

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 JUNE 30, 2019
OF THE CONDITION AND AFFAIRS OF THE

American Modern Select Insurance Company

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

Organized under the Laws of _____, 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. _____ Amelia, OH, US 45102-2607
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office _____ 7000 Midland Blvd. _____ 800-543-2644-6232
(Street and Number) (Area Code) (Telephone Number)
Amelia, OH, US 45102-2607 _____

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

Primary Location of Books and Records _____ 7000 Midland Blvd. _____ 800-543-2644-6232
(Street and Number) (Area Code) (Telephone Number)
Amelia, OH, US 45102-2607 _____

Internet Website Address _____ www.amig.com
Statutory Statement Contact _____ Sandra Kaye Anglin-Caldwell _____ 800-543-2644-6232
(Name) (Area Code) (Telephone Number)
sanglin-caldwell@amig.com _____, 513-947-4560 (E-mail Address) (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 _____ SS: _____
County of _____ Clermont _____

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
President / CEO

René Gobonya
SVP / CFO

Charles Schuster Griffith III
SVP / Secretary

Subscribed and sworn to before me this
day of _____

a. Is this an original filing? Yes [] 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 \$ 119,973,044)	130,252,248	150,388,151	290,121,568
1.2 Assumed (written \$ 16,116,842)	15,230,269	14,653,532	29,820,306
1.3 Ceded (written \$ 119,973,044)	130,251,830	150,388,151	290,369,714
1.4 Net (written \$ 16,116,842)	15,230,687	14,653,532	29,572,160
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 8,435,615):			
2.1 Direct	74,248,260	83,710,237	181,580,145
2.2 Assumed	8,046,713	7,489,608	15,874,154
2.3 Ceded	74,248,398	83,710,237	181,625,887
2.4 Net	8,046,575	7,489,608	15,828,411
3. Loss adjustment expenses incurred	930,105	1,490,829	2,506,176
4. Other underwriting expenses incurred	7,503,434	6,768,921	14,144,774
5. Aggregate write-ins for underwriting deductions	129,495	0	3,553
6. Total underwriting deductions (Lines 2 through 5)	16,609,609	15,749,358	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)	(1,378,922)	(1,095,826)	(2,910,753)
INVESTMENT INCOME			
9. Net investment income earned	1,314,816	1,634,246	3,184,895
10. Net realized capital gains (losses) less capital gains tax of \$ 8,090	158,956	(1,219,676)	(1,986,950)
11. Net investment gain (loss) (Lines 9 + 10)	1,473,772	414,570	1,197,945
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 24,720 amount charged off \$ 0)	24,720	(16,603)	(17,398)
13. Finance and service charges not included in premiums	916,646	1,108,019	2,106,363
14. Aggregate write-ins for miscellaneous income	(44,770)	1,087	3,593
15. Total other income (Lines 12 through 14)	896,597	1,092,503	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)	991,447	411,247	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)	991,447	411,247	379,750
19. Federal and foreign income taxes incurred	248,072	348,714	498,952
20. Net income (Line 18 minus Line 19)(to Line 22)	743,375	62,533	(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)	743,375	62,533	(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	(65,959)	(94,833)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	67,318	258,854	26,872
27. Change in nonadmitted assets	14,341	(261,542)	(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)	887,421	(6,114)	(814,829)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	59,534,249	59,455,547	58,646,829
DETAILS OF WRITE-INS			
0501. Change in Premium Deficiency Reserve	129,495	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)	129,495	0	3,553
1401. Reimbursement for service fees collected	0	(21)	0
1402. Fines and Penalties	(28,193)	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	1,108	4,368
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	(44,770)	1,087	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)