We need to break out Direct, Assumed, and Ceded Premiums Earned and Losses Incurred for the Prior Year column on Page 4.

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

American Modern Select Insurance Company

NAIC Group Code 0361 (Current) 0361 (Prior) NAIC Company Code 38652 Employer's ID Number 38-2342976

Organized under the Laws of Ohio , State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 08/15/1980 Commenced Business 10/01/1980

Statutory Home Office 7000 Midland Blvd. (Street and Number), Amelia, OH, US 45102-2607 (City or Town, State, Country and Zip Code)

Main Administrative Office 7000 Midland Blvd. (Street and Number)

Amelia, OH, US 45102-2607 (City or Town, State, Country and Zip Code), 800-543-2644-6232 (Area Code) (Telephone Number)

Mail Address P.O. Box 5323 (Street and Number or P.O. Box), Cincinnati, OH, US 45201-5323 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7000 Midland Blvd. (Street and Number)

Amelia, OH, US 45102-2607 (City or Town, State, Country and Zip Code), 800-543-2644-6232 (Area Code) (Telephone Number)

Internet Website Address www.amig.com

Statutory Statement Contact Sandra Kaye Anglin-Caldwell (Name), 800-543-2644-6232 (Area Code) (Telephone Number)

sanglin-caldwell@amig.com (E-mail Address), 513-947-4560 (FAX Number)

OFFICERS

Chairman of the Board/SVP/CFO	René Gobonya	VP / Treasurer	Scott Christopher Vess
President / CEO	Andreas Matthias Kleiner	SVP / Secretary	Charles Schuster Griffith III

OTHER

DIRECTORS OR TRUSTEES

René Gobonya	Charles Schuster Griffith III	Catherine B Smith
Scott Christopher Vess	Andreas Matthias Kleiner	

State of Ohio
County of Clermont 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.

Andreas Matthias Kleiner	René Gobonya	Charles Schuster Griffith III
President / CEO	SVP / CFO	SVP / Secretary

Subscribed and sworn to before me this
______ day of ______

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

STATEMENT OF INCOME

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	UNDERWRITING INCOME			
1.	Premiums earned:			
	1.1 Direct (written $ 56,616,774)	66,008,221	76,521,812	290,121,568
	1.2 Assumed (written $ 7,126,647)	7,426,581	7,377,963	29,820,306
	1.3 Ceded (written $ 56,616,774)	66,008,221	76,521,812	290,369,714
	1.4 Net (written $ 7,126,647)	7,426,581	7,377,963	29,572,160
	DEDUCTIONS:			
2.	Losses incurred (current accident year $ 3,802,061):			
	2.1 Direct	36,511,161	34,647,932	181,580,145
	2.2 Assumed	3,529,872	3,288,500	15,874,154
	2.3 Ceded	36,511,161	34,647,932	181,625,887
	2.4 Net	3,529,872	3,288,500	15,828,411
3.	Loss adjustment expenses incurred	389,134	592,518	2,506,176
4.	Other underwriting expenses incurred	3,614,236	3,391,859	14,144,774
5.	Aggregate write-ins for underwriting deductions	(522)	0	3,553
6.	Total underwriting deductions (Lines 2 through 5)	7,532,720	7,272,877	32,482,913
7.	Net income of protected cells	0	0	0
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(106,139)	105,085	(2,910,753)
	INVESTMENT INCOME			
9.	Net investment income earned	696,676	831,964	3,184,895
10.	Net realized capital gains (losses) less capital gains tax of $ 13,386	132,065	(530,282)	(1,986,950)
11.	Net investment gain (loss) (Lines 9 + 10)	828,741	301,683	1,197,945
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered $ 0 amount charged off $ 971)	(971)	0	(17,398)
13.	Finance and service charges not included in premiums	469,277	583,673	2,106,363
14.	Aggregate write-ins for miscellaneous income	(34,467)	549	3,593
15.	Total other income (Lines 12 through 14)	433,839	584,222	2,092,558
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,156,441	990,990	379,750
17.	Dividends to policyholders	0	0	0
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,156,441	990,990	379,750
19.	Federal and foreign income taxes incurred	208,870	293,853	498,952
20.	Net income (Line 18 minus Line 19)(to Line 22)	947,571	697,137	(119,202)
	CAPITAL AND SURPLUS ACCOUNT			
21.	Surplus as regards policyholders, December 31 prior year	58,646,829	59,461,660	59,461,657
22.	Net income (from Line 20)	947,571	697,137	(119,202)
23.	Net transfers (to) from Protected Cell accounts	0	0	0
24.	Change in net unrealized capital gains (losses) less capital gains tax of $ 16,584	62,386	4,096	(94,833)
25.	Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26.	Change in net deferred income tax	(10,005)	83,598	26,872
27.	Change in nonadmitted assets	15,446	(109,209)	(318,745)
28.	Change in provision for reinsurance	0	0	0
29.	Change in surplus notes	0	0	0
30.	Surplus (contributed to) withdrawn from protected cells	0	0	0
31.	Cumulative effect of changes in accounting principles	0	0	0
32.	Capital changes:			
	32.1 Paid in	0	0	0
	32.2 Transferred from surplus (Stock Dividend)	0	0	0
	32.3 Transferred to surplus	0	0	0
33.	Surplus adjustments:			
	33.1 Paid in	0	0	0
	33.2 Transferred to capital (Stock Dividend)	0	0	0
	33.3 Transferred from capital	0	0	0
34.	Net remittances from or (to) Home Office	0	0	0
35.	Dividends to stockholders	0	0	0
36.	Change in treasury stock	0	0	0
37.	Aggregate write-ins for gains and losses in surplus	0	0	(308,921)
38.	Change in surplus as regards policyholders (Lines 22 through 37)	1,015,398	675,622	(814,829)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	59,662,226	60,137,282	58,646,829
	DETAILS OF WRITE-INS			
0501.	Change in Premium Deficiency Reserve	(522)	0	3,553
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599.	Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	(522)	0	3,553
1401.	Reimbursement for service fees collected	0	(16)	4,368
1402.	Fines and penalties	(17,890)	0	(775)
1403.	Involuntary Pool Asset Charged Off	(16,577)	0	0
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	565	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	(34,467)	549	3,593
3701.	Prior Period Adjustment	0	0	(308,921)
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799.	Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	(308,921)