QUARTERLY STATEMENT

OF THE

Forward Mutual Insurance Company

TO THE

Insurance Department

OF THE

STATE OF

Wisconsin

FOR THE QUARTER ENDED JUNE 30, 2023

PROPERTY AND CASUALTY

2023



ACCOUNTANTS' COMPILATION REPORT

Board of Directors Forward Mutual Insurance Company Ixonia, Wisconsin

Management is responsible for the accompanying financial statements of Forward Mutual Insurance Company, which comprise the statements of assets, liabilities, surplus, and other funds as of June 30, 2023 and December 31, 2022, and the related statements of income and cash flow for the six months ended June 30, 2023 and 2022, and the year ended December 31, 2022, included in the accompanying prescribed form. We have performed compilation engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The financial statements included in the accompanying prescribed form are intended to comply with the accounting practices and procedures of the National Association of Insurance Commissioners, as prescribed or permitted by the Wisconsin Office of the Commissioner of Insurance and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the management of Forward Mutual Insurance Company, the National Association of Insurance Commissioners and the Wisconsin Office of the Commissioner of Insurance and is not intended to be and should not be used by anyone other than these specified parties.

The supplementary information contained in the accompanying prescribed form is presented for purposes of additional analysis. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information and do not express an opinion, a conclusion, nor provide any form of assurance on such supplementary information.

CliftonLarsonAllen LLP

Mifton Larson Allen LLP

Madison, Wisconsin August 1, 2023



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

Forward Mutual Insurance Company

de __0000_ ____ NAIC Company Code __11387_ Employer's ID Number ____ 39-0959933

IVAIC	(Current) (Prior)	alo company code	Lilipioyei's ID I	
Organized under the Laws of		, State	of Domicile or Port of Entry	y WI
Country of Domicile		United States of Ame	rica	
Incorporated/Organized	11/06/1875	Co	mmenced Business	01/04/1876
Statutory Home Office	W 1202 Glenview Avenue	,		Ixonia, WI, US 53036
·	(Street and Number)		(City or Tov	wn, State, Country and Zip Code)
Main Administrative Office		W 1202 Glenview Ave		
	Ixonia, WI, US 53036	(Street and Numbe	r)	920-261-6616
(City or T	own, State, Country and Zip Code)		(Area	Code) (Telephone Number)
Mail Address	P.O. Box 326	,		Ixonia, WI, US 53036
	(Street and Number or P.O. Box)		(City or Tov	vn, State, Country and Zip Code)
Primary Location of Books and	Records	W 1202 Glenview Av	enue	
	Ixonia, WI, US 53036	(Street and Numbe	r)	920-261-6616
(City or 1	own, State, Country and Zip Code)		(Area	Code) (Telephone Number)
Internet Website Address		forwardmutual.cor	n	
Ctatutani Statament Contact	Sarah Mueller			920-261-6616
Statutory Statement Contact	(Name)		_ ,	Area Code) (Telephone Number)
	sarah@forwardmutual.com (E-mail Address)			920-261-8618 (FAX Number)
	(E-mail Address)			(FAX Nulliber)
		OFFICERS		
Chairman of the Board Vice-Chairman of the	Roger L Degner #		Secretary	David W Blank
Board	Mark D Mallow #		Treasurer	David W Blank
		OTHER		
Roger L		RECTORS OR TRU Mark D Mallow	SIEES	David W Blank
Scott R R		Randall L Tietz #	#	Randall L Wegner
Dale 11 Z	astrow			
State of	Wisconsin SS:			
County of	Jefferson SS:			
all of the herein described assistatement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require di respectively. Furthermore, the	ets were the absolute property of the said exhibits, schedules and explanations there reporting entity as of the reporting period sinual Statement Instructions and Accounting ferences in reporting not related to accessope of this attestation by the described of the same	reporting entity, free ar in contained, annexed of tated above, and of its in ag Practices and Proce- punting practices and proficers also includes the	nd clear from any liens or or referred to, is a full and to ncome and deductions the dures manual except to the procedures, according to e related corresponding el	ng entity, and that on the reporting period stated above, claims thereon, except as herein stated, and that this rue statement of all the assets and liabilities and of the refrom for the period ended, and have been completed e extent that: (1) state law may differ; or, (2) that state the best of their information, knowledge and belief, ectronic filing with the NAIC, when required, that is an requested by various regulators in lieu of or in addition
Roger L. Degr Chairman of the I		Mark D. Mallow Vice-Chairman	le this an original filing?	David W. Blank Secretary/Treasurer
Subscribed and sworn to before day of	me this		Is this an original filing? If no, 1. State the amendment i 2. Date filed	

3. Number of pages attached......

ASSETS

			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds			5,050,629	4,910,539
	Stocks:				
	2.1 Preferred stocks	15,000		15,000	15,000
	2.2 Common stocks	2,129,927		2,129,927	
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)	238,260		238,260	244,532
	4.2 Properties held for the production of income (less				
	\$ encumbrances)			0	0
	4.3 Properties held for sale (less \$				
	encumbrances)			0	0
5.	Cash (\$				
	(\$				
	investments (\$	544,329		544,329	470,019
6.	Contract loans (including \$ premium notes)			*	0
7.	Derivatives			0	0
8.	Other invested assets			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets				0
12.	Subtotals, cash and invested assets (Lines 1 to 11)			7,978,145	8,179,043
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued			37,975	
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	19,675		19,675	14 , 165
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)	196,428		196,428	157,537
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$)			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans			0	0
18.1	Current federal and foreign income tax recoverable and interest thereon	37,500		37,500	37,500
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software	2,046		2,046	3,024
21.	Furniture and equipment, including health care delivery assets				
	(\$)	2,364	2,364	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates				0
24.	Health care (\$) and other amounts receivable				0
25.	Aggregate write-ins for other than invested assets	0	0	0	553
26.	Total assets excluding Separate Accounts, Segregated Accounts and	0.074.400	0.004	0 074 700	0 400 770
	Protected Cell Accounts (Lines 12 to 25)	8,2/4,133	2,364	8,271,769	8,428,773
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	8,274,133			8,428,773
-	DETAILS OF WRITE-INS	, ,	_,	,=,	, , .
1101.	52171120 O. WILLE ING				
1101.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				0
1190.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0		n	0
2501.	Fire dues recoverable		-	0	553
	File dues recoverable				
2502.					
2503.	Common of consising with ine faulting OF from available and				
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	553

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1. L	osses (current accident year \$65,550)	65,550	60,033
2. R	Reinsurance payable on paid losses and loss adjustment expenses		0
3. L	oss adjustment expenses	2,188	3,307
	Commissions payable, contingent commissions and other similar charges		27,779
	Other expenses (excluding taxes, licenses and fees)		23,075
6. T	axes, licenses and fees (excluding federal and foreign income taxes)	5,951	829
	Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
	let deferred tax liability		
	forrowed money \$ and interest thereon \$		
	Inearned premiums (after deducting unearned premiums for ceded reinsurance of \$		
	including warranty reserves of \$ and accrued accident and health experience rating refunds		
	including \$ for medical loss ratio rebate per the Public Health Service Act)		
	Advance premium	59,686	42,117
	Dividends declared and unpaid:		
	1.1 Stockholders		
	1.2 Policyholders		
	Ceded reinsurance premiums payable (net of ceding commissions)		
	Funds held by company under reinsurance treaties		0
	Amounts withheld or retained by company for account of others		
	Remittances and items not allocated		
	Provision for reinsurance (including \$ certified)		0
	let adjustments in assets and liabilities due to foreign exchange rates		
	Orafts outstanding		
	Payable to parent, subsidiaries and affiliates		
	Derivatives		
	Payable for securities		
	Payable for securities lending		
	iability for amounts held under uninsured plans		
	Capital notes \$ and interest thereon \$		
	Aggregate write-ins for liabilities		0
	otal liabilities excluding protected cell liabilities (Lines 1 through 25)		886,797
	Protected cell liabilities		
	otal liabilities (Lines 26 and 27)		
	Aggregate write-ins for special surplus funds		
	Common capital stock		
	Preferred capital stock		
	Aggregate write-ins for other than special surplus funds		0
	Surplus notes		
	Gross paid in and contributed surplus		
	Jnassigned funds (surplus)	7,227,416	7,541,976
	ess treasury stock, at cost:		
	6.1 shares common (value included in Line 30 \$		
	6.2 shares preferred (value included in Line 31 \$		
	Surplus as regards policyholders (Lines 29 to 35, less 36)		7,541,976
38. T	otals (Page 2, Line 28, Col. 3)	8,271,769	8,428,773
D	DETAILS OF WRITE-INS		
2501			
2502			
2503			
2598. S	Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. T	otals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901			
2902			
2903			
	Summary of remaining write-ins for Line 29 from overflow page		0
2999. T	otals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201			
3202			
3203			
3298. S	Summary of remaining write-ins for Line 32 from overflow page		0
3299. T	otals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	OTATEMENT OF ING	1	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	UNDERWRITING INCOME	Teal to Date	to Date	December 51
1.	Premiums earned:			
	1.1 Direct (written \$			
	1.2 Assumed (written \$			
	1.3 Ceded (written \$			
	1.4 Net (written \$	340,723	341,070	1,097,319
2.	Losses incurred (current accident year \$			
	2.1 Direct	674,777	302,897	677,795
	2.2 Assumed			
	2.3 Ceded			
	2.4 Net		,	647,754
3.	Loss adjustment expenses incurred			81,985
4. 5.	Aggregate write-ins for underwriting deductions			017,273
6.	Total underwriting deductions (Lines 2 through 5)	489,260		1,347,012
7.	Net income of protected cells			
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	57,465	(137,118)	(249,693)
	INVESTMENT INCOME			
9.	Net investment income earned			· ·
10.	Net realized capital gains (losses) less capital gains tax of \$ Net investment gain (loss) (Lines 9 + 10)	(9,163)	21,037	132,071 262,201
11.	OTHER INCOME	37,233	00,130	202,201
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered			
	\$ amount charged off \$	0	0	0
13.	Finance and service charges not included in premiums	15,037		29,846
14.	Aggregate write-ins for miscellaneous income		0	0
15.	Total other income (Lines 12 through 14)	15,037	14,614	29,846
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	100 735	(56.346)	12 351
17.	Dividends to policyholders	100,700	(30,040).	72,007
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)	109,735	(56,346)	42,354
19.	Federal and foreign income taxes incurred	100 705	(50.040)	40.054
20.	Net income (Line 18 minus Line 19)(to Line 22)	109,735	(56,346)	42,354
21.	CAPITAL AND SURPLUS ACCOUNT Surplus as regards policyholders, December 31 prior year	7,541,976	8,113,566	8,113,566
22.	Net income (from Line 20)		, ,	42,354
23.	Net transfers (to) from Protected Cell accounts			· ·
24.	Change in net unrealized capital gains (losses) less capital gains tax of \$31,000	(413,002)	(597,681)	(632,807)
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax			17,000
27.	Change in nonadmitted assets			1,863
28. 29.	Change in provision for reinsurance			
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)			
22	32.3 Transferred to surplus			
33.	Surplus adjustments: 33.1 Paid in	0	0	0
	33.2 Transferred to capital (Stock Dividend)			
	33.3 Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock	0	0	0
37. 38.	Aggregate write-ins for gains and losses in surplus	(314,560)	(649,895)	(571,590)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	7,227,416	7,463,671	7,541,976
- 00.	DETAILS OF WRITE-INS	.,==.,	1,100,011	1,011,010
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page		0	0
0599.	Totals (Lines 0501 through 0503 plus 0598)(Line 5 above) Paycheck Protection Program	0	0	0
1401. 1402.	•			
1402.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.	January 1, 2020 Deferred tax adjustment		0	
3702.				
3703. 3798.	Summary of remaining write-ins for Line 37 from overflow page		0	0
3796. 3799.	Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0
	, 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		<u> </u>	

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	604,269	543,027	1,111,824
2.	Net investment income	62,037	68,087	157,714
3.	Miscellaneous income	15,037	14,614	29,846
4.	Total (Lines 1 to 3)	681,343	625,728	1,299,384
5.	Benefit and loss related payments	91,243	99,612	645 , 188
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	385,406	378,628	704,670
8.	Dividends paid to policyholders	0	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	0	0	0
10.	Total (Lines 5 through 9)	476,649	478,240	1,349,858
11.	Net cash from operations (Line 4 minus Line 10)	204,694	147,488	(50,474)
10	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:	F0, 000	F0, 000	115 000
	12.1 Bonds			
	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			0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	97,585	369 , 101	968,813
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	200,483	0	92,008
	13.2 Stocks	29,724	133,266	509,258
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	230,207	133,266	601,266
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(132,622)	235,835	367,547
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	0
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
	16.5 Dividends to stockholders	0	0	0
	16.6 Other cash provided (applied)	2,238	1,382	4,656
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	2,238	1,382	4,656
	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).	74 310	384 705	321,729
	The shange in each, each equivalents and short-term investments (Line 11, plus Lines 10 and 17).			021,723
	Cash, cash equivalents and short-term investments:	· ·	Į.	
19.	Cash, cash equivalents and short-term investments: 19.1 Beginning of year	A70 010	1/12 200	148,290

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

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. The accompanying financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Office of the Commissioner of Insurance (OCI) of the State of Wisconsin.

The OCI of the State of Wisconsin recognizes only statutory accounting practices prescribed or permitted by the State of Wisconsin for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Wisconsin Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Wisconsin.

Mutual Insurance Companies that hold Wisconsin Reinsurance Corporation (WRC) common and/or preferred stock shall value this investment based on the most recent WRC audited financial statements. Accordingly, the valuation included in the company's June 30, 2023 and December 31, 2022 financial statements are based upon WRC's financial statements as of December 31, 2022 and December 31, 2021, respectively.

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

	State of Domicile	Current Year to Date	2022
NET INCOME (LOSS)			
(1) Forward Mutual Insurance Company state basis (Page 4, Line 20,			
Columns 1 & 3)	WI	\$ 109,735	\$ 42,354
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP $(1-2-3=4)$	WI	\$ 109,735	\$ 42,354
SURPLUS			
(5) Forward Mutual Insurance Company state basis (Page 3, Line 37,			
Columns 1 & 2)	WI	\$ 7,227,416	\$7,541,976
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP $(5-6-7=8)$	WI	\$ 7,227,416	\$7,541,976

- B. The preparation of financial statement in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.
- C. 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 daily pro rata methods for direct businesses and are based on reports received from ceding companies for reinsurance.

In addition, the Company uses the following accounting policies:

- 1. Bonds are stated at amortized cost, with amortization being applied on a straight-line basis.
- 2. Stocks and mutual funds are valued at their current market value.
- 3. Real estate is valued at original cost less depreciation, with depreciation being applied on a straight-line basis.
- 4. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, 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 are continually reviewed and any adjustments are reflected in the period determined.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No significant changes.

3. BUSINESS COMBINATIONS AND GOODWILL

No significant changes.

4. DISCONTINUED OPERATIONS

Not applicable.

- 5. INVESTMENTS
 - A. Currently the Company is not carrying any mortgage loans.
 - B. The Company did not restructure any debt during the current period.
 - C. The Company does not carry any reverse mortgages.
 - D. The Company does not carry any loan-backed securities.

- E. Repurchase Agreements and/or Securities Lending Transactions Not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not applicable
- J. Real Estate No significant changes
- K. Investments in Low Income Housing Tax Credits Not applicable
- L. Restricted Assets Not applicable
- M. Working Capital Finance Investments Not applicable
- N. Offsetting and Netting of Assets and Liabilities Not applicable
- O. Structured Notes Not applicable
- P. 5GI Securities Not applicable
- Q. Short Sales Not applicable
- $R. \quad \text{Prepayment Penalty and Acceleration Fees} \text{Not applicable}$
- 6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

Not applicable.

7. INVESTMENT INCOME

No significant changes.

8. DERIVATIVE INSTRUMENTS

Not applicable.

9. INCOME TAXES

No significant changes.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES, AND OTHER RELATED PARTIES

No significant changes.

11. DEBT

No significant changes.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS, AND COMPENSATED ABSENCES AND OTHER POST RETIREMENT BENEFIT PLANS

No significant changes.

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

No significant changes.

14. LIABILITIES, CONTINGENCIES and ASSESSMENTS

No significant changes.

15. LEASES

No significant changes.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No significant changes.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

The Company had no sale, transfer, servicing of financial assets, or extinguishments of liabilities during the current period.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No significant changes.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

No significant changes.

20. FAIR VALUE MEASUREMENTS

Statements of Statutory Accounting Principles establish a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizing the use of unobservable inputs by requiring that the most observable inputs be used when available. The Statements of Statutory Accounting Principles define levels within the hierarchy based on the reliability of inputs as follows:

Level 1 - Unadjusted quoted prices for identical assets and liabilities in active markets;

Level 2 - Quoted prices for similar assets and liabilities in active markets (other than those included in Level 1) which are observable for the asset or liability, either directly or indirectly; and

Level 3 - Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

	6-30-23	Level 1	Level 2	Level 3	Total
Admitted assets:					
Common stocks and mutual funds	\$ 2,129,927	\$ 1,904,577	\$ -	\$ 225,350	\$ 2,129,927
Preferred stocks	15,000	-	-	15,000	15,000
	12-31-22	Level 1	Level 2	Level 3	Total
Admitted assets:					
Common stocks and mutual funds	\$ 2,538,953	\$ 1,786,314	\$ -	\$ 752,639	\$ 2,538,953
Preferred stocks	15,000	-	-	15,000	15,000

Stock securities listed on a national market or exchange are valued at the last sales price, or if there is no sale and the market is still considered active, at the last transaction price before year-end. Such securities are classified within Level 1 of the valuation hierarchy.

Stocks and mutual funds in Level 3 consist of the Company's investment in WRC. The fair value is determined based on the most recent audited financial statements of WRC as described in Note 1.

There were no realized gains or losses recognized in the statement of operations - statutory basis on the WRC stock for the six months ended June 30, 2023 and the year ended December 31, 2022. Unrealized losses totaling \$527,289 and \$192,748 for the six months ended June 30, 2023 and the year ended December 31, 2022, respectively, are included as an element of the adjustment to surplus. There were no acquisitions of the WRC stock during the six months ended June 30, 2023 and the year ended December 31, 2022. Redemptions of WRC preferred stock for the six months ended June 30, 2023 and the year ended December 31, 2022 were \$-0-. There were also no transfers in and/or out of Level 3 for the six months ended June 30, 2023 and the year ended December 31, 2022. The only change to the value of the WRC stock relates to the unrealized loss above.

21. OTHER ITEMS

No significant changes.

22. EVENTS SUBSEQUENT

No significant changes.

23. REINSURANCE

No significant changes.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

No significant changes.

25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSE

There has been no material change in the provision for incurred loss and loss adjustment expenses attributable to insured events of prior years.

26. INTERCOMPANY POOLING ARRANGEMENTS

No significant changes.

27. STRUCTURED SETTLEMENTS

No significant changes.

28. HEALTH CARE RECEIVABLES

Not applicable.

29. PARTICIPATING POLICIES

No significant changes.

30. PREMIUM DEFICIENCY RESERVES

No significant changes.

31. HIGH DEDUCTIBLES

No significant changes.

.

32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

No significant changes.

33. ASBESTOS/ENVIRONMENTAL RESERVES

Not applicable.

34. SUBSCRIBER SAVINGS ACCOUNTS

Not applicable.

35. MULTIPLE PERIL CROP INSURANCE

Not applicable.

36. FINANCIAL GUARANTY INSURANCE

The Company is not a financial guaranty insurer.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the fit Domicile, as required by the Model Act?							Yes []	No [[X]
1.2	2 If yes, has the report been filed with the domiciliary state?]
2.1	Has any change been made during the year of this statement in the charter reporting entity?							Yes []	No [[X]
2.2	If yes, date of change:										
3.1	Is the reporting entity a member of an Insurance Holding Company System is an insurer?							Yes []	No [[X]
3.2	Have there been any substantial changes in the organizational chart since the state of the state	the prior qu	arter end?					Yes []	No [[X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.										
3.4	Is the reporting entity publicly traded or a member of a publicly traded group	p?						Yes []	No [[X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issue	ied by the S	EC for the entity/group.								
4.1	Has the reporting entity been a party to a merger or consolidation during the	e period cov	vered by this statement	?				Yes []	No [[X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of do ceased to exist as a result of the merger or consolidation.	omicile (use	two letter state abbrev	iation) for a	ny entity t	hat has					
	1 Name of Entity		2 NAIC Company Code	State of	3 Domicile						
5.	If the reporting entity is subject to a management agreement, including third in-fact, or similar agreement, have there been any significant changes regall yes, attach an explanation.						Yes [] No] ا] N.	/A [X]
6.1	State as of what date the latest financial examination of the reporting entity	/ was made	or is being made				<u> </u>	1	2/31,	/2020	
6.2	State the as of date that the latest financial examination report became availate should be the date of the examined balance sheet and not the date the							1	2/31	/2020	
6.3	State as of what date the latest financial examination report became availa the reporting entity. This is the release date or completion date of the exam date).	nination rep	ort and not the date of t	he examina	tion (bala	ince she	et	0)9/09 _.	/2021	
6.4	By what department or departments? The Wisconsin Office of the Commissioner of Insurance										
6.5	Have all financial statement adjustments within the latest financial examina statement filed with Departments?						Yes [] No	. [] N.	/A [X]
6.6	Have all of the recommendations within the latest financial examination rep	oort been co	mplied with?				Yes [X] No	[] N	/A [
7.1	Has this reporting entity had any Certificates of Authority, licenses or registr revoked by any governmental entity during the reporting period?							Yes []	No [[X]
7.2	If yes, give full information:										
8.1	Is the company a subsidiary of a bank holding company regulated by the Fe	ederal Rese	erve Board?					Yes []	No [[X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding comp										
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	?						Yes []	No [[X]
8.4	If response to 8.3 is yes, please provide below the names and location (city regulatory services agency [i.e. the Federal Reserve Board (FRB), the Offic Insurance Corporation (FDIC) and the Securities Exchange Commission (S	ce of the Co	mptroller of the Curren	cy (OCC), tl	ne Federa	al Depos					
	1 Affiliate Name	Lo	2 ocation (City, State)		3 FRB	4 OCC	5 FDIC	6 SEC	2		

GENERAL INTERROGATORIES

9.1	 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; 							
	(c) Compliance with applicable governmental laws, rules and regulations;							
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code.							
9.11	If the response to 9.1 is No, please explain:							
9.2	Has the code of ethics for senior managers been amended?			Yes [] No [X]				
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).							
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [] No [X]				
	FINANCIAL							
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statemen If yes, indicate any amounts receivable from parent included in the Page 2 amount:							
	INVESTMENT							
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or o use by another person? (Exclude securities under securities lending agreements.)			Yes [] No [X]				
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$					
13.	Amount of real estate and mortgages held in short-term investments:							
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			Yes [] No [X]				
		1 Prior Year-End Book/Adjusted Carrying Value	 	2 Current Quarter Book/Adjusted Carrying Value				
	Bonds			\$				
	Preferred Stock			\$				
	Common Stock Short Torm Investments			\$				
	Short-Term Investments			\$ \$				
	All Other			\$				
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	0	\$0				
	Total Investment in Parent included in Lines 14.21 to 14.26 above			\$				
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			Yes [] No [X]				
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.		. Yes [] No [] N/A [X]				
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement day							
	 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, 							
	16.3 Total payable for securities lending reported on the liability page							

GENERAL INTERROGATORIES

17. 7.1	offices, vaults or safety custodial agreement w Outsourcing of Critical	y deposit boxes, w vith a qualified bar I Functions, Custo	Special Deposits, real estate, rere all stocks, bonds and other kk or trust company in accordar dial or Safekeeping Agreement requirements of the NAIC Finar	r securities, owr nce with Section is of the NAIC F	ed throughout n 1, III - Genera inancial Condit	the current year I Examination C ion Examiners F	held pursuant to a onsiderations, F. landbook?	Yes [X]	No [
		1	B ()			2			
	Comerica Bank	Name of Cust	odian(s)	Detroit, MI		Custodian Addr			
7.2	For all agreements that location and a comple		rith the requirements of the NAI	C Financial Cor	ndition Examine	ers Handbook, p	rovide the name,		
	1 Name(2 Location(s)			3 Complete Expla	nation(s)		
7.3 7.4	Have there been any of the second of the sec		name changes, in the custodia	an(s) identified i	n 17.1 during th	ne current quarte	er?	Yes []	No [X]
	1 Old Custo		2 New Custodian	Date	3 e of Change		4 Reason		
7.5	make investment deci	isions on behalf of	vestment advisors, investment the reporting entity. For assets tment accounts"; "handle sec	that are manag					
	Hensen Wehh Group /	Name of Firm	or Individual	Affili	2 ation				
	17.5097 For those firm	ns/individuals liste	d in the table for Question 17.5	, do any firms/ir	dividuals unaff			Yes [X]	No [
	17.5098 For firms/indi	viduals unaffiliated	d with the reporting entity (i.e. do t aggregate to more than 50% of	esignated with a	a "U") listed in t	he table for Que	estion 17.5, does the	Yes [X]	
7.6	For those firms or inditable below.	viduals listed in th	e table for 17.5 with an affiliatio	n code of "A" (a	ffiliated) or "U"	(unaffiliated), pr	rovide the information for t	the	
	1 Central Registration Depository Number		Name of Firm or Individual		Legal Entity	Identifier (LEI)	4 Registered With	Inves Manag Agree (IMA)	tment gement ement Filed
			p / RBC Wealth Management				SEC		
3.1 3.2	If no, list exceptions:	uirements of the Pi	urposes and Procedures Manua	al of the NAIC Ir	Anai	ysis Office been	Tollowed?	Yes [X]	No [
9.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	n necessary to permay available. or is current on all s an actual expecta	eporting entity is certifying the fo mit a full credit analysis of the s contracted interest and principa ation of ultimate payment of all 5GI securities?	ecurity does not al payments. contracted inter	est and princip	IC CRP credit ra	ating for an FE or PL	Yes []	No [X
0.	a. The security was b. The reporting er c. The NAIC Desig on a current priv d. The reporting er	s purchased prior ntity is holding cap gnation was derive vate letter rating hentity is not permitte	reporting entity is certifying the to January 1, 2018. ital commensurate with the NA d from the credit rating assigneed by the insurer and available d to share this credit rating of the state of the s	IC Designation od by an NAIC Corexamination he PL security was	reported for the RP in its legal by state insura vith the SVO.	e security. capacity as a NF ance regulators.	RSRO which is shown		
1			PLGI securities?					Yes []	No [X
1.	FE fund: a. The shares were b. The reporting er c. The security had January 1, 2019 d. The fund only or	e purchased prior ntity is holding cap d a public credit ra).	to January 1, 2019. ital commensurate with the NA ting(s) with annual surveillance	IC Designation	reported for the	security.	J		
			olds bonds in its portfolio. nation was derived from the pub	olic credit rating	s) with annual	surveillance ass	igned by an NAIC CRP		

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If yes, attach a	n explanation.		arrangement, di	· ·	·				es [] No	[] 1	N/A [X]
2.	part, from any If yes, attach a	loss that may oc n explanation.	cur on the risk,	any other report or portion therec	of, reinsured?					Yes []	No [Х]
3.1	Have any of th	e reporting entity	y's primary reins	surance contracts	s been cancele	d?				Yes []	No [Х]
3.2	1.2 If yes, give full and complete information thereto.											
4.1	Are any of the (see Annual S interest greate	liabilities for unp tatement Instruc	paid losses and tions pertaining	loss adjustment to disclosure of	expenses other discounting for	than certain wo	orkers' compen ıbular reserves"	sation tabular re	eserves t a rate of	Yes []	No [Х]
					TOTAL DI	SCOLINT		DIS	COLINT TAKE	EN DURING PI	FRIOD	
	1	2	3	4	5	6	7	8	9	10	I	11
Line	of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	٦	ΓΟΤΑL
			TOTAL	0	0	0	0	0	С		0	(
5.	Operating Per	· ·										
	5.1 A&H loss p	percent										
	5.2 A&H cost of	containment per	cent									
	5.3 A&H exper	nse percent excl	uding cost conta	ainment expense	es							
6.1	Do you act as	a custodian for h	nealth savings a	ccounts?						Yes []	No [Х]
6.2	If yes, please p	provide the amou	unt of custodial	funds held as of	the reporting da	ate			\$			
6.3	Do you act as	an administrator	for health savir	ngs accounts?						Yes []	No [Х]
6.4	If yes, please p	provide the balar	nce of the funds	administered as	of the reporting	g date			\$			
7.	Is the reporting	g entity licensed	or chartered, re	gistered, qualifie	d, eligible or wr	iting business i	n at least two st	ates?		Yes []	No [Х]
7.1	If no, does the	reporting entity	assume reinsur	ance business th	nat covers risks	residing in at le	east one state o	ther than the sta	ate of	V []	N .	V 1

SCHEDULE F - CEDED REINSURANCE

Showing All	New Reinsurers	- Current Ves	r to Date

Showing All New Reinsurers - Current Year to Date										
1 NAIC Company Code	2 ID Number	3 4 Domiciliar Name of Reinsurer Jurisdiction	5	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating					
Company Code	Number	Name of Neinsurer Jurisdiction	Type of Neilisulei	(Tullough o)	Raung					
		NON								
		ļ								
		l								
		ļ								
		l								

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		1		Date - Allocated iums Written		(Deducting Salvage)	Direct Loss	ses Unpaid
		Active	2	3	4	5	6	7
	States, etc.	Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1.	·	(a) N	10 Date	10 Date	10 Date	10 Date	i o Date	10 Date
	Alaska AK	N						
	ArizonaAZ	N						
	ArkansasAR	N						
	CaliforniaCA	N						
6.	Colorado CO	N						
7.	ConnecticutCT	N						
	DelawareDE	N						
9.	District of Columbia DC	N						
10.	FloridaFL	N						
11.	GeorgiaGA	N						
12.	Hawaii HI	N						
13.	IdahoID	N						
14.	IllinoisIL	N						
15.	Indiana IN	N						
16.	lowaIA	N						
	Kansas KS	N						
	Kentucky KY	N						
	LouisianaLA	N						
	Maine ME	N						
		N						
		N						
	MichiganMI	N						
	Minnesota MN	N						
	MississippiMS	N						
26.	MissouriMO	N						
27.	Montana MT	N						
	NebraskaNE	N						
	NevadaNV	N						
	New Hampshire NH	N						
31.	New Jersey NJ	NN						
l l	New MexicoNM	N N						
33.	New York NY	N						
	North CarolinaNC							
	North DakotaND OhioOH	N N						
	Oklahoma OK	N						
	Oregon OR	N						
39.	PennsylvaniaPA	N						•••••
40.	Rhode IslandRI	N						
41.	South Carolina SC	N						
42.	South Dakota SD	N					***************************************	
43.	TennesseeTN	N					***************************************	
44.	TexasTX	N						
45.	Utah UT	N						
46.	Vermont VT	N						
47.	VirginiaVA	N						
48.	WashingtonWA	N						
49.	West VirginiaWV	N						
50.	Wisconsin WI	L	884 , 194	816,573	682,810	116,064	65,550	324,000
51.	WyomingWY	N						
52.	American Samoa AS	N						
53.	Guam GU	N						
54.	Puerto RicoPR	N						
55.	U.S. Virgin Islands VI	N						
56.	Northern Mariana IslandsMP	N						
57.	Canada CAN							
58.	Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59.	Totals	XXX	884,194	816,573	682,810	116,064	65,550	324,000
50004	DETAILS OF WRITE-INS	2004						
		XXX						
58002.		XXX						
	Cumman, of ramaining	XXX						
58998.	Summary of remaining write-ins for Line 58 from	XXX	0	0	0	0	0	0
58999.	overflow page Totals (Lines 58001 through 58003 plus 58998)(Line 58						0	0
(a) Active	above) e Status Counts:	XXX	0	0	0	0	0	0

Schedule Y - Part 1 **NONE**

Schedule Y - Part 1A - Detail of Insurance Holding Company System old N old S

Schedule Y - Part 1A - Explanations **N O N E**

PART 1 - LOSS EXPERIENCE

	Line of Business	1 Direct Premiums Earned	Current Year to Date 2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date Direct Loss Percentage
1.	Fire			0.0	0.0
2.1	Allied Lines			0.0	0.0
2.2	Multiple peril crop			0.0	0.0
2.3	Federal flood			0.0	0.0
2.4	Private crop			0.0	0.0
2.5	Private flood			0.0	0.0
3.	Farmowners multiple peril				(1.8
4.	Homeowners multiple peril				85.3
5.1	Commercial multiple peril (non-liability portion)				
5.2	Commercial multiple peril (liability portion)				
6.	Mortgage guaranty				0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine			0.0	0.0
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability - occurrence			0.0	0.0
11.2	Medical professional liability - claims-made			0.0	0.0
12.	Earthquake			0.0	0.0
13.1	Comprehensive (hospital and medical) individual			0.0	0.0
13.2	Comprehensive (hospital and medical) group			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.1	Vision only			0.0	0.0
15.2	Dental only			0.0	0.0
15.3	Disablity income			0.0	0.0
15.4	Medicare supplement			0.0	0.0
15.5	Medicaid Title XIX			0.0	0.0
15.6	Medicare Title XVIII			0.0	0.0
15.7	Long-term care			0.0	0.0
15.8	Federal employees health benefits plan			0.0	0.0
15.9	Other health			0.0	0.0
16.	Workers' compensation			0.0	0.0
17.1	Other liability - occurrence			0.0	0.0
17.2	Other liability - claims-made			0.0	0.0
17.3	Excess workers' compensation				0.0
18.1	Products liability - occurrence				0.0
18.2	Products liability - claims-made				
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability				
19.3	Commercial auto no-fault (personal injury protection)				0.0
19.4	Other commercial auto liability				0.0
21.1	Private passenger auto physical damage				0.0
21.2	Commercial auto physical damage				0.0
22.	Aircraft (all perils)				0.0
23.	Fidelity				
24.	Surety				0.0
26.	Burglary and theft				0.0
	Boiler and machinery				15.4
27.					
28.	Credit				0.0
29.	International				0.0
30.	Warranty Reinsurance - Nonproportional Assumed Property				
31.	Reinsurance - Nonproportional Assumed Property				
32.					
33.	Reinsurance - Nonproportional Assumed Financial Lines	_			
34.	Aggregate write-ins for other lines of business		-	0.0	0.0
35.	Totals	807,029	674,777	83.6	38.9
	DETAILS OF WRITE-INS				
3401.					
3402.					
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page				

PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.				
2.1				
2.2	Multiple peril crop			
2.3	Federal flood			
2.4	Private crop			
2.5	Private flood			
3.	Farmowners multiple peril			419,078
4.	Homeowners multiple peril			377,648
5.1	Commercial multiple peril (non-liability portion)			
5.2	Commercial multiple peril (liability portion)			
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence			
11.2	Medical professional liability - claims-made			
12.	Earthquake			
13.1	Comprehensive (hospital and medical) individual			
13.2	Comprehensive (hospital and medical) group			
14.	Credit accident and health			
15.1	Vision only			
15.2	Dental only			
15.3	Disablity 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				
16.				
17.1	Other liability - occurrence	0		
17.2	Other liability - claims-made			
17.3	Excess workers' compensation	0		
18.1	Products liability - occurrence	0		
18.2	Products liability - claims-made			
19.1	Private passenger auto no-fault (personal injury protection)			
19.2	Other private passenger auto liability			
19.3	Commercial auto no-fault (personal injury protection)			
19.4	Other commercial auto liability	0		
21.1	Private passenger auto physical damage	0		
21.2	Commercial auto physical damage	0		
22.	Aircraft (all perils)	0		
23.	Fidelity	0		
24.	Surety	0		
26.	Burglary and theft			
27.	Boiler and machinery	10,549	19,965	19,847
28.	Credit	0		
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property			
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	(
35.	Totals	499,403	884,194	816,57
_	DETAILS OF WRITE-INS	T	T	_
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	

PART 3 (000 omitted) LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
		_		-			•				Prior Year-End	Prior Year-End	
								Q.S. Date Known			Known Case Loss	IBNR Loss and	Prior Year-End
					2023 Loss and		Q.S. Date Known				and LAE Reserves	LAE Reserves	Total Loss and
			Total Prior	2023 Loss and	LAE Payments on		Case Loss and	LAE Reserves on			Developed	Developed	LAE Reserve
		Prior Year-	Year-End Loss	LAE Payments on		Total 2023 Loss	LAE Reserves on			Total Q.S. Loss	(Savings)/	(Savings)/	Developed
Years in Which	Prior Year-End	End IBNR	and LAE	Claims Reported	Unreported	and LAE	Claims Reported	or Reopened	Q.S. Date IBNR	and LAE	Deficiency	Deficiency	(Savings)/
Losses	Known Case Loss	Loss and LAE	Reserves	as of Prior	as of Prior	Payments	and Open as of	Subsequent to	Loss and LAE	Reserves	(Cols.4+7	(Cols. 5+8+9	Deficiency
Occurred	and LAE Reserves	Reserves	(Cols. 1+2)	Year-End	Year-End	(Cols. 4+5)	Prior Year End	Prior Year End	Reserves	(Cols.7+8+9)	minus Col. 1)	minus Col. 2)	(Cols. 11+12)
1. 2020 + Prior	0	0	0			0				0	0	0	0
2. 2021	8	0	8	5		5				0	(3)	0	(3)
3. Subtotals 2021 + Prior	8	0	8	5	0	5	0	0	0	0	(3)	0	(3)
4. 2022		20	55	11		11				0	(24)	(20)	(44)
5. Subtotals 2022 + Prior	43	20	63	16	0	16	0	0	0	0	(27)	(20)	(47)
6. 2023	xxx	XXX	XXX	XXX	120	120	XXX	48	20	68	XXX	XXX	XXX
7. Totals	. 43	20	63	16	120	136	0	48	20	68	(27)	(20)	(47)
8. Prior Year-End Surplus											Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
As Regards											As % of Col. 1	As % of Col. 2	As % of Col. 3
Policyholders	7,542										Line 7	Line 7	Line 7
											1. (62.8)	2. (100.0)	3. (74.6)
													0 1 40 1: 7

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	_	Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING	
5.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	NO
	Explanations:	
1.		
2.		
3.		
4.		
5.		
	Bar Codes:	
1.	Trusteed Surplus Statement [Document Identifier 490]	
2.	Supplement A to Schedule T [Document Identifier 455]	
3.	Medicare Part D Coverage Supplement [Document Identifier 365]	
4.	Director and Officer Supplement [Document Identifier 505]	
5.	Communication of Internal Control Related Matters Noted in Audit (2nd Quarter Only) [Document Identifier 222]	

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	244,532	257,083
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		0
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		0
7.	Deduct current year's other than temporary impairment recognized		0
8.	Deduct current year's depreciation	6,272	12,551
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	238,260	244,532
10.	Deduct total nonadmitted amounts		0
11.	Statement value at end of current period (Line 9 minus Line 10)	238,260	244,532

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	•
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	7,464,492	8,462,406
2.	Cost of bonds and stocks acquired	230,207	601,266
3.	Accrual of discount	0	1,109
4.	Unrealized valuation increase (decrease)	(382,002)	(749,809)
5.	Total gain (loss) on disposals	(9, 163)	132,071
6.	Deduct consideration for bonds and stocks disposed of	97,585	968,813
7.	Deduct amortization of premium	10,393	13,738
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	7, 195, 556	7,464,492
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	7, 195, 556	7,464,492

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation.

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions Durina	3 Dispositions	4 Non-Trading Activity	5 Book/Adjusted	6 Book/Adjusted	7 Book/Adjusted	8 Book/Adjusted
NAIC Designation	Carrying Value Beginning			Non Trading Activity		Book/Adjusted	Book/Adjusted	Book/Adjusted
NAIC Designation	Beginning				Corrying Volue	Carrying Value	Carrying Value	Carrying Value
NAIC Designation			Durina	During Activity	Carrying Value End of	End of	End of	December 31
v		Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	5,050,629				5,050,629	5,050,629		4,910,539
2. NAIC 2 (a)					0	0		0
3. NAIC 3 (a)					0	0		0
4. NAIC 4 (a)						0		0
5. NAIC 5 (a)					0	0		٥
					0	0		
6. NAIC 6 (a)	-				U	ŭ		1 010 500
7. Total Bonds	5,050,629	0	0	0	5,050,629	5,050,629	0	4,910,539
PREFERRED STOCK								
PREFERRED STOCK								
8. NAIC 1	0				0	0		0
9. NAIC 2					15,000	15,000		15,000
10. NAIC 3					0	0		0
11. NAIC 4					0	0		0
12. NAIC 5					0	0		0
13. NAIC 6	0				0	0		0
14. Total Preferred Stock	15,000	0	0	0	15,000	15,000	0	15,000
15. Total Bonds and Preferred Stock	5.065.629	0	0	0	5.065.629	5.065.629	0	4,925,539

a	Book/Adjusted	Carrving	Value column for the end of the current r	eporting period includes the following	amount of short-term and cash equivalent bonds by	v NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

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

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	, , ,	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	179,409	0
2.	Cost of cash equivalents acquired		
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)		0
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	41,763	0
7.	Deduct amortization of premium		0
8.	Total foreign exchange change in book/adjusted carrying value		0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	137,646	179,409
11.	Deduct total nonadmitted amounts		0
12.	Statement value at end of current period (Line 10 minus Line 11)	137,646	179,409

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

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

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid NONE

SCHEDULE D - PART 3

Show All Long-Term I	Danda and Stack A	cauired During the	Current Quarter

			OHOW 7 WILL	ong-Term Bonds and Stock Acquired During the Current Quarte	!				
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation,
									NAIC
									Designation
									Modifier
									and
									SVO
					Number of			Paid for Accrued	Admini-
CUSIP			Date		Shares of			Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
2509999997. To	otal - Bonds - Part 3					0	0	0	XXX
2509999998. To	otal - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999. To						0	0	0	XXX
450999997. To	otal - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. To	otal - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. To	otal - Preferred Stocks					0	XXX	0	XXX
126650-10-0	CVS Health Corporation		06/27/2023	RBC Wealth Management	200.000			0)
	Proctor & Gamble Co		05/17/2023	RBC Wealth Management	100.000			0	
	ubtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publ	icly Traded				29,724	XXX	0	XXX
	otal - Common Stocks - Part 3					29,724	XXX	0	XXX
5989999998. To	otal - Common Stocks - Part 5					XXX	XXX	XXX	XXX
	otal - Common Stocks					29,724	XXX	0	XXX
5999999999. To	otal - Preferred and Common Stocks					29,724	XXX	0	XXX
6009999999 - 1	Totals					29,724	XXX	0	XXX

SCHEDULE D - PART 4

Show All Long-Term	Bonds and Stock Sold, Rede	eemed or Otherwise Disposed	of During the Current Quarter
SHOW All LUNG-TERM	DUTIUS ATTU STUCK SUIG. INCUE	sellied of Officialse Disposer	i di Dulliu lie Gulleli Guallei

					Show All Lor	ng-Term Bo	nds and Stoc	K Sola, Rec	ieemea or c												
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Val	lue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than	Adjusted	Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized	Year's	Temporary		Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment		/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion		` 13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
2509999997. Tot	tal - Bonds - Part 4		•	•		0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2509999998. Tot	tal - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Tot	tal - Bonds					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999997. Tot	al - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Tot	al - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Tot	tal - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
00287Y-10-9 Abbvie	Inc			RBC Wealth Management	75.000	9,769		11,415	12, 121	(2,352)			(2,352)		9,769		(1,646)	(1,646)	222		
	e Inc		. 05/18/2023 .	RBC Wealth Management	450.000	22,848		17,647	32,567	(9,719)			(9,719)		22,848		5,201	5,201	234		
	Financial Corporation			RBC Wealth Management	500.000	14,968		27,686	21,515	(6,547)			(6,547)		14,968		(12,718)	(12,718)	260		
	btotal - Common Stocks - Indus	strial a	and Miscella	neous (Unaffiliated) F	Publicly																
Traded						47,585	XXX	56,748	66,203	(18,618)	0	0	(18,618)	0	47,585	0	(9, 163)	(9, 163)	716	XXX	XXX
	tal - Common Stocks - Part 4					47,585	XXX	56,748	66,203	(18,618)	0		(18,618)		47,585	0	(9, 163)	(9, 163)	716	XXX	XXX
598999998. Tot	tal - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	tal - Common Stocks					47,585	XXX	56,748	66,203	(18,618)	0	0	(18,618)	0	47,585	0	(9, 163)	(9, 163)	716	XXX	XXX
599999999999999. Tot	tal - Preferred and Common Sto	ocks				47,585	XXX	56,748	66,203	(18,618)	0	0	(18,618)	0	47,585	0	(9, 163)	(9, 163)	716	XXX	XXX
					-							-		-							
												-									
					-		······ -					-									
							·····														
		J			ļ																
6009999999 - To	otals					47,585	XXX	56,748	66,203	(18,618)	0	0	(18,618)	0	47,585	0	(9, 163)	(9, 163)	716	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Ba	lance at End of Ead	ch Month	9
					During Current Quarter 6 7 8			
			Amount of	Amount of	6	7	8	
			Interest Received					
		Rate of	J -	at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
Ixonia Bank - Business								
Checking Account Ixonia, WI		0.000			1,480	5,683	1,430	XXX.
Ivania Bank - Business MM -								
Deposit Ixonia, WI		1.980	769		139,408	166,813	153,607	XXX.
Ixonia Bank - Business								
Account MM Ixonia, WI		1.980	520		105,269	105,441	125,638	XXX.
Bank Five Nine - Business MM								
Oconomowoc, WI		2.270	621		105,569	105,784	126,008	XXX.
0199998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	1,910	0	351,726	383,721	406,683	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	1,910	0	351,726	383,721	406,683	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
				• • • • • • • • • • • • • • • • • • • •	•••••		•••••	
0599999. Total - Cash	XXX	XXX	1,910	0	351,726	383,721	406,683	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

		Snow investment	ients O	wned End of Currer	it Quarter				
109999999 Total - U.S. Covernment Bonds				,					
309999999 Total - All Other Converment Bonds			Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0 0 0 0 0 0 0 0 0 0							0	0	(
0 0 0 0 0 0 0 0 0 0							0	0	(
1							0	0	(
1009099909 Total - Industrial and Miscellaneous (Unaffiliated Bonds 0 0 0 0 0 0 0 0 0							0	0	(
309999999 Total - Hybrid Securities 0 0 0							0	0	(
509999999 Total - Parent, Subaidiaries and Affiliates Bonds 0 0							0	0	(
109999999 Subtotal - Unaffiliated Bank Loans 0 0 0 0 0 0 0 0 0	1309999999. T	otal - Hybrid Securities					0	0	(
1419999999 Total - Issuer Obligations 0 0 0 0 0 0 0 0 0							0	0	(
1 0 0 0 0 0 0 0 0 0							0	0	(
10 0 0	2419999999. T	otal - Issuer Obligations					0	0	(
0 0 0 0 0 0 0 0 0 0							0	0	
1459999999 Total - SVO (Jentified Funds 0 0 0 0 0 0 0 0 0	2439999999. T	otal - Commercial Mortgage-Backed Securities					0	0	
1469999999. Total - Affiliated Bank Loans							0	0	(
1799999999 Total - Unaffiliated Bank Loans 0 0 0 0 0 0 0 0 0							0	0	(
10 0 0	2469999999. T	otal - Affiliated Bank Loans					0	0	(
Solema Safe Finnetial Square Finnets 96/39/2023 137,646 13	2479999999. T	otal - Unaffiliated Bank Loans					0	0	(
Significant	2509999999. T	otal Bonds					0	0	(
Significant		Goldman Sachs Financial Square Funds		06/30/2023					
	8509999999. S	ubtotal - Other Cash Equivalents					137,646	0	(
						-			
								•	
								•	
360999999 - Total Cash Equivalents 0									
360999999 - Total Cash Equivalents 0									
360999999 - Total Cash Equivalents 0									
360999999 - Total Cash Equivalents 0									
3609999999 - Total Cash Equivalents 0									
3609999999 - Total Cash Equivalents 0									
3609999999 - Total Cash Equivalents 0									
3609999999 - Total Cash Equivalents 0									
360999999 - Total Cash Equivalents 0			<u> </u>						
	8609999999 -	otal Cash Equivalents					137,646	0	(



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

2.1 2.2	NAIC Group Code 0000 BUSINESS II	N THE STATE O Gross Premiu				_	_		RING THE YEAR			pany Code 11	
2.1 2.2		Policy and Mer Less Return F Premiums on Po	mbership Fees, Premiums and plicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
2.1 2.2	Line of Business	Direct Premiums Written	2 Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
2.2	Fire												
	Allied Lines												
23	Federal Flood												
	Private Crop												
	Private Flood												
3.	Farmowners Multiple Peril	454,584	437,612		405,943		6,203	20,000				67,939	2,93
4.	Homeowners Multiple Peril	409,645	349,452		365,813	666,957	668,574	45,550				61,222	2,64
	Commercial Multiple Peril (Non-Liability Portion)												
	Commercial Multiple Peril (Liability Portion)												
6. 8.	Mortgage Guaranty Ocean Marine												
9.	Inland Marine												
10.	Financial Guaranty												
11.1	Medical Professional Liability - Occurrence												
	Medical Professional Liability - Claims-Made												
12.	Earthquake												
	Comprehensive (hospital and medical) ind (b)												
13.2	Comprehensive (hospital and medical) group (b)												
	Credit A&H (Group and Individual)												
15.1	Dental Only (b)												
	Disability Income (b)												
	Medicare Supplement (b)												
	Medicaid Title XIX (b)												
	Medicare Title XVIII (b)												
	Long-Term Care (b)												
	Federal Employees Health Benefits Plan (b)												
	Other Health (b)												
	Other Liability - Occurrence												
	Other Liability - Occurrence Other Liability - Claims-Made												
	Excess Workers' Compensation												
	Products Liability - Occurrence												
18.2	Products Liability - Claims-Made												
	Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2	Other Private Passenger Auto Liability												
19.3	Commercial Auto No-Fault (Personal Injury Protection)												
19.4	Other Commercial Auto Liability												
21.1	Commercial Auto Physical Damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and Theft												
27.	Boiler and Machinery	19,965	19,965		ļ							2,984	12
28.	Credit				·····								
29. 30.	International				·····								
30. 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	0	0	0	0		0	0	0	0	0	0	
35.	Total (a)	884, 194	807,029	0	771,756	682,810	674,777	65,550	0	0	0	132, 145	5,7
	DETAILS OF WRITE-INS				1							1	
3401.					·····	-						·····	
3402. 3403.					·····							·····	
8403. 8498.	Summary of remaining write-ins for Line 34 from overflow page	0		n	n	n	n		n	0	n	n	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	n	



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000 BUSINESS	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense	9 Direct Defense and Cost	Direct Defense and Cost Containment	11 Commissions	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	and Cost Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	·····
Allied Lines			0			0 n			0		u	
2.3 Federal Flood		0	0		0	0	0	0	0	0	0	i
2.4. Private Crop	0	0	0		0	0	0	0	0	0	0	İ
2.5 Private Flood	0	0	0		00	0	0	0	0	0	0	
3. Farmowners Multiple Peril	454,584	437,612	0	405,943	15,853	6,203	20,000		0	0	67,939	2,9
4. Homeowners Multiple Peril		349,452	0	365,813	666,957	668,574	45,550	0	0	0	61,222	2,0
5.1 Commercial Multiple Peril (Non-Liability Portion)		0	0	0	00	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	C	00	0	0	0	0	0	0	
6. Mortgage Guaranty	0	0	0		00	0	0	0	0	0	0	l·····
Ocean Marine Inland Marine	····-l········ō	0	0	ļ	ː	ļ0	0	J	ļ0	0	J	ſ·····
		0	0			0	0	0	0	0	0	ſ
Financial Guaranty		0 n	n		,	n	0 n	n	n	n	n	 I
11.2 Medical Professional Liability - Occurrence)		0				n	 [
12. Earthquake		0	0		0	0	0	0	0	0	0	l
13.1 Comprehensive (hospital and medical) ind (b)		0	0		0	0	0	0	0	0	0	l
13.2 Comprehensive (hospital and medical) group (b)		0	0		0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual)	0	0	0		0	0	0	0	0	0	0	
5.1 Vision Only (b)		0	0		00	0	0	0	0	0	0	
5.2 Dental Only (b)	0	0	0	0	00	0	0	0	0	0	0	·····
5.3 Disability Income (b)	0	0	0	C	0	0	0	0	0	0	0	·····
5.4 Medicare Supplement (b)	0	0	0	C	0	0	0	0	0	0	0	l
5.5 Medicaid Title XIX (b)	0	0	0	0		0	0	0	0	0		ſ
5.6 Medicare Title XVIII (b)			0			0	0	0	0	0		l
5.8 Federal Employees Health Benefits Plan (b)			0		,			Λ			Λ	i
5.9 Other Health (b)		0	0		0	0	0	0	0	0	0	i
6. Workers' Compensation		0	0			0	0	0	0	0	0	İ
7.1 Other Liability - Occurrence	0	0	0		00	0	0	0	0	0	0	
7.2 Other Liability - Claims-Made	0	0	0	C	00	0	0	0	0	0	0	
7.3 Excess Workers' Compensation	0	0	0		00	0	0	0	0	0	0	
8.1 Products Liability - Occurrence	0	0	0	C	00	0	0	0	0	0	0	
8.2 Products Liability - Claims-Made	0	0	0		00	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		0	0	0	0	0	0	0	l
9.2 Other Private Passenger Auto Liability 9.3 Commercial Auto No-Fault (Personal Injury Protection)		0	0		0	0	0	0	0	0		ſ
9.4 Other Commercial Auto Liability			0			0	0	0	0	0		l
11.1 Private Passenger Auto Physical Damage		n	n		n	n	n	n	n	n	n	
11.2 Commercial Auto Physical Damage	0	0	0		0	0	0	0	0	0	0	l
Aircraft (all perils)		0	0		0	0	0	0	0	0	0	l
3. Fidelity	0	0	0		0	0	0	0	0	0	0	
4. Surety	0	0	0	0	00	0	0	0	0	0	0	
6. Burglary and Theft			0		00	0	0	0	0	0	0	
7. Boiler and Machinery	19,965	19,965	0		0	0	0	0	0	0	2,984	i
8. Credit	0	0	J0	C	<u> </u> 0	0	0	J0	0	0	J	
29. International	·····l·········ō	0	0	ļ	. 0	ļ0	0	0	ļ0	0	J	ſ
30. Warranty			0		0	0 XXX	0 XXX		0 0	0	0 XXX	XXX
32. Reins nonproportional assumed liability			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	0	0	0			0	0	0	0	0	0	
35. Total (a)	884, 194	807,029	0	771,756		674,777	65,550	0	0	0	132, 145	5
DETAILS OF WRITE-INS		.,,	_	,	,	.,	3,000			-	,,	
1												
2												
3												·····
8. Summary of remaining write-ins for Line 34 from overflow page	0	0	0) 0	0	0	0	0	0	0	
9. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	1 0	1 0) 0	1 0	1 0	1 0	0	0	0	1