15,493	40,738		40,738	48,885	17,335	31,551		24,901	6,650	XXX	746
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 AMLIN AG		388	0001		388			388	465		465		388	77	2	8

ANNUAL STATEMENT FOR THE YEAR 2024 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
4099999. Total Certified - Other Non-U.S. Insurers			388	XXX		388			388	465		465	388	77	XXX	8	2
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			388	XXX		388			388	465		465	388	77	XXX	8	2
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.....		
RJ-1460019 ... MS AML IN AG			3,168	0001		4,698			4,698	5,638	2,266	3,372	3,168	204	2.....	67	4
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers			3,168	XXX		4,698			4,698	5,638	2,266	3,372	3,168	204	XXX	67	4
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			3,168	XXX		4,698			4,698	5,638	2,266	3,372	3,168	204	XXX	67	4
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			15,066	XXX	15,493	79,745	51,496		131,241	157,489	53,522	103,967	28,457	75,510	XXX	821	2,490
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals			15,066	XXX	15,493	79,745	51,496		131,241	157,489	53,522	103,967	28,457	75,510	XXX	821	2,490

ANNUAL STATEMENT FOR THE YEAR 2024 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 in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 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	2,464					2,464			2,464							YES
31-0542366	THE CINCINNATI INS CO																YES
38-2145898	DORINCO REINS CO	2,507		5			2,512			2,512		0.2					YES
35-2293075	ENDURANCE ASSUR CORP	790					789			789		0.0					YES
95-2769232	INSURANCE CO OF THE WEST	65					65			65							YES
04-1543470	LIBERTY MUT INS CO			(2)			(2)			(2)		112.8					YES
02-0170490	NGM INS CO	9					9			9		2.5					YES
47-0698507	ODYSSEY REINS CO	959					959			959		0.0					YES
13-3031176	PARTNER REINS CO OF THE US																YES
30-0703280	RENAISSANCE EUROPE AG US BRANCH																YES
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	6,794		3			3			6,797		0.0					XXX
AA-1460023	RENAISSANCE EUROPE AG											100.0					YES
1299999	Total Authorized - Other Non-U.S. Insurers											100.0					XXX
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	6,794		3			3			6,797		0.0					XXX
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool																XXX
30-0708277	ORPHEUS RE LTD	1,024	578	458			1,036			2,060		50.3					YES
2099999	Total Unauthorized - Affiliates - Other (Non-U.S.) - Other	1,024	578	458			1,036			2,060		50.3					XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	1,024	578	458			1,036			2,060		50.3					XXX
2299999	Total Unauthorized - Affiliates	1,024	578	458			1,036			2,060		50.3					XXX
98-3398195	GRYPHON OA SERIES PROTECTED CELL	825					825			825		0.0					YES
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers	825					825			825		0.0					XXX
AA-1460019	IMS AML IN AG	3					3			3		1.0					YES
AA-3191306	BLUEFIRE RE LTD	10					10			10							YES
AA-1460018	CATLIN RE SWITZERLAND LTD	5					5			5							YES
AA-5320039	PEAK REINS CO LTD	399					399			399		0.0					YES
AA-3191298	ANTARES REINS CO LTD	10					10			10							YES
AA-3190859	ARIA (SAC) LTD	711					711			711							YES
AA-3770492	TOPSAIL REINS SPC LTD	925	8	62			71			995		7.1					YES
AA-3191250	WATFORD RE LTD											100.0					YES
2699999	Total Unauthorized - Other Non-U.S. Insurers	2,061	8	62			71			2,132		3.3					XXX
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	3,910	586	520			1,107			5,017		22.1					XXX
3299999	Total Certified - Affiliates - U.S. Non-Pool																XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)																XXX

ANNUAL STATEMENT FOR THE YEAR 2024 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 in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	38 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
3699999. Total Certified - Affiliates																	XXX
CR-1460019 MS AMLIN AG		35					35			35							YES
4099999. Total Certified - Other Non-U.S. Insurers		35					35			35							XXX
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		35					35			35							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
RJ-1460019 MS AMLIN AG		342					342			342							YES
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		342					342			342							XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		342					342			342							XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		11,081	586	524			1,110	12,191		12,191		9.1					XXX
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX
9999999 Totals		11,081	586	524			1,110	12,191		12,191		9.1					XXX

ANNUAL STATEMENT FOR THE YEAR 2024 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														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	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0				
		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)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	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. 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	
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates				XXX	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	XXX
31-0542366	THE CINCINNATI INS CO	XXX	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	XXX
35-2293075	ENDURANCE ASSUR CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
95-2769232	INSURANCE CO OF THE WEST	XXX	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	XXX
02-0170490	NGM INS CO	XXX	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	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	XXX
30-0703280	RENAISSANCE EUROPE AG US BRANCH	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460023	RENAISSANCE EUROPE AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. 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	XXX
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
98-3398195	GRYPHON OA SERIES PROTECTED CELL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2399999. 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 AML IN AG	XXX	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	XXX
AA-1460018	CATLIN RE SWITZERLAND LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5320039	PEAK REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191298	ANTARES REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190859	ARIA (SAC) LTD	XXX	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	XXX
AA-3191250	WATFORD RE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Authorized - 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			388	78	100.0	100.0					388			

ANNUAL STATEMENT FOR THE YEAR 2024 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	61	62	63	64	65	66	67	68		
		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)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
4099999. Total Certified - Other Non-U.S. Insurers			XXX		388	78	XXX	XXX		388								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX		388	78	XXX	XXX		388								
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			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	
5099999. Total Reciprocal Jurisdiction - Affiliates			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	
RJ-1126609	LLOYD'S SYNDICATE NUMBER 609	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	
RJ-1127414	LLOYD'S SYNDICATE NUMBER 1414	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	
RJ-1128121	LLOYD'S SYNDICATE NUMBER 2121	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	
RJ-1128987	LLOYD'S SYNDICATE NUMBER 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1460019	MS AML IN AG	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		388	78	XXX	XXX		388								
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX									
9999999 Totals			XXX		388	78	XXX	XXX		388								

ANNUAL STATEMENT FOR THE YEAR 2024 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%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			72 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 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	
31-0542366	THE CINCINNATI INS CO		XXX	XXX				XXX	XXX	
38-2145898	DORINCO REINS CO		XXX	XXX				XXX	XXX	
35-2293075	ENDURANCE ASSUR CORP		XXX	XXX				XXX	XXX	
95-2769232	INSURANCE CO OF THE WEST		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	RENAISSANCERE EUROPE AG US BRANCH		XXX	XXX				XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-1460023	RENAISSANCERE EUROPE AG		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	
98-3398195	GRYPHON OA SERIES PROTECTED CELL				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-5320039	PEAK REINS CO LTD				XXX	XXX	XXX		XXX	
AA-3191298	ANTARES REINS CO LTD				XXX	XXX	XXX		XXX	
AA-3190859	ARIA (SAC) LTD				XXX	XXX	XXX		XXX	
AA-3770492	TOPSAIL REINS SPC LTD				XXX	XXX	XXX		XXX	
AA-3191250	WATFORD RE LTD				XXX	XXX	XXX		XXX	
2699999	Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX		XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 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%)	71 Provision for Unauthorized Reinsurance		72 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		73 Total Provision for Reinsurance					
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)		
CR-1460019	MS AMLIN AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4099999	Total Certified - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX	XXX				XXX		XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX				XXX		XXX	
5099999	Total Reciprocal Jurisdiction - Affiliates		XXX	XXX	XXX				XXX		XXX	
RJ-1126566	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)		XXX	XXX	XXX				XXX		XXX	
RJ-1126609	LLOYD'S SYNDICATE NUMBER 609		XXX	XXX	XXX				XXX		XXX	
RJ-1126727	LLOYD'S SYNDICATE NUMBER 727		XXX	XXX	XXX				XXX		XXX	
RJ-1127414	LLOYD'S SYNDICATE NUMBER 1414		XXX	XXX	XXX				XXX		XXX	
RJ-1120106	LLOYD'S SYNDICATE NUMBER 1969		XXX	XXX	XXX				XXX		XXX	
RJ-1128121	LLOYD'S SYNDICATE NUMBER 2121		XXX	XXX	XXX				XXX		XXX	
RJ-1128791	LLOYD'S SYNDICATE NUMBER 2791		XXX	XXX	XXX				XXX		XXX	
RJ-1128987	LLOYD'S SYNDICATE NUMBER 2987		XXX	XXX	XXX				XXX		XXX	
RJ-1460019	MS AMLIN AG		XXX	XXX	XXX				XXX		XXX	
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		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	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)											
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)											
9999999	Totals											

ANNUAL STATEMENT FOR THE YEAR 2024 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 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	ORPHEUS RE LTD	20.000	10,169
2.	AMERICAN FAMILY CONNECT P&C INS CO	19.000	4,971
3.	TOPSAIL REINSURANCE SPC LTD	19.000	8,037
4.	GRYPHON OA SERIES PROTECTED CELL	19.000	4,599
5.	DORINCO REINS CO	18.000	2,530

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 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	DORINCO REINS CO	33,198	42,744	Yes [] No [X]
7.	AMERICAN FAMILY CONNECT P&C INS CO	27,016	35,248	Yes [] No [X]
8.	ODYSSEY RIENS CO	12,817	19,321	Yes [] No [X]
9.	ENDURANCE ASSUR CORP	11,191	15,373	Yes [] No [X]
10.	ARIA (SAC) LTD	9,723	13,442	Yes [] No [X]

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	41,753,063		41,753,063
2. Premiums and considerations (Line 15)	45,051,735		45,051,735
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	12,191,212	(12,191,212)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	2,394,157		2,394,157
6. Net amount recoverable from reinsurers		68,470,693	68,470,693
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	101,390,167	56,279,481	157,669,648
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	4,012,413	70,708,764	74,721,177
10. Taxes, expenses, and other obligations (Lines 4 through 8)	2,064,280		2,064,280
11. Unearned premiums (Line 9)	2,743,265	48,340,885	51,084,149
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)	53,202,193	(53,202,193)	
15. Funds held by company under reinsurance treaties (Line 13)	9,567,974	(9,567,974)	
16. Amounts withheld or retained by company for account of others (Line 14)	5,520,596		5,520,596
17. Provision for reinsurance (Line 16)			
18. Other liabilities	172,693		172,693
19. Total liabilities excluding protected cell business (Line 26)	77,283,414	56,279,481	133,562,895
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	24,106,753	XXX	24,106,753
22. Totals (Line 38)	101,390,167	56,279,481	157,669,648

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:

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4	5	6	7	8	9			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2015.....	9,944	9,258	686	9,494	8,964	369	352	695	627	351	615	XXX
3. 2016.....	9,113	8,781	332	8,398	8,039	217	208	518	494	119	391	XXX
4. 2017.....	4,326	4,154	172	2,922	2,775	48	47	343	325	7	167	XXX
5. 2018.....	2,341	2,259	83	1,502	1,426	42	40	165	157	5	86	XXX
6. 2019.....	48,299	46,888	1,412	26,177	25,369	45	42	4,365	4,233	43	942	XXX
7. 2020.....	64,755	61,753	3,002	38,074	36,234	94	89	6,836	6,507	115	2,173	XXX
8. 2021.....	83,075	79,035	4,040	69,469	65,996	737	701	7,313	6,947	228	3,876	XXX
9. 2022.....	76,743	73,031	3,711	51,463	48,890	436	414	6,275	5,961	150	2,909	XXX
10. 2023.....	104,837	99,789	5,048	62,912	59,766	503	478	9,951	9,454	171	3,668	XXX
11. 2024.....	178,932	169,624	9,307	62,345	59,002	745	708	15,421	14,582	141	4,218	XXX
12. Totals	XXX	XXX	XXX	332,755	316,460	3,236	3,079	51,882	49,288	1,329	19,045	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....			1	1									
6. 2019.....	106	100	40	38			12	11	6	6	8	8	
7. 2020.....	33	32	120	114			23	22	9	8	9	5	
8. 2021.....	498	474	508	482	1	1	139	132	48	46	60	45	
9. 2022.....	873	829	762	724			208	197	81	77	96	94	
10. 2023.....	2,707	2,572	4,442	4,220	39	37	1,248	1,186	382	363	441	346	
11. 2024.....	20,891	19,758	32,539	30,757	90	85	5,687	5,382	3,229	3,054	3,398	4,040	
12. Totals	25,108	23,765	38,411	36,336	130	123	7,317	6,931	3,755	3,553	4,012	4,538	

	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. 2015.....	10,558	9,942	615	106.2	107.4	89.7					
3. 2016.....	9,133	8,742	391	100.2	99.6	117.8					
4. 2017.....	3,314	3,147	167	76.6	75.8	97.0					
5. 2018.....	1,710	1,624	86	73.0	71.9	103.8					
6. 2019.....	30,750	29,800	950	63.7	63.6	67.3			7	1	
7. 2020.....	45,188	43,006	2,183	69.8	69.6	72.7			8	2	
8. 2021.....	78,714	74,778	3,936	94.7	94.6	97.4			50	9	
9. 2022.....	60,097	57,093	3,005	78.3	78.2	81.0			82	14	
10. 2023.....	82,185	78,076	4,109	78.4	78.2	81.4			357	83	
11. 2024.....	140,945	133,329	7,616	78.8	78.6	81.8			2,914	485	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	595	

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	348	275	233	222	219	218	218	217	217	217		
2. 2015.....	567	535	567	549	550	548	547	548	546	547	1	
3. 2016.....	XXX	375	397	396	375	370	369	368	368	367	(1)	(1)
4. 2017.....	XXX	XXX	179	163	147	147	147	148	148	149	1	1
5. 2018.....	XXX	XXX	XXX	93	82	75	76	77	77	78	1	1
6. 2019.....	XXX	XXX	XXX	XXX	862	850	834	821	818	818	1	(3)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,958	1,912	1,869	1,862	1,854	(9)	(16)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	3,573	3,633	3,577	3,568	(9)	(65)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,925	2,741	2,687	(54)	(238)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,765	3,593	(172)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,603	XXX	XXX
12. Totals											(242)	(322)

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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....	000	150	195	216	216	216	216	217	217	217	XXX	XXX
2. 2015.....	321	472	528	537	545	545	545	545	547	547	XXX	XXX
3. 2016.....	XXX	195	341	361	365	367	367	367	367	367	XXX	XXX
4. 2017.....	XXX	XXX	86	137	145	146	146	149	149	149	XXX	XXX
5. 2018.....	XXX	XXX	XXX	46	70	73	76	77	78	78	XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX	391	749	793	804	809	811	XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX	996	1,710	1,804	1,833	1,845	XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,891	3,262	3,447	3,510	XXX	XXX
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,465	2,439	2,595	XXX	XXX
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,723	3,171	XXX	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,380	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	172	53	25	4	1					
2. 2015.....	169	49	25	6	3	1	2	1		
3. 2016.....	XXX	118	48	21	6	1	1			
4. 2017.....	XXX	XXX	65	18	6	2	1			
5. 2018.....	XXX	XXX	XXX	28	8	2	1			
6. 2019.....	XXX	XXX	XXX	XXX	320	61	23	9	4	2
7. 2020.....	XXX	XXX	XXX	XXX	XXX	639	136	39	16	7
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,071	212	76	32
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	952	181	48
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,245	285
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,087

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2015.....												
3. 2016.....												
4. 2017.....												
5. 2018.....												
6. 2019.....												
7. 2020.....												
8. 2021.....												
9. 2022.....												
10. 2023.....												
11. 2024.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024.....													
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 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. 2015.....											
3. 2016.....											
4. 2017.....											
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....											
9. 2022.....											
10. 2023.....											
11. 2024.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2015.....	5,907.....	5,439.....	468.....	6,620.....	6,197.....	275.....	261.....	426.....	382.....	167.....	480.....	2,182.....
3. 2016.....	5,593.....	5,362.....	231.....	5,997.....	5,737.....	152.....	145.....	318.....	304.....	28.....	280.....	1,661.....
4. 2017.....	2,702.....	2,579.....	123.....	2,033.....	1,931.....	34.....	33.....	213.....	202.....	1.....	113.....	536.....
5. 2018.....	1,578.....	1,511.....	67.....	1,083.....	1,029.....	26.....	26.....	127.....	121.....	3.....	61.....	290.....
6. 2019.....	38,372.....	37,240.....	1,132.....	21,785.....	21,113.....	23.....	22.....	3,482.....	3,377.....	11.....	777.....	6,666.....
7. 2020.....	50,871.....	48,493.....	2,378.....	30,880.....	29,389.....	61.....	58.....	5,371.....	5,113.....	24.....	1,752.....	8,501.....
8. 2021.....	63,255.....	60,161.....	3,094.....	53,495.....	50,821.....	480.....	456.....	5,584.....	5,305.....	45.....	2,978.....	13,777.....
9. 2022.....	58,710.....	55,855.....	2,855.....	40,743.....	38,706.....	311.....	296.....	4,848.....	4,606.....	38.....	2,295.....	11,016.....
10. 2023.....	82,205.....	78,186.....	4,018.....	50,685.....	48,151.....	340.....	323.....	7,895.....	7,500.....	43.....	2,946.....	13,070.....
11. 2024.....	141,082.....	133,558.....	7,524.....	46,470.....	43,982.....	489.....	465.....	12,456.....	11,780.....	39.....	3,189.....	18,731.....
12. Totals.....	XXX.....	XXX.....	XXX.....	259,791.....	247,056.....	2,190.....	2,083.....	40,721.....	38,690.....	399.....	14,872.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....			1.....	1.....									
6. 2019.....	106.....	100.....	40.....	38.....			12.....	11.....	6.....	6.....	8.....	8.....	
7. 2020.....	33.....	32.....	120.....	114.....			23.....	22.....	9.....	8.....	9.....	5.....	
8. 2021.....	498.....	473.....	513.....	488.....	1.....	1.....	136.....	129.....	48.....	46.....	60.....	44.....	
9. 2022.....	824.....	783.....	765.....	727.....			205.....	195.....	80.....	76.....	94.....	89.....	
10. 2023.....	2,683.....	2,549.....	4,494.....	4,269.....	36.....	34.....	1,245.....	1,183.....	378.....	359.....	442.....	339.....	
11. 2024.....	18,263.....	17,265.....	32,176.....	30,418.....	90.....	85.....	5,521.....	5,225.....	3,003.....	2,840.....	3,220.....	3,430.....	
12. Totals.....	22,408.....	21,202.....	38,109.....	36,054.....	126.....	120.....	7,142.....	6,765.....	3,523.....	3,334.....	3,833.....	3,915.....	

	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. 2015.....	7,320.....	6,840.....	480.....	123.9.....	125.8.....	102.6.....					
3. 2016.....	6,467.....	6,187.....	280.....	115.6.....	115.4.....	121.5.....					
4. 2017.....	2,280.....	2,166.....	113.....	84.4.....	84.0.....	92.2.....					
5. 2018.....	1,237.....	1,176.....	61.....	78.4.....	77.8.....	90.7.....					
6. 2019.....	25,453.....	24,668.....	785.....	66.3.....	66.2.....	69.4.....				7.....	1.....
7. 2020.....	36,496.....	34,735.....	1,761.....	71.7.....	71.6.....	74.1.....				8.....	2.....
8. 2021.....	60,755.....	57,717.....	3,038.....	96.0.....	95.9.....	98.2.....				51.....	9.....
9. 2022.....	47,777.....	45,388.....	2,389.....	81.4.....	81.3.....	83.7.....				79.....	14.....
10. 2023.....	67,756.....	64,368.....	3,388.....	82.4.....	82.3.....	84.3.....				359.....	83.....
11. 2024.....	118,470.....	112,061.....	6,409.....	84.0.....	83.9.....	85.2.....				2,756.....	464.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	3,260.....	573.....

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 2024 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2015.....	4,036.....	3,819.....	217.....	2,874.....	2,766.....	94.....	91.....	269.....	245.....	184.....	135.....	1,539.....
3. 2016.....	3,520.....	3,419.....	101.....	2,401.....	2,302.....	65.....	63.....	200.....	190.....	91.....	111.....	1,267.....
4. 2017.....	1,624.....	1,576.....	49.....	889.....	844.....	15.....	14.....	130.....	123.....	6.....	53.....	388.....
5. 2018.....	764.....	748.....	16.....	419.....	397.....	16.....	15.....	38.....	36.....	2.....	25.....	135.....
6. 2019.....	9,927.....	9,647.....	280.....	4,393.....	4,256.....	22.....	21.....	883.....	856.....	32.....	165.....	4,098.....
7. 2020.....	13,884.....	13,261.....	624.....	7,194.....	6,845.....	33.....	31.....	1,465.....	1,395.....	90.....	421.....	5,724.....
8. 2021.....	19,821.....	18,875.....	946.....	15,974.....	15,175.....	258.....	245.....	1,728.....	1,642.....	183.....	898.....	11,447.....
9. 2022.....	18,033.....	17,176.....	857.....	10,720.....	10,184.....	125.....	118.....	1,427.....	1,356.....	112.....	614.....	6,444.....
10. 2023.....	22,632.....	21,603.....	1,029.....	12,227.....	11,615.....	163.....	155.....	2,056.....	1,954.....	128.....	722.....	5,836.....
11. 2024.....	37,849.....	36,066.....	1,783.....	15,874.....	15,020.....	256.....	243.....	2,964.....	2,802.....	102.....	1,029.....	8,544.....
12. Totals.....	XXX.....	XXX.....	XXX.....	72,965.....	69,404.....	1,046.....	995.....	11,161.....	10,598.....	930.....	4,174.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....							1.....	1.....					
8. 2021.....			(5).....	(5).....			4.....	3.....					1.....
9. 2022.....	49.....	46.....	(3).....	(3).....			2.....	2.....	1.....	1.....		2.....	5.....
10. 2023.....	24.....	23.....	(52).....	(49).....	3.....	3.....	3.....	3.....	5.....	4.....		(1).....	7.....
11. 2024.....	2,627.....	2,493.....	363.....	339.....			166.....	157.....	226.....	214.....		178.....	610.....
12. Totals.....	2,700.....	2,563.....	303.....	282.....	3.....	3.....	175.....	166.....	232.....	219.....		180.....	623.....

	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. 2015.....	3,237.....	3,102.....	135.....	80.2.....	81.2.....	62.1.....					
3. 2016.....	2,666.....	2,555.....	111.....	75.7.....	74.7.....	109.5.....					
4. 2017.....	1,034.....	981.....	53.....	63.7.....	62.2.....	109.2.....					
5. 2018.....	473.....	448.....	25.....	61.9.....	59.9.....	159.9.....					
6. 2019.....	5,297.....	5,132.....	165.....	53.4.....	53.2.....	58.9.....					
7. 2020.....	8,692.....	8,271.....	421.....	62.6.....	62.4.....	67.5.....					
8. 2021.....	17,959.....	17,061.....	898.....	90.6.....	90.4.....	94.9.....					
9. 2022.....	12,321.....	11,705.....	616.....	68.3.....	68.1.....	71.9.....					2.....
10. 2023.....	14,429.....	13,707.....	721.....	63.8.....	63.5.....	70.1.....					(1).....
11. 2024.....	22,476.....	21,268.....	1,208.....	59.4.....	59.0.....	67.7.....					158.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		22.....

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

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

NONE

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

NONE

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

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

NONE

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

NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 1U - Pet Insurance Plans

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX									XXX
11. 2024.....	XXX	XXX	XXX							XXX		XXX
12. Totals												

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

1. Prior.....	348	277	240	229	226	225	225	226	226	226		
2. 2015.....	449	425	457	439	440	438	437	438	436	436		(1)
3. 2016.....	XXX	276	295	294	273	268	267	266	266	266		
4. 2017.....	XXX	XXX	132	118	107	102	102	103	103	102		
5. 2018.....	XXX	XXX	XXX	74	61	54	54	55	55	55		
6. 2019.....	XXX	XXX	XXX	XXX	720	713	697	684	680	680		(4)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,598	1,562	1,517	1,512	1,503	(9)	(14)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2,800	2,824	2,769	2,756	(13)	(68)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,411	2,202	2,142	(60)	(269)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,149	2,974	(175)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,569	XXX	XXX
12. Totals											(257)	(357)

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

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX									XXX
11. 2024.....	XXX	XXX	XXX							XXX		XXX
12. Totals												

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

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX									XXX
11. 2024.....	XXX	XXX	XXX							XXX		XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX									XXX
11. 2024.....	XXX	XXX	XXX							XXX		XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	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. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	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. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	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. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	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. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX						XXX			XXX
11. 2024.....	XXX	XXX	XXX						XXX			XXX
12. Totals												

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....		(2)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)		
2. 2015.....	118	110	110	110	110	110	110	110	110	111	1	1
3. 2016.....	XXX	99	102	102	102	102	102	102	102	101	(1)	(1)
4. 2017.....	XXX	XXX	47	45	45	45	45	45	45	46	1	1
5. 2018.....	XXX	XXX	XXX	19	21	21	22	22	22	23	1	1
6. 2019.....	XXX	XXX	XXX	XXX	142	137	137	137	138	138		1
7. 2020.....	XXX	XXX	XXX	XXX	XXX	360	350	352	350	351	1	(1)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	773	809	808	812	4	3
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	514	539	545	6	31
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	615	618	3	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,034		XXX	XXX
12. Totals											16	35

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX									XXX
11. 2024.....	XXX	XXX	XXX									XXX
12. Totals												

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

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX									XXX
11. 2024.....	XXX	XXX	XXX									XXX
12. Totals												

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX	XXX	XXX									XXX
11. 2024.....	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

Schedule P - Part 2U - Pet Insurance Plans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

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			
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024			
1. Prior.....	000.....												
2. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

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

1. Prior.....	000.....	152.....	204.....	225.....	225.....	225.....	225.....	226.....	226.....	226.....	226.....	91.....	
2. 2015.....	238.....	366.....	417.....	426.....	434.....	434.....	434.....	434.....	436.....	436.....	436.....	1,265.....	917.....
3. 2016.....	XXX.....	108.....	240.....	260.....	264.....	266.....	266.....	266.....	266.....	266.....	266.....	1,005.....	656.....
4. 2017.....	XXX.....	XXX.....	44.....	91.....	98.....	99.....	99.....	102.....	102.....	102.....	102.....	360.....	176.....
5. 2018.....	XXX.....	XXX.....	XXX.....	28.....	48.....	50.....	53.....	55.....	55.....	55.....	55.....	195.....	95.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	270.....	613.....	657.....	667.....	671.....	672.....	672.....	4,247.....	2,411.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	683.....	1,361.....	1,452.....	1,482.....	1,494.....	1,494.....	5,403.....	3,093.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,213.....	2,459.....	2,640.....	2,699.....	2,699.....	8,506.....	5,227.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,000.....	1,907.....	2,053.....	2,053.....	6,305.....	4,622.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,217.....	2,551.....	2,551.....	7,614.....	5,117.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,513.....	2,513.....	8,289.....	7,012.....

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

1. Prior.....	000.....												
2. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

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

1. Prior.....	000.....												
2. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000.....												
2. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 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			
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024			
1. Prior.....	000.....												
2. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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

1. Prior.....	000.....												
2. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	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. 2015.....												XXX.....	XXX.....
3. 2016.....	XXX.....											XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2024.....	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. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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

1. Prior.....	000.....												
2. 2015.....													
3. 2016.....	XXX.....												
4. 2017.....	XXX.....	XXX.....											
5. 2018.....	XXX.....	XXX.....	XXX.....										
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

ANNUAL STATEMENT FOR THE YEAR 2024 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			
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024			
1. Prior	000											XXX	XXX
2. 2015												XXX	XXX
3. 2016	XXX											XXX	XXX
4. 2017	XXX	XXX										XXX	XXX
5. 2018	XXX	XXX	XXX									XXX	XXX
6. 2019	XXX	XXX	XXX	XXX								XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	000	(2)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	301	170
2. 2015	143	165	170	170	170	170	170	111	111	111	111	871	668
3. 2016	XXX	88	102	102	102	102	102	101	101	101	101	675	592
4. 2017	XXX	XXX	41	45	45	45	45	46	46	46	46	216	172
5. 2018	XXX	XXX	XXX	17	21	21	22	23	23	23	23	94	41
6. 2019	XXX	XXX	XXX	XXX	121	136	136	137	138	138	138	1,274	2,824
7. 2020	XXX	XXX	XXX	XXX	XXX	313	349	352	350	351	351	2,156	3,568
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	678	803	807	812	812	5,178	6,268
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	465	532	542	542	2,423	4,016
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	506	619	619	2,580	3,249
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	867	867	3,198	4,736

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	000											XXX	XXX
2. 2015												XXX	XXX
3. 2016	XXX											XXX	XXX
4. 2017	XXX	XXX										XXX	XXX
5. 2018	XXX	XXX	XXX									XXX	XXX
6. 2019	XXX	XXX	XXX	XXX								XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior	000											XXX	XXX
2. 2015												XXX	XXX
3. 2016	XXX											XXX	XXX
4. 2017	XXX	XXX										XXX	XXX
5. 2018	XXX	XXX	XXX									XXX	XXX
6. 2019	XXX	XXX	XXX	XXX								XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	000											XXX	XXX
2. 2015												XXX	XXX
3. 2016	XXX											XXX	XXX
4. 2017	XXX	XXX										XXX	XXX
5. 2018	XXX	XXX	XXX									XXX	XXX
6. 2019	XXX	XXX	XXX	XXX								XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

Schedule P - Part 3U - Pet Insurance Plans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	181	56	25	4	1					
2. 2015.....	153	45	26	6	3	1	2	1		
3. 2016.....	XXX	115	48	21	6	1	1			
4. 2017.....	XXX	XXX	61	18	6	2	1			
5. 2018.....	XXX	XXX	XXX	27	8	2	1			
6. 2019.....	XXX	XXX	XXX	XXX	306	61	23	9	4	2
7. 2020.....	XXX	XXX	XXX	XXX	XXX	615	136	39	16	7
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,042	213	76	32
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	945	182	49
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,213	287
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,054

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

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XXX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY
**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
 EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XXX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.32	(2)
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XX	XX					
8. 2021.....	XXX	XXX	XX	XX	XX	XX				
9. 2022.....	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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 4U - Pet Insurance Plans

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 2024 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	468	65	20	5	1					
2. 2015.....	678	1,134	1,238	1,256	1,262	1,264	1,264	1,264	1,265	1,265
3. 2016.....	XXX	648	961	995	1,004	1,005	1,005	1,005	1,005	1,005
4. 2017.....	XXX	XXX	249	342	353	355	356	360	360	360
5. 2018.....	XXX	XXX	XXX	131	179	187	191	194	195	195
6. 2019.....	XXX	XXX	XXX	XXX	2,800	4,055	4,199	4,236	4,239	4,247
7. 2020.....	XXX	XXX	XXX	XXX	XXX	3,594	5,137	5,326	5,378	5,403
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	5,415	8,142	8,430	8,506
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,153	6,049	6,305
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,577	7,614
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,289

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	220	29	4	1						
2. 2015.....	563	111	26	8	2	2	1	1		
3. 2016.....	XXX	335	35	12	2	1	1			
4. 2017.....	XXX	XXX	115	25	9	4	3			
5. 2018.....	XXX	XXX	XXX	82	20	6	3	1		
6. 2019.....	XXX	XXX	XXX	XXX	1,016	197	74	34	13	8
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,333	236	79	24	5
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2,526	387	117	44
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,714	290	89
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,830	339
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,430

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	356	(116)	3	3						
2. 2015.....	1,881	2,145	2,172	2,177	2,180	2,182	2,182	2,182	2,182	2,182
3. 2016.....	XXX	1,574	1,646	1,660	1,661	1,661	1,661	1,661	1,661	1,661
4. 2017.....	XXX	XXX	502	530	536	536	536	536	536	536
5. 2018.....	XXX	XXX	XXX	275	289	289	290	290	290	290
6. 2019.....	XXX	XXX	XXX	XXX	6,039	6,628	6,640	6,651	6,664	6,666
7. 2020.....	XXX	XXX	XXX	XXX	XXX	7,803	8,426	8,460	8,495	8,501
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	12,464	13,607	13,759	13,777
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,049	10,958	11,016
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,826	13,070
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,731

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
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 [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]
- 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	2015		
1.603	2016		
1.604	2017		
1.605	2018		
1.606	2019		
1.607	2020		
1.608	2021		
1.609	2022		
1.610	2023		
1.611	2024		
1.612	Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which)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 [X]
- 7.2 (An extended statement may be attached.)
.....

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	L	4,788,704	3,325,086	746,566	1,892,546	1,177,849		
2. Alaska	AK	N							
3. Arizona	AZ	L			430,024	79,707	351,513		
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	42,767,996	47,112,253	21,806,796	24,721,247	9,966,286		
11. Georgia	GA	L			96,943	(165,091)	264,023		
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	L			1,200	(12,386)	7,072		
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	L							
19. Louisiana	LA	L	90,151,795	88,363,819	44,583,306	50,952,651	26,947,426		
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	42,512,631	39,370,856	23,062,034	29,468,086	18,177,401		
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	L				(16)			
42. South Dakota	SD	N							
43. Tennessee	TN	L							
44. Texas	TX	L							
45. Utah	UT	L	9,964,994	8,558,366	5,046,885	6,812,172	6,627,335		
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		190,186,119	186,730,379	95,773,754	113,748,917	63,518,905		
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.

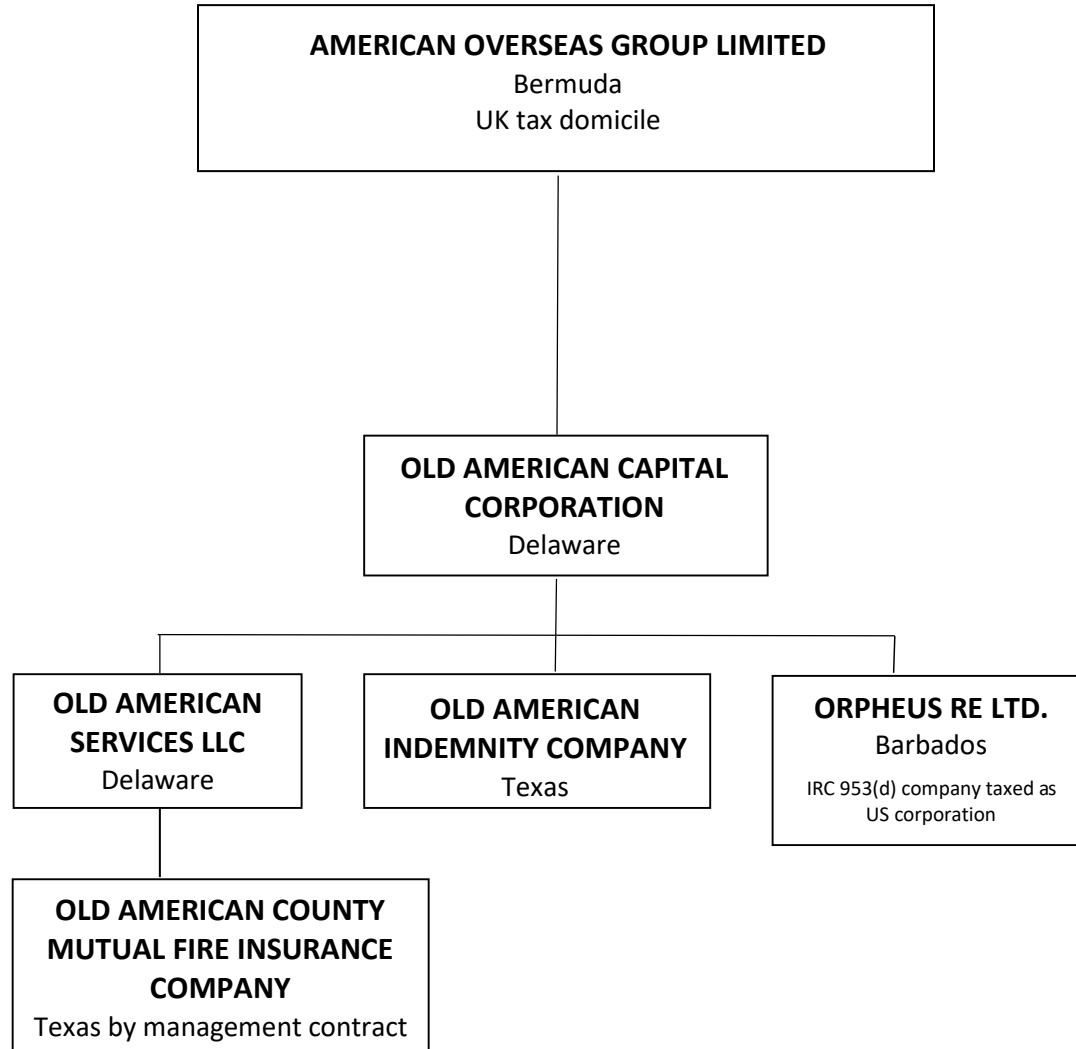
SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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



ANNUAL STATEMENT FOR THE YEAR 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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	27-2941857	OLD AMERICAN CAPITAL CORPORATION		(5,750,000)							(5,750,000)	
00000	27-2941985	OLD AMERICAN SERVICES LLC					18,566,145				18,566,145	
29378	75-0728676	OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY					(14,918,400)	(1,072,107)			(15,990,508)	21,441,850
11665	61-0533007	OLD AMERICAN INDEMNITY COMPANY		5,750,000			(3,647,745)	(342,038)			1,760,217	8,921,367
00000	30-0708277	ORPHEUS RE LTD						1,414,145			1,414,145	(30,363,217)
9999999 Control Totals												
									XXX			

ANNUAL STATEMENT FOR THE YEAR 2024 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?	NO
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 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 2024 OF THE OLD AMERICAN INDEMNITY COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Medicare Part D Coverage Supplement [Document Identifier 365]



21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



22. Bail Bond Supplement [Document Identifier 500]



23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



26. Relief from the Requirements for Audit Committees [Document Identifier 226]



27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]



28. Exhibit of Other Liabilities by Lines of Business [Document Identifier 570]



30. Credit Insurance Experience Exhibit [Document Identifier 230]



31. Long-Term Care Experience Reporting Forms [Document Identifier 306]



32. Accident and Health Policy Experience Exhibit [Document Identifier 210]



33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]



34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]



35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]



36. Private Flood Insurance Supplement [Document Identifier 560]



37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments	952,467	2.281	952,467		952,467	2.281
1.02 All other governments		0.000				0.000
1.03 U.S. states, territories and possessions, etc. guaranteed	4,953,703	11.864	4,953,703		4,953,703	11.864
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed	324,949	0.778	324,949		324,949	0.778
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	27,049,636	64.785	27,049,636		27,049,636	64.785
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	33,280,754	79.709	33,280,754		33,280,754	79.709
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)	7,177,426	17.190	7,177,426		7,177,426	17.190
6.02 Cash equivalents (Schedule E, Part 2)	550,000	1.317	550,000		550,000	1.317
6.03 Short-term investments (Schedule DA)	744,883	1.784	744,883		744,883	1.784
6.04 Total cash, cash equivalents and short-term investments	8,472,309	20.291	8,472,309		8,472,309	20.291
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	41,753,063	100.000	41,753,063		41,753,063	100.000

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 Line 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 2024 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)	

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	23,925,441
2.	Cost of bonds and stocks acquired, Part 3, Column 7	12,320,480
3.	Accrual of discount	148,723
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	42,483
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	3,137,960
7.	Deduct amortization of premium	18,412
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)	33,280,754
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	33,280,754

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	952,467	917,442	943,318	960,000
	2. Canada				
	3. Other Countries				
	4. Totals	952,467	917,442	943,318	960,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	4,953,703	4,837,531	4,918,815	5,260,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	324,949	324,155	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	27,049,636	23,811,387	26,970,417	27,784,397
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	33,280,754	29,890,515	33,155,480	34,329,397
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	33,280,754	29,890,515	33,155,480	

ANNUAL STATEMENT FOR THE YEAR 2024 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		952,467				XXX	952,467	2.8	949,116	4.0	952,467	
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		952,467				XXX	952,467	2.8	949,116	4.0	952,467	
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	1,755,451	3,198,252				XXX	4,953,703	14.6	1,744,895	7.3	4,953,703	
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	1,755,451	3,198,252				XXX	4,953,703	14.6	1,744,895	7.3	4,953,703	
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1	1,069,831					XXX	1,069,831	3.1	324,533	1.4	1,069,831	
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	1,069,831					XXX	1,069,831	3.1	324,533	1.4	1,069,831	
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	28,587	9,118,175	14,110,881	2,169,061	810,992	XXX	26,237,697	77.1	20,122,408	84.1	26,237,697	
5.2 NAIC 2		811,939				XXX	811,939	2.4	784,489	3.3	811,939	
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals	28,587	9,930,114	14,110,881	2,169,061	810,992	XXX	27,049,636	79.5	20,906,898	87.4	27,049,636	

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ANNUAL STATEMENT FOR THE YEAR 2024 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						

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ANNUAL STATEMENT FOR THE YEAR 2024 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) 2,853,869	13,268,894	14,110,881	2,169,061	810,992		33,213,698	97.6	XXX	XXX	33,213,698	
12.2 NAIC 2	(d)	811,939					811,939	2.4	XXX	XXX	811,939	
12.3 NAIC 3	(d)								XXX	XXX		
12.4 NAIC 4	(d)								XXX	XXX		
12.5 NAIC 5	(d)								XXX	XXX		
12.6 NAIC 6	(d)								XXX	XXX		
12.7 Totals	2,853,869	14,080,833	14,110,881	2,169,061	810,992	(b)	34,025,637	100.0	XXX	XXX	34,025,637	
12.8 Line 12.7 as a % of Col. 7	8.4	41.4	41.5	6.4	2.4		100.0	XXX	XXX	XXX	100.0	
13. Total Bonds Prior Year												
13.1 NAIC 1	342,413	6,457,359	12,547,867	2,793,313	1,000,000		XXX	XXX	23,140,952	96.7	23,140,952	
13.2 NAIC 2		784,489					XXX	XXX	784,489	3.3	784,489	
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	342,413	7,241,848	12,547,867	2,793,313	1,000,000		XXX	XXX	(b) 23,925,441	100.0	23,925,441	
13.8 Line 13.7 as a % of Col. 9	1.4	30.3	52.4	11.7	4.2		XXX	XXX	100.0	XXX	100.0	
14. Total Publicly Traded Bonds												
14.1 NAIC 1	2,853,869	13,268,894	14,110,881	2,169,061	810,992		33,213,698	97.6	23,140,952	96.7	33,213,698	XXX
14.2 NAIC 2		811,939					811,939	2.4	784,489	3.3	811,939	XXX
14.3 NAIC 3												XXX
14.4 NAIC 4												XXX
14.5 NAIC 5												XXX
14.6 NAIC 6												XXX
14.7 Totals	2,853,869	14,080,833	14,110,881	2,169,061	810,992		34,025,637	100.0	23,925,441	100.0	34,025,637	XXX
14.8 Line 14.7 as a % of Col. 7	8.4	41.4	41.5	6.4	2.4		100.0	XXX	XXX	XXX	100.0	XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	8.4	41.4	41.5	6.4	2.4		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 \$744,883 ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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ANNUAL STATEMENT FOR THE YEAR 2024 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		952,467				XXX	952,467	2.8	949,116	4.0	952,467	
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		952,467				XXX	952,467	2.8	949,116	4.0	952,467	
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	1,755,451	3,198,252				XXX	4,953,703	14.6	1,744,895	7.3	4,953,703	
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	1,755,451	3,198,252				XXX	4,953,703	14.6	1,744,895	7.3	4,953,703	
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations	1,069,831					XXX	1,069,831	3.1	324,533	1.4	1,069,831	
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	1,069,831					XXX	1,069,831	3.1	324,533	1.4	1,069,831	
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.01 Issuer Obligations	28,587	9,930,114	14,110,881	2,169,061	810,992	XXX	27,049,636	79.5	20,906,898	87.4	27,049,636	
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	28,587	9,930,114	14,110,881	2,169,061	810,992	XXX	27,049,636	79.5	20,906,898	87.4	27,049,636	
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						

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ANNUAL STATEMENT FOR THE YEAR 2024 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	2,853,869	14,080,833	14,110,881	2,169,061	810,992	XXX	34,025,637	100.0	XXX	XXX	34,025,637	
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	2,853,869	14,080,833	14,110,881	2,169,061	810,992		34,025,637	100.0	XXX	XXX	34,025,637	
12.10 Line 12.09 as a % of Col. 7	8.4	41.4	41.5	6.4	2.4		100.0	XXX	XXX	XXX	100.0	
13. Total Bonds Prior Year												
13.01 Issuer Obligations	342,413	7,241,848	12,547,867	2,793,313	1,000,000	XXX	XXX	XXX	23,925,441	100.0	23,925,441	
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	342,413	7,241,848	12,547,867	2,793,313	1,000,000		XXX	XXX	23,925,441	100.0	23,925,441	
13.10 Line 13.09 as a % of Col. 9	1.4	30.3	52.4	11.7	4.2		XXX	XXX	100.0	XXX	100.0	0.0
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations	2,853,869	14,080,833	14,110,881	2,169,061	810,992	XXX	34,025,637	100.0	23,925,441	100.0	34,025,637	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	2,853,869	14,080,833	14,110,881	2,169,061	810,992		34,025,637	100.0	23,925,441	100.0	34,025,637	XXX
14.10 Line 14.09 as a % of Col. 7	8.4	41.4	41.5	6.4	2.4		100.0	XXX	XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12	8.4	41.4	41.5	6.4	2.4		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										0.0	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								XXX	XXX	XXX	XXX	

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year					
2. Cost of short-term investments acquired	734,310	734,310			
3. Accrual of discount	10,573	10,573			
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)	744,883	744,883			
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)	744,883	744,883			

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY
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	550,000		550,000	
2. Cost of cash equivalents acquired				
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- 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: Money Market Fund

Schedule A - Part 1 - Real Estate Owned

NONE

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 1 - Mortgage Loans Owned

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 1 - Other Long-Term Invested Assets Owned

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

ANNUAL STATEMENT FOR THE YEAR 2024 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	B o n d C h a r	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (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	.94.5630	472,813	500,000	495,709		2,002			1.500	1.923	JJ	3,139	7,500	02/16/2022	01/31/2027
91282C-EF-4	UNITED STATES TREASURY NOTE	..SD..			1.A	9,867	.96.2970	9,630	10,000	9,929		27			2.500	2.788	MS	64	250	04/11/2022	03/31/2027
91282C-EF-4	UNITED STATES TREASURY NOTE	..SD..			1.A	393,942	.96.2970	385,188	400,000	397,155		1,216			2.500	2.830	MS	2,555	10,001	05/09/2022	03/31/2027
91282C-FU-0	UNITED STATES TREASURY NOTE	..SD..			1.A	49,449	.99.6250	49,813	50,000	49,674		106			4.125	4.373	AO	353	2,063	11/03/2022	10/31/2027
0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						943,318	XXX	917,442	960,000	952,467		3,351			XXX	XXX	XXX	6,111	19,813	XXX	XXX
0109999999. Total - U.S. Government Bonds						943,318	XXX	917,442	960,000	952,467		3,351			XXX	XXX	XXX	6,111	19,813	XXX	XXX
0309999999. Total - All Other Government Bonds							XXX								XXX	XXX	XXX			XXX	XXX
546417-D0-6	LOUISIANA ST			1	1.C FE	1,740,640	.98.5870	1,735,131	1,760,000	1,755,451		10,556			0.840	1.435	JD	1,232	14,784	07/27/2023	06/01/2025
546417-DU-7	LOUISIANA ST			1	1.C FE	3,178,175	.88.6400	3,102,400	3,500,000	3,198,252		20,077			1.604	3.740	JD	4,678	28,070	09/05/2024	06/01/2029
0419999999. Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations						4,918,815	XXX	4,837,531	5,260,000	4,953,703		30,633			XXX	XXX	XXX	5,910	42,854	XXX	XXX
0509999999. Total - U.S. States, Territories and Possessions Bonds						4,918,815	XXX	4,837,531	5,260,000	4,953,703		30,633			XXX	XXX	XXX	5,910	42,854	XXX	XXX
128506-JV-5	CALCASIEU PARISH LA SCH DIST #				1.C FE	322,930	.99.7400	324,155	325,000	324,949		416			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	324,155	325,000	324,949		416			XXX	XXX	XXX	2,701	7,150	XXX	XXX
0709999999. Total - U.S. Political Subdivisions Bonds						322,930	XXX	324,155	325,000	324,949		416			XXX	XXX	XXX	2,701	7,150	XXX	XXX
100216-GJ-3	BOSSIER CITY LA UTILITIES REVE			2	1.C FE	405,760	.77.7600	311,040	400,000	403,945		(534)			2.500		AO	(534)	10,000	06/28/2021	10/01/2035
100216-GK-0	BOSSIER CITY LA UTILITIES REVE			2	1.C FE	810,800	.76.6010	612,808	800,000	807,409		(998)			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	.81.1800	564,201	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 SWR CO			1	1.D FE	843,201	.86.6630	740,969	855,000	847,402		1,412			1.693	1.877	FA	6,031	14,475	12/17/2021	02/01/2030
270618-GU-9	E BATON ROUGE PARISH LA SWR CO			1	1.D FE	417,875	.80.6230	403,115	500,000	420,648		2,773			1.993	4.342	FA	4,152		08/28/2024	02/01/2033
506498-B4-5	LAFAYETTE LA UTILITIES REVENUE				1.E FE	2,012,600	.90.7900	1,815,800	2,000,000	2,007,273		(1,812)			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	.67.9150	679,150	1,000,000	1,000,000					2.830	2.830	AO	7,075	28,300	09/18/2020	04/01/2048
54627D-KW-0	LOUISIANA ST HSG CORP SF MTGE				1.A FE	151,520	.99.2620	148,893	150,000	151,329		(190)			4.650	4.164	JD	581	3,488	09/12/2024	12/01/2026
54627R-AM-2	LOUISIANA ST LOCAL GOVT ENVRNM			4	1.A FE	2,412,473	.96.7840	2,399,275	2,479,000	2,412,503		30			4.145	4.839	FA	42,814		12/10/2024	02/01/2033
54627R-AR-1	LOUISIANA ST LOCAL GOVT ENVRNM				1.A FE	126,413	.99.7740	125,114	125,397	126,403		(10)			5.081	4.832	JD	531		12/03/2024	06/01/2031
54628C-MK-5	LOUISIANA ST LOCAL GOVT ENVRNM			1	1.E FE	735,584	.96.8680	774,944	800,000	775,965		21,235			1.447	4.317	FA	4,823	11,576	01/19/2023	02/01/2026
54628C-WD-0	LOUISIANA ST LOCAL GOVT ENVRNM			2	1.E FE	994,170	.81.6570	816,570	1,000,000	995,976		551			1.945	2.009	AO	4,863	19,450	08/10/2021	10/01/2031
54628C-WJ-7	LOUISIANA ST LOCAL GOVT ENVRNM			2	1.E FE	1,975,440	.73.4160	1,468,320	2,000,000	1,980,054		1,437			2.475	2.574	AO	12,375	49,500	09/22/2021	10/01/2036
546462-EL-2	LOUISIANA ST ENERGY & PIWR AUTH			1	1.C FE	300,000	.88.5490	265,647	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	.88.4440	1,260,327	1,425,000	1,436,521		(2,561)			1.598	1.405	MN	3,795	22,772	12/30/2020	05/01/2029
546475-TU-8	LOUISIANA ST GAS & FUELS TAX R			1	1.D FE	128,330	.84.8570	127,286	150,000	128,486		156			1.898	4.528	MN	475		12/11/2024	05/01/2031
546475-TV-6	LOUISIANA ST GAS & FUELS TAX R			1	1.D FE	4,825,612	.82.8140	3,946,087	4,765,000	4,805,139		(5,067)			1.998	1.874	MN	15,867	95,205	12/30/2020	05/01/2032
546475-VN-1	LOUISIANA ST GAS & FUELS TAX R			1	1.C FE	355,196	.84.9560	339,824	400,000	356,385		1,189			2.601	4.163	MN	1,734	5,202	09/23/2024	05/01/2033
546475-VP-6	LOUISIANA ST GAS & FUELS TAX R			1	1.C FE	486,576	.83.6320	501,792	600,000	498,084		8,388			2.701	5.001	MN	2,701	16,206	08/10/2023	05/01/2034
546486-BW-0	LOUISIANA ST HIGHWAY IMPT REVE			1	1.C FE	232,760	.95.0570	237,643	250,000	236,700		3,940			0.897	4.723	JD	100	1,121	07/18/2024	06/15/2026
546486-BY-6	LOUISIANA ST HIGHWAY IMPT REVE			1	1.C FE	1,324,245	.89.6640	1,344,960	1,500,000	1,345,480		21,235			1.320	4.577	JD	880	9,900	06/21/2024	06/15/2028
54651R-CT-4	LOUISIANA ST UNCLAIMED PROPRT			1	1.D FE	462,325	.89.8480	458,225	510,000	468,078		8,179			1.543	4.097	MS	2,623	3,935	08/28/2024	09/01/2028
54651R-CW-7	LOUISIANA ST UNCLAIMED PROPRT			1	1.D FE	1,115,699	.83.4290	1,084,577	1,300,000	1,123,878		8,179			1.879	4.233	MS	8,142	12,214	08/21/2024	09/01/2031
546540-RE-7	LOUISIANA ST UNIV & AGRIC & ME				1.E FE	175,000	.95.6040	167,307	175,000	175,000					2.596	2.596	JJ	2,772	4,543	12/06/2019	07/01/2027
647753-MC-3	NEW ORLEANS LA WTR REVENUE			1	2.A FE	766,377	.91.1710	820,539	900,000	811,939		27,449			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	.90.8060	454,030	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	.87.8110	87,811	100,000	102,443		(385)			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	.90.4800	1,452,204	1,605,000	1,626,013		(4,522)			2.188		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	.80.5860	402,930	500,000	513,584		(2,333)			2.788	2.252	JD	1,162	13,940	01/04/2021	06/01/2035

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ANNUAL STATEMENT FOR THE YEAR 2024 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 Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in 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
0819999999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					26,970,417	XXX	23,811,387	27,784,397	27,049,636					XXX	XXX	XXX	145,386	462,356	XXX	XXX
0909999999	Total - U.S. Special Revenues Bonds					26,970,417	XXX	23,811,387	27,784,397	27,049,636					XXX	XXX	XXX	145,386	462,356	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					33,155,480	XXX	29,890,515	34,329,397	33,280,754		117,716			XXX	XXX	XXX	160,108	532,173	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
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					33,155,480	XXX	29,890,515	34,329,397	33,280,754		117,716			XXX	XXX	XXX	160,108	532,173	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Number	1A	1A ..\$	3,642,702	1B ..\$	1,500,000	1C ..\$	10,024,098	1D ..\$	9,228,152	1E ..\$	8,073,863	1F ..\$	1G ..\$
	1B	2A ..\$	811,939	2B ..\$		2C ..\$							
	1C	3A ..\$		3B ..\$		3C ..\$							
	1D	4A ..\$		4B ..\$		4C ..\$							
	1E	5A ..\$		5B ..\$		5C ..\$							
	1F	6 ..\$											

E10.1

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 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	
546417-DU-7	LOUISIANA ST		09/05/2024	MORGAN STANLEY & CO. LLC		3,178,175	3,500,000	14,815	
0509999999	Subtotal - Bonds - U.S. States, Territories and Possessions						3,178,175	3,500,000	14,815
270618-GU-9	E BATON ROUGE PARISH LA SWIR CO		08/28/2024	FHN FINANCIAL SECURITIES CORP.		417,875	500,000	775	
54627D-KW-0	LOUISIANA ST HSG CORP SF MITGE		09/12/2024	FHN FINANCIAL SECURITIES CORP.		151,520	150,000	1,976	
54627R-AM-2	LOUISIANA ST LOCAL GOVT ENVRM		12/10/2024	VARIOUS		2,412,473	2,479,000	28,801	
54627R-AR-1	LOUISIANA ST LOCAL GOVT ENVRM		12/03/2024	RAYMOND JAMES & ASSOCIATES INC.		126,413	125,397	53	
546475-TU-8	LOUISIANA ST GAS & FUELS TAX R		12/11/2024	PIPER SANDLER & CO.		128,330	150,000	324	
546475-VN-1	LOUISIANA ST GAS & FUELS TAX R		09/23/2024	HILLTOP SECURITIES INC.		355,196	400,000	4,133	
546486-BW-0	LOUISIANA ST HIGHWAY IMPT REVE		07/18/2024	MARKETAXESS		232,760	250,000	212	
546486-BY-6	LOUISIANA ST HIGHWAY IMPT REVE		06/21/2024	PNC CAPITAL MARKETS LLC		1,324,245	1,500,000	495	
54651R-CT-4	LOUISIANA ST UNCLAIMED PROPERT		08/28/2024	BOK FINANCIAL SECURITIES INC.		462,325	510,000	3,891	
54651R-CW-7	LOUISIANA ST UNCLAIMED PROPERT		08/21/2024	PIPER SANDLER & CO.		1,115,699	1,300,000	11,603	
0909999999	Subtotal - Bonds - U.S. Special Revenues						6,726,835	7,364,397	52,263
2509999997	Total - Bonds - Part 3						9,905,010	10,864,397	67,078
2509999998	Total - Bonds - Part 5						2,415,470	2,625,000	17,281
2509999999	Total - Bonds						12,320,480	13,489,397	84,358
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						12,320,480	XXX	84,358

ANNUAL STATEMENT FOR THE YEAR 2024 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 Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ 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 Contractual Maturity Date	
54628C-NQ-1 ...	LOUISIANA ST LOCAL GOVT ENVRM .....		.08/01/2024 .	MATURITY 100.0000		350,000	350,000	330,134	342,413		7,587		7,587		350,000				3,675	08/01/2024 .	
54639P-AA-8 ..	LOUISIANA ST PUBLIC FACS AUTH .....		.10/30/2024 .	VARIOUS		325,000	325,000	325,000	325,000						325,000				10,654	01/01/2037 .	
0909999999. Subtotal - Bonds - U.S. Special Revenues						675,000	675,000	655,134	667,413				7,587		675,000				14,329	XXX	
2509999997. Total - Bonds - Part 4						675,000	675,000	655,134	667,413				7,587		675,000				14,329	XXX	
2509999998. Total - Bonds - Part 5						2,462,960	2,625,000	2,415,470				5,007		2,420,477			42,483	42,483	27,278	XXX	
2509999999. Total - Bonds						3,137,960	3,300,000	3,070,604	667,413				12,594		3,095,477			42,483	42,483	41,607	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						3,137,960	XXX	3,070,604	667,413				12,594		3,095,477			42,483	42,483	41,607	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE D - PART 5

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

1 CUSIP Identi- fication	2 Description	3 For- eign	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stock)	9 Actual Cost	10 Consid- eration	11 Book/ Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value					17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends			
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amort- ization)/ Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Change in Book/ Adjusted Carrying Valu (12 + 13 - 14)	16 Total Foreign Exchange Change in Book/ Adjusted Carrying Value								
546398-C3-0	LOUISIANA ST PUBLIC FACS AUTH		09/24/2024	GOLDMAN SACHS & CO. LLC	10/30/2024	VARIOUS	625,000	625,000	625,000	625,000											3,701	1,452	
0909999999. Subtotal - Bonds - U.S. Special Revenues							625,000	625,000	625,000	625,000												3,701	1,452
06051G-HV-4	BANK OF AMERICA CORP		07/02/2024	CITIGROUP GLOBAL MARKETS INC.	08/19/2024	MARKETAXESS J.P. MORGAN SECURITIES	1,000,000	909,210	933,990	911,300		2,090		2,090			22,690	22,690		18,366	14,196		
29736R-AP-5	ESTEE LAUDER CO INC		06/25/2024	BARCLAYS CAPITAL INC.	08/19/2024	LLC	1,000,000	881,260	903,970	884,177		2,917		2,917		19,793	19,793		5,212	1,633			
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)							2,000,000	1,790,470	1,837,960	1,795,477		5,007		5,007			42,483	42,483		23,577	15,828		
2509999998. Total - Bonds							2,625,000	2,415,470	2,462,960	2,420,477		5,007		5,007			42,483	42,483		27,278	17,281		
4509999998. Total - Preferred Stocks																							
5989999998. Total - Common Stocks																							
5999999999. Total - Preferred and Common Stocks																							
6009999999 - Totals								2,415,470	2,462,960	2,420,477		5,007		5,007			42,483	42,483		27,278	17,281		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description, Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method	7 Book/Adjusted Carrying Value	8 Total Amount of Goodwill Included in Book/Adjusted Carrying Value	9 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date	
									10 Number of Shares	11 % of Outstanding
NONE										
1999999 - Totals									XXX	XXX

1. Total amount of goodwill nonadmitted \$

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Goodwill Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
NONE					
0399999 - Total				XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE DA - PART 1

Showing All SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Codes		4	5	6	7	Change in Book/Adjusted Carrying Value				12	13	Interest					20	
	2	3					8	9	10	11			14	15	16	17	18		19
Description	Code	For- eign	Date Acquired	Name of Vendor	Maturity Date	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	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	Non- Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
0109999999. Total - U.S. Government Bonds																			
0309999999. Total - All Other Government Bonds																			
0509999999. Total - U.S. States, Territories and Possessions Bonds																			
ASCENSION PARISH LA PARISHWIDE			08/26/2024	MIDDLEGATE SECURITIES LTD.	03/01/2025	744,883		10,573			750,000	734,310	2,135		0.854	5.051	MS	3,203	3,131
0619999999. Subtotal - Bonds - U.S. Political Subdivisions - Issuer Obligations																			
0709999999. Total - U.S. Political Subdivisions Bonds																			
0909999999. Total - U.S. Special Revenues Bonds																			
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds																			
1309999999. Total - Hybrid Securities																			
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds																			
1909999999. Subtotal - Unaffiliated Bank Loans																			
2419999999. Total - Issuer Obligations																			
2429999999. Total - Residential Mortgage-Backed Securities																			
2439999999. Total - Commercial Mortgage-Backed Securities																			
2449999999. Total - Other Loan-Backed and Structured Securities																			
2459999999. Total - SVO Identified Funds																			
2469999999. Total - Affiliated Bank Loans																			
2479999999. Total - Unaffiliated Bank Loans																			
2509999999. Total Bonds																			
7109999999. Total - Parent, Subsidiaries and Affiliates																			
7709999999 - Totals																			

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Number	1A	1B	1C	1D	1E	1F	1G
	1A ..\$	1B ..\$	1C ..\$	1D ..\$	1E ..\$	1F ..\$	1G ..\$
			744,883				
	2A ..\$	2B ..\$	2C ..\$				
	3A ..\$	3B ..\$	3C ..\$				
	4A ..\$	4B ..\$	4C ..\$				
	5A ..\$	5B ..\$	5C ..\$				
	6 ..\$						

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

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	*
BANK OF TEXAS DALLAS, TX					3,295,538	.XXX.
CITIBANK NEW YORK, NY			87		72,325	.XXX.
RENASANT BANK TUPELO, MS					25,000	.XXX.
STOCK YARDS BANK AND TRUST CO LOUISVILLE, KY					119,546	.XXX.
TRUIST CHARLOTTE, NC					440,223	.XXX.
US BANK ST. LOUIS, MO .....						.XXX.
WELLS FARGO BANK, N.A. SAN FRANCISCO, CA					3,224,794	.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	87		7,177,426	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	87		7,177,426	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
.....						
.....						
.....						
.....						
0599999 Total - Cash	XXX	XXX	87		7,177,426	XXX

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

1. January.....	15,394,844	4. April.....	10,735,753	7. July.....	10,911,839	10. October.....	4,904,337
2. February.....	19,228,827	5. May.....	15,031,930	8. August.....	12,301,119	11. November...	4,711,183
3. March.....	17,560,103	6. June.....	12,591,438	9. September.....	4,396,214	12. December.....	7,177,426

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999	Total - U.S. Government Bonds							
0309999999	Total - All Other Government Bonds							
0509999999	Total - U.S. States, Territories and Possessions Bonds							
0709999999	Total - U.S. Political Subdivisions Bonds							
0909999999	Total - U.S. Special Revenues Bonds							
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds							
1309999999	Total - Hybrid Securities							
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds							
1909999999	Subtotal - Unaffiliated Bank Loans							
2419999999	Total - Issuer Obligations							
2429999999	Total - Residential Mortgage-Backed Securities							
2439999999	Total - Commercial Mortgage-Backed Securities							
2449999999	Total - Other Loan-Backed and Structured Securities							
2459999999	Total - SVO Identified Funds							
2469999999	Total - Affiliated Bank Loans							
2479999999	Total - Unaffiliated Bank Loans							
2509999999	Total Bonds							
31846V-41-9	FIRST AM TREAS OBLI-INS INW	SD	08/31/2023	0.000		300,000		1,289
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					300,000		1,289
608919-71-8	FEDERATED HERMES GOVT OBLG FUND	SD	08/31/2023	0.000		250,000		
8309999999	Subtotal - All Other Money Market Mutual Funds					250,000		
8609999999	Total Cash Equivalents					550,000		1,289

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1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
 Number
 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\$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OLD AMERICAN INDEMNITY COMPANY

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL	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 the policies	84,396	81,852		
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	1,015,709	967,989		
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	362,433	353,148		
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	208,854		
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	2,192,538	2,111,843		
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 through 5803 plus 5898)(Line 58 above)	XXX	XXX				