



QUARTERLY STATEMENT

As of September 30, 2019

of the Condition and Affairs of the

Infinity Preferred Insurance Company

| | | |
|---|---|--|
| NAIC Group Code.....0215, 0215 (Current Period) (Prior Period) | NAIC Company Code..... 10195 | Employer's ID Number..... 34-1785809 |
| Organized under the Laws of OH | State of Domicile or Port of Entry OH | Country of Domicile US |
| Incorporated/Organized..... November 7, 1994 | | Commenced Business..... July 1, 1995 |
| Statutory Home Office | 1400 Provident Tower, One East Fourth Street .. Cincinnati .. OH 45202 (Street and Number) (City or Town, State, Country and Zip Code) | |
| Main Administrative Office | 2201 4th Avenue North .. Birmingham .. AL 35203-3863 (Street and Number) (City or Town, State, Country and Zip Code) | 205-870-4000 (Area Code) (Telephone Number) |
| Mail Address | P.O. Box 830189 .. Birmingham .. AL 35283-0189 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code) | |
| Primary Location of Books and Records | 2201 4th Avenue North .. Birmingham .. AL 35203-3863 (Street and Number) (City or Town, State, Country and Zip Code) | 205-870-4000 (Area Code) (Telephone Number) |
| Internet Web Site Address | www.infinityauto.com | |
| Statutory Statement Contact | Nathan Smith (Name) nasmith@kemper.com (E-Mail Address) | 312-661-4741 (Area Code) (Telephone Number) (Extension) 205-803-8080 (Fax Number) |

POLICYHOLDER SERVICES AND CLAIM REPORTING: 1-800-477-5056

OFFICERS

| Name | Title | Name | Title |
|---------------------------|---------------------------------------|-----------------------|-----------|
| Matthew Joseph Varagona # | President | James Henry Romaker # | Secretary |
| Amy Kay Jordan | Vice President & Treasurer/Controller | | |

DIRECTORS OR TRUSTEES

| | | | |
|---------------------|---------------------|---------------------------|-------------------------|
| Amy Kay Jordan | Douglas J. Kerr # | Aditya Mahajan # | Michael A. Marinaccio # |
| James Henry Romaker | Duane Allen Sanders | Matthew Joseph Varagona # | |

State of..... Alabama
County of..... Jefferson

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.

Matthew Joseph Varagona

James Henry Romaker

Amy Kay Jordan

President

Secretary

Vice President & Treasurer/Controller

Subscribed and sworn to before me
This 8th day of November, 2019

a. Is this an original filing?
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [X] No []

My Commission Expires April 15, 2021

Statement for September 30, 2019 of the **Infinity Preferred Insurance Company**
ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 2,013,799 | | 2,013,799 | 4,492,698 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | 0 | |
| 2.2 Common stocks..... | | | 0 | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens..... | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | | | 0 | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | 0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | 0 | |
| 5. Cash (\$.....0), cash equivalents (\$....2,752,514) and short-term investments (\$.....0)..... | 2,752,514 | | 2,752,514 | 208,635 |
| 6. Contract loans (including \$.....0 premium notes)..... | | | 0 | |
| 7. Derivatives..... | | | 0 | |
| 8. Other invested assets..... | | | 0 | |
| 9. Receivables for securities..... | | | 0 | |
| 10. Securities lending reinvested collateral assets..... | | | 0 | |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 4,766,313 | 0 | 4,766,313 | 4,701,333 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 9,960 | | 9,960 | 13,753 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | | | 0 | |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)..... | | | 0 | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 | |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | 39,778 | | 39,778 | 52,712 |
| 18.2 Net deferred tax asset..... | | | 0 | |
| 19. Guaranty funds receivable or on deposit..... | | | 0 | |
| 20. Electronic data processing equipment and software..... | | | 0 | |
| 21. Furniture and equipment, including health care delivery assets (\$.....0)..... | | | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates..... | | | 0 | |
| 24. Health care (\$.....0) and other amounts receivable..... | | | 0 | |
| 25. Aggregate write-ins for other than invested assets..... | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 4,816,051 | 0 | 4,816,051 | 4,767,798 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. Total (Lines 26 and 27)..... | 4,816,051 | 0 | 4,816,051 | 4,767,798 |

DETAILS OF WRITE-INS

| | | | | |
|--|---|---|---|---|
| 1101..... | | | 0 | |
| 1102..... | | | 0 | |
| 1103..... | | | 0 | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | 0 | 0 | 0 | 0 |
| 2501..... | | | 0 | |
| 2502..... | | | 0 | |
| 2503..... | | | 0 | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 | 0 |

Infinity Preferred Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31 Prior Year |
|---|--------------------------------|--------------------------------|
| 1. Losses (current accident year \$.....0) | | |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | | |
| 4. Commissions payable, contingent commissions and other similar charges | | |
| 5. Other expenses (excluding taxes, licenses and fees) | 682 | 312 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | | |
| 7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)) | | |
| 7.2 Net deferred tax liability | 7,038 | 7,317 |
| 8. Borrowed money \$.....0 and interest thereon \$.....0 | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act) | | |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | | |
| 13. Funds held by company under reinsurance treaties | | |
| 14. Amounts withheld or retained by company for account of others | | |
| 15. Remittances and items not allocated | | |
| 16. Provision for reinsurance (including \$.....0 certified) | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | 1,446,550 | 1,445,991 |
| 20. Derivatives | | |
| 21. Payable for securities | | |
| 22. Payable for securities lending | | |
| 23. Liability for amounts held under uninsured plans | | |
| 24. Capital notes \$.....0 and interest thereon \$.....0 | | |
| 25. Aggregate write-ins for liabilities | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 1,454,270 | 1,453,620 |
| 27. Protected cell liabilities | | |
| 28. Total liabilities (Lines 26 and 27) | 1,454,270 | 1,453,620 |
| 29. Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. Common capital stock | 1,500,000 | 1,500,000 |
| 31. Preferred capital stock | | |
| 32. Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 33. Surplus notes | | |
| 34. Gross paid in and contributed surplus | 1,500,000 | 1,500,000 |
| 35. Unassigned funds (surplus) | 361,781 | 314,178 |
| 36. Less treasury stock, at cost: | | |
| 36.1 .....0.000 shares common (value included in Line 30 \$.....0) | | |
| 36.2 .....0.000 shares preferred (value included in Line 31 \$.....0) | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 3,361,781 | 3,314,178 |
| 38. Totals (Page 2, Line 28, Col. 3) | 4,816,051 | 4,767,798 |

DETAILS OF WRITE-INS

| | | |
|---|---|---|
| 2501. | | |
| 2502. | | |
| 2503. | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above) | 0 | 0 |
| 2901. | | |
| 2902. | | |
| 2903. | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 |
| 2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above) | 0 | 0 |
| 3201. | | |
| 3202. | | |
| 3203. | | |
| 3298. Summary of remaining write-ins for Line 32 from overflow page | 0 | 0 |
| 3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above) | 0 | 0 |

Infinity Preferred Insurance Company
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 \$.....0) | | | |
| 1.2 Assumed..... (written \$.....0) | | 1,102,649 | 1,336,744 |
| 1.3 Ceded..... (written \$.....0) | | | |
| 1.4 Net..... (written \$.....0) | 0 | 1,102,649 | 1,336,744 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$.....0): | | | |
| 2.1 Direct..... | (679) | (777) | (939) |
| 2.2 Assumed..... | | 683,575 | 816,775 |
| 2.3 Ceded..... | (679) | (777) | (939) |
| 2.4 Net..... | 0 | 683,575 | 816,775 |
| 3. Loss adjustment expenses incurred..... | | 123,418 | 151,872 |
| 4. Other underwriting expenses incurred..... | | 276,146 | 333,070 |
| 5. Aggregate write-ins for underwriting deductions..... | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5)..... | 0 | 1,083,139 | 1,301,717 |
| 7. Net income of protected cells..... | | | |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)..... | 0 | 19,510 | 35,027 |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned..... | 60,258 | 43,604 | 59,385 |
| 10. Net realized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 11. Net investment gain (loss) (Lines 9 + 10)..... | 60,258 | 43,604 | 59,385 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)..... | 0 | (13,983) | (17,669) |
| 13. Finance and service charges not included in premiums..... | | 48,181 | 58,564 |
| 14. Aggregate write-ins for miscellaneous income..... | 0 | 24,757 | 25,807 |
| 15. Total other income (Lines 12 through 14)..... | 0 | 58,955 | 66,702 |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)..... | 60,258 | 122,069 | 161,114 |
| 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)..... | 60,258 | 122,069 | 161,114 |
| 19. Federal and foreign income taxes incurred..... | 12,934 | 27,530 | (7,705) |
| 20. Net income (Line 18 minus Line 19) (to Line 22)..... | 47,324 | 94,539 | 168,819 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year..... | 3,314,178 | 3,185,310 | 3,185,310 |
| 22. Net income (from Line 20)..... | 47,324 | 94,539 | 168,819 |
| 23. Net transfers (to) from Protected Cell accounts..... | | | |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0 | | | |
| 25. Change in net unrealized foreign exchange capital gain (loss)..... | | | |
| 26. Change in net deferred income tax..... | 279 | 2,977 | (39,951) |
| 27. Change in nonadmitted assets..... | | | |
| 28. Change in provision for reinsurance..... | | | |
| 29. Change in surplus notes..... | | | |
| 30. Surplus (contributed to) withdrawn from protected cells..... | | | |
| 31. Cumulative effect of changes in accounting principles..... | | | |
| 32. Capital changes: | | | |
| 32.1 Paid in..... | | | |
| 32.2 Transferred from surplus (Stock Dividend)..... | | | |
| 32.3 Transferred to surplus..... | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in..... | | | |
| 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..... | | | |
| 37. Aggregate write-ins for gains and losses in surplus..... | 0 | 0 | 0 |
| 38. Change in surplus as regards policyholders (Lines 22 through 37)..... | 47,603 | 97,516 | 128,868 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)..... | 3,361,781 | 3,282,826 | 3,314,178 |

DETAILS OF WRITE-INS

| | | | |
|--|---|--------|---------|
| 0501..... | | | |
| 0502..... | | | |
| 0503..... | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page..... | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)..... | 0 | 0 | 0 |
| 1401. Other fee income..... | | 25,369 | 30,437 |
| 1402. Miscellaneous income or (expense)..... | | (612) | (4,630) |
| 1403..... | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)..... | 0 | 24,757 | 25,807 |
| 3701..... | | | |
| 3702..... | | | |
| 3703..... | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page..... | 0 | 0 | 0 |
| 3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)..... | 0 | 0 | 0 |

Statement for September 30, 2019 of the **Infinity Preferred Insurance Company**
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..... | | | 1,182,068 | 818,033 |
| 2. Net investment income..... | 63,320 | | 36,287 | 58,489 |
| 3. Miscellaneous income..... | | | 58,955 | 66,702 |
| 4. Total (Lines 1 through 3)..... | 63,320 | | 1,277,310 | 943,224 |
| 5. Benefit and loss related payments..... | | | 656,589 | 1,443,587 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | | | 392,412 | 641,199 |
| 8. Dividends paid to policyholders..... | | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | | | 34,000 | 48,906 |
| 10. Total (Lines 5 through 9)..... | 0 | | 1,083,001 | 2,133,692 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 63,320 | | 194,309 | (1,190,468) |
| CASH FROM INVESTMENTS | | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | | |
| 12.1 Bonds..... | 2,480,000 | | | |
| 12.2 Stocks..... | | | | |
| 12.3 Mortgage loans..... | | | | |
| 12.4 Real estate..... | | | | |
| 12.5 Other invested assets..... | | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | | | | |
| 12.7 Miscellaneous proceeds..... | | | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 2,480,000 | | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | | |
| 13.1 Bonds..... | | | 89,712 | 89,712 |
| 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)..... | 0 | | 89,712 | 89,712 |
| 14. Net increase or (decrease) in contract loans and premium notes..... | | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | 2,480,000 | | (89,712) | (89,712) |
| 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..... | | | | |
| 16.3 Borrowed funds..... | | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | | | |
| 16.5 Dividends to stockholders..... | | | | |
| 16.6 Other cash provided (applied)..... | 559 | | (42,749) | 1,423,949 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | 559 | | (42,749) | 1,423,949 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | 2,543,879 | | 61,848 | 143,769 |
| 19. Cash, cash equivalents and short-term investments: | | | | |
| 19.1 Beginning of year..... | 208,635 | | 64,866 | 64,866 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 2,752,514 | | 126,714 | 208,635 |

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

| | | | | |
|--------|-------|-------|-------|-------|
| 20,001 | | | | |
|--------|-------|-------|-------|-------|

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of Infinity Preferred Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual has been adopted as a component of prescribed or permitted practices by the state of Ohio.

| | SSAP # | F/S Page | F/S Line # | Current Year to Date | 2018 |
|---|--------|----------|------------|----------------------|--------------|
| NET INCOME | | | | | |
| (1) The Company state basis (Page 4, Line 20, Columns 1 & 3) | XXX | XXX | XXX | \$ 47,324 | \$ 168,819 |
| (2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (3) State Permitted Practice that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (4) NAIC SAP (1 – 2 – 3 = 4) | XXX | XXX | XXX | \$ 47,324 | \$ 168,819 |
| SURPLUS | | | | | |
| (5) The Company state basis (Page 3, line 37, Columns 1 & 2) | XXX | XXX | XXX | \$ 3,361,781 | \$ 3,314,178 |
| (6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (7) State Permitted Practice that are an increase/(decrease) from NAIC SAP | | | | \$ 0 | \$ 0 |
| (8) NAIC SAP (5 – 6 – 7 = 8) | XXX | XXX | XXX | \$ 3,361,781 | \$ 3,314,178 |

C. Accounting Policy**(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method**

Bonds rated 1 and 2 are stated at amortized cost using the interest method; all others are stated at the lower of amortized cost or market. The retrospective adjustment method is used to value all securities.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

The Company does not invest in loan-backed securities.

D. Going Concern

Not applicable.

Note 2 – Accounting Changes and Corrections of Errors

No significant change.

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

No significant change.

Note 5 – Investments**D. Loan-Backed Securities**

The Company does not invest in loan-backed securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company does not participate in repurchase agreements or securities lending transactions.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions**

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Repurchase Transaction – Cash Taker – Overview of Sale Transactions

Not applicable.

**I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions**

Not applicable.

M. Working Capital Finance Investments

The Company does not have any working capital finance investments.

N. Offsetting and Netting of Assets and Liabilities

Not applicable.

NOTES TO FINANCIAL STATEMENTS**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

The Company's investment objectives do not include holding or issuing derivative financial instruments.

Note 9 – Income Taxes

No significant change.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

F. Material Management or Service Contracts and Cost-Sharing Arrangements

Effective January 1, 2019, Infinity Insurance Company and Merastar Insurance Company (service providers) entered into general services agreements with the affiliated companies listed below to provide general corporate services, which include accounting, financial, accounts payable, administrative, cash management, financial planning, human resources, legal, risk management, computer and information technology services. Fees for services shall be fair and reasonable in accordance with Statement of Statutory Accounting Principles (SSAP) No 25. Direct expenses shall be charged on an actual incurred basis and shared or indirect expenses shall be apportioned using generally accepted allocation methods in accordance with SSAP No. 70.

| Property and Casualty Insurance Affiliates | |
|---|---|
| Alliance United Insurance Company | Kemper Independence Insurance Company |
| Alpha Property & Casualty Insurance Company | Merastar Insurance Company |
| Charter Indemnity Company | Response Insurance Company |
| Financial Indemnity Company | Response Worldwide Direct Auto Insurance Co |
| Infinity Assurance Insurance Company | Response Worldwide Insurance Company |
| Infinity Auto Insurance Company | Trinity Universal Insurance Company |
| Infinity Casualty Insurance Company | Unitrin Advantage Insurance Company |
| Infinity County Mutual Insurance Company | Unitrin Auto and Home Insurance Company |
| Infinity Indemnity Insurance Company | Unitrin County Mutual Insurance Company |
| Infinity Insurance Company | Unitrin Direct Insurance Company |
| Infinity Preferred Insurance Company | Unitrin Direct Property & Casualty Company |
| Infinity Safeguard Insurance Company | Unitrin Preferred Insurance Company |
| Infinity Security Insurance Company | Unitrin Safeguard Insurance Company |
| Infinity Select Insurance Company | Valley Property & Casualty Insurance Company |
| Infinity Standard Insurance Company | Warner Insurance Company |
| Kemper Financial Indemnity Company | |
| Life and Fire Insurance Affiliates | |
| Commonwealth Mutual Fire Insurance Company | The Reliable Life Insurance Company |
| Mutual Savings Fire Insurance Company | Union National Fire Insurance Company |
| Mutual Savings Life Insurance Company | Union National Life Insurance Company |
| Old Reliable Casualty Company | United Casualty Insurance Company of America |
| Reserve National Insurance Company | |
| Non-Insurance Affiliates | |
| Alliance United Insurance Services LLC | Kemper Personal Insurance General Agency, Inc. |
| Casualty Underwriters, Inc. | Leader Group, Inc. |
| Direct Response Corporation | Leader Managing General Agency, Inc. |
| Family Security Funerals Company | Merastar Industries LLC |
| Infinity Agency of Texas, Inc. | National Association of Self-Employed Business Owners |
| Infinity Insurance Agency, Inc. | NCM Management Corporation |
| Infinity Property and Casualty Corporation | Rural American Consumers A National Association |
| KAHG LLC | Security One Agency LLC |
| Kemper Corporate Services, Inc. | Summerset Marketing Company |
| Kemper Corporation | The Infinity Group, Inc. |
| Kemper General Agency, Inc. | |

Note 11 – Debt

B. FHLB (Federal Home Loan Bank) Agreements

The Company does not have any Federal Home Loan Bank agreements.

NOTES TO FINANCIAL STATEMENTS**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A. Defined Benefit Plan

(4) Components of Net Periodic Benefit Cost

On December 1, 2018, the Company's parent, Infinity Insurance Company, entered a 100% quota share agreement with Trinity Universal Insurance Company (NAIC # 19887). As a result the Company no longer shares the net periodic benefit costs.

| | Pension Benefits | | Postretirement Benefits | | Special or Contractual Benefits per SSAP No. 11 | |
|--|----------------------|------|-------------------------|--------|---|------|
| | Current Year to Date | 2018 | Current Year to Date | 2018 | Current Year to Date | 2018 |
| a. Service cost | \$ 0 | \$ 0 | \$ 0 | \$ 202 | \$ 0 | \$ 0 |
| b. Interest cost | 0 | 0 | 0 | 116 | 0 | 0 |
| c. Expected return on plan assets | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Transition asset or obligation | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Gains and losses | 0 | 0 | 0 | (77) | 0 | 0 |
| f. Prior service cost or credit | 0 | 0 | 0 | 71 | 0 | 0 |
| g. Gain or loss recognized due to a settlement curtailment | 0 | 0 | 0 | 0 | 0 | 0 |
| h. Total net periodic benefit cost | \$ 0 | \$ 0 | \$ 0 | \$ 312 | \$ 0 | \$ 0 |

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 – Liabilities, Contingencies and Assessments

G. All Other Contingencies

None.

Note 15 – Leases

No significant change.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant change.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

The Company was not involved in any wash sale transactions during 2019.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

No significant change.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

The Company values all assets and liabilities at amortized cost.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not applicable.

(3) Policies when Transfers Between Levels are Recognized

Not applicable.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

Fair values are based on prices quoted in the most active market for each security. If quoted prices are not available, fair values are estimated based on the fair value of comparable securities, discounted cash flow models or similar methods.

(5) Fair Value Disclosures

Not applicable.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable.

NOTES TO FINANCIAL STATEMENTS**C. Fair Value Level**

The Company has categorized its assets and liabilities into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Fair value measurements are based on quoted prices in active markets for identical assets. This category includes U.S. Treasury securities.

Level 2 - Fair value measurements are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations in which all significant techniques are observable in active markets. This category includes municipal bonds.

Level 3 - Fair value measurements are based on valuations derived from valuation techniques in which one or more significant inputs are unobservable in the marketplace. This category includes bonds for which there is no active or inactive market for similar instruments, bonds whose fair value is determined based on unobservable inputs and bonds, other than those backed by the U.S. Government, that are not rated by a nationally recognized statistical rating organization.

Aggregate fair value measurements for all financial instruments at September 30, 2019, are as follows:

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|-----------|-----------|-----------------------|----------------------------------|
| Assets | | | | | | | |
| Bonds | \$ 2,013,769 | \$ 2,013,799 | \$ 2,013,769 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Cash Equivalents | \$ 2,752,301 | \$ 2,752,514 | \$ 2,752,301 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

D. Not Practicable to Estimate Fair Value

Not applicable.

Note 21 – Other Items

No significant change.

Note 22 – Events Subsequent

None.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**F. Risk Sharing Provisions of the Affordable Care Act**

Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The following table provides an analysis of the change in loss and LAE reserves net of reinsurance recoverables (in thousands):

| | 2019 | 2018 |
|---------------------------------|------|--------|
| Balance at beginning of period | \$ 0 | \$ 683 |
| Loss and LAE incurred: | | |
| Current accident year | 0 | 821 |
| Prior accident years | 0 | (14) |
| | 0 | 807 |
| Loss and LAE payments made for: | | |
| Current accident year | 0 | (434) |
| Prior accident years | 0 | (346) |
| | 0 | (780) |
| Balance at end of period | \$ 0 | \$ 710 |

Reserves as of December 31, 2018 were \$0. As of September 30, 2019, \$0 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of a 100% quota share agreement between the Company's parent, Infinity Insurance Company, and Trinity Universal Insurance Company that was effective December 1, 2018.

Note 26 – Intercompany Pooling Arrangements

No significant change.

Note 27 – Structured Settlements

No significant change.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating Policies

No significant change.

Note 30 – Premium Deficiency Reserves

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 31 – High Deductibles

No significant change.

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant change.

Note 33 – Asbestos/Environmental Reserves

No significant change.

Note 34 – Subscriber Savings Accounts

No significant change.

Note 35 – Multiple Peril Crop Insurance

No significant change.

Note 36 – Financial Guaranty Insurance

The Company does not write financial guaranty insurance.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] 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? Yes [X] No []

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 860748

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 | 2 NAIC Company Code | 3 State of Domicile |
|----------------|------------------------------|---------------------------|
| Name of Entity | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

Not Applicable

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/13/2018

6.4 By what department or departments?

Ohio

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

Not Applicable

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
Not Applicable

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| Not Applicable | | | | | |

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

Not Applicable

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).
Not Applicable

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**Not Applicable**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

Not Applicable

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____ 0

13. Amount of real estate and mortgages held in short-term investments: \$ _____ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

| | |
|-------|---|
| 14.21 | Bonds |
| 14.22 | Preferred Stock |
| 14.23 | Common Stock |
| 14.24 | Short-Term Investments |
| 14.25 | Mortgage Loans on Real Estate |
| 14.26 | All Other |
| 14.27 | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) |
| 14.28 | Total Investment in Parent included in Lines 14.21 to 14.26 above |

| 1 | 2 |
|---|--|
| Prior Year End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| \$ 0 | \$ 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| \$ 0 | \$ 0 |
| \$ 0 | \$ 0 |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

Not Applicable

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

16.3 Total payable for securities lending reported on the liability page: \$ _____ 0

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

| 1 | 2 |
|-----------------------------|---|
| Name of Custodian(s) | Custodian Address |
| The Bank of New York Mellon | One Wall Street, New York, New York 10286 |

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

| 1 | 2 | 3 |
|----------------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| Not Applicable | | |

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

17.4 If yes, give full and complete information relating thereto:

| 1 | 2 | 3 | 4 |
|----------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
| Not Applicable | | | |

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

| 1 | 2 |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| Kemper Corporation | A |

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

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

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

| 1 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| Not Applicable | Kemper Corporation | Not Applicable | Not Applicable | NO |

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

18.2 If no, list exceptions:

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Yes [] No [X]

Has the reporting entity self-designated 5GI securities?

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

GENERAL INTERROGATORIES (continued)**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A []
 If yes, attach an explanation.
Not Applicable

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.
Not Applicable

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
 3.2 If yes, give full and complete information thereto:
Not Applicable

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

4.2 If yes, complete the following schedule:

| 1 Line of Business | 2 Maximu m Interest | 3 Disc. Rate | Total Discount | | | | Discount Taken During Period | | | |
|-----------------------|------------------------------|--------------------|-----------------------|--------------------|-----------|------------|------------------------------|--------------------|------------|-------------|
| | | | 4 Unpaid Losses | 5 Unpaid LAE | 6 IBNR | 7 Total | 8 Unpaid Losses | 9 Unpaid LAE | 10 IBNR | 11 Total |
| | 0.000 | 0.000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

5. Operating Percentages:

| | |
|---|--------|
| 5.1 A&H loss percent | 0.000% |
| 5.2 A&H cost containment percent | 0.000% |
| 5.3 A&H expense percent excluding cost containment expenses | 0.000% |

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
 6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0
 7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
 7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

Infinity Preferred Insurance Company
SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Type of Reinsurer | 6 Certified Reinsurer Rating (1 through 6) | 7 Effective Date of Certified Reinsurer Rating |
|------------------------------|----------------|------------------------|----------------------------------|---------------------------|---|--|
| | | | | | | |

NONE

Infinity Preferred Insurance Company
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status (a) | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|-----------------------------------|------------------------------|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|
| | | 2 Current Year to Date | 3 Prior Year to Date | 4 Current Year to Date | 5 Prior Year to Date | 6 Current Year to Date | 7 Prior Year to Date |
| 1. Alabama..... | .AL | N..... | | | | | |
| 2. Alaska..... | .AK | N..... | | | | | |
| 3. Arizona..... | .AZ | N..... | | | | | |
| 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 | N..... | | | | | |
| 11. Georgia..... | .GA | N..... | | | | | |
| 12. Hawaii..... | .HI | N..... | | | | | |
| 13. Idaho..... | .ID | N..... | | | | | |
| 14. Illinois..... | .IL | N..... | | | | | |
| 15. Indiana..... | .IN | N..... | | | | | |
| 16. Iowa..... | .IA | N..... | | | | | |
| 17. Kansas..... | .KS | N..... | | | | | |
| 18. Kentucky..... | .KY | N..... | | | | | |
| 19. Louisiana..... | .LA | N..... | | | | | |
| 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 | N..... | | | | | |
| 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 | N..... | | | | | |
| 33. New York..... | .NY | N..... | | | | | |
| 34. North Carolina..... | .NC | N..... | | | | | |
| 35. North Dakota..... | .ND | N..... | | | | | |
| 36. Ohio..... | .OH | L..... | | (167) | | .41 | .191 |
| 37. Oklahoma..... | .OK | N..... | | | | | |
| 38. Oregon..... | .OR | N..... | | | | | |
| 39. Pennsylvania..... | .PA | L..... | | 308 | 1,569 | .68 | .901 |
| 40. Rhode Island..... | .RI | N..... | | | | | |
| 41. South Carolina..... | .SC | N..... | | | | | |
| 42. South Dakota..... | .SD | N..... | | | | | |
| 43. Tennessee..... | .TN | N..... | | | | | |
| 44. Texas..... | .TX | N..... | | | | | |
| 45. Utah..... | .UT | N..... | | | | | |
| 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. US Virgin Islands..... | .VI | N..... | | | | | |
| 56. Northern Mariana Islands..... | .MP | N..... | | | | | |
| 57. Canada..... | .CAN | N..... | | | | | |
| 58. Aggregate Other Alien..... | OT | XXX..... | 0 | 0 | 0 | 0 | 0 |
| 59. Totals..... | | XXX..... | 0 | 0 | 141 | 1,569 | 109 |
| | | | | | | | 1,092 |

DETAILS OF WRITE-INS

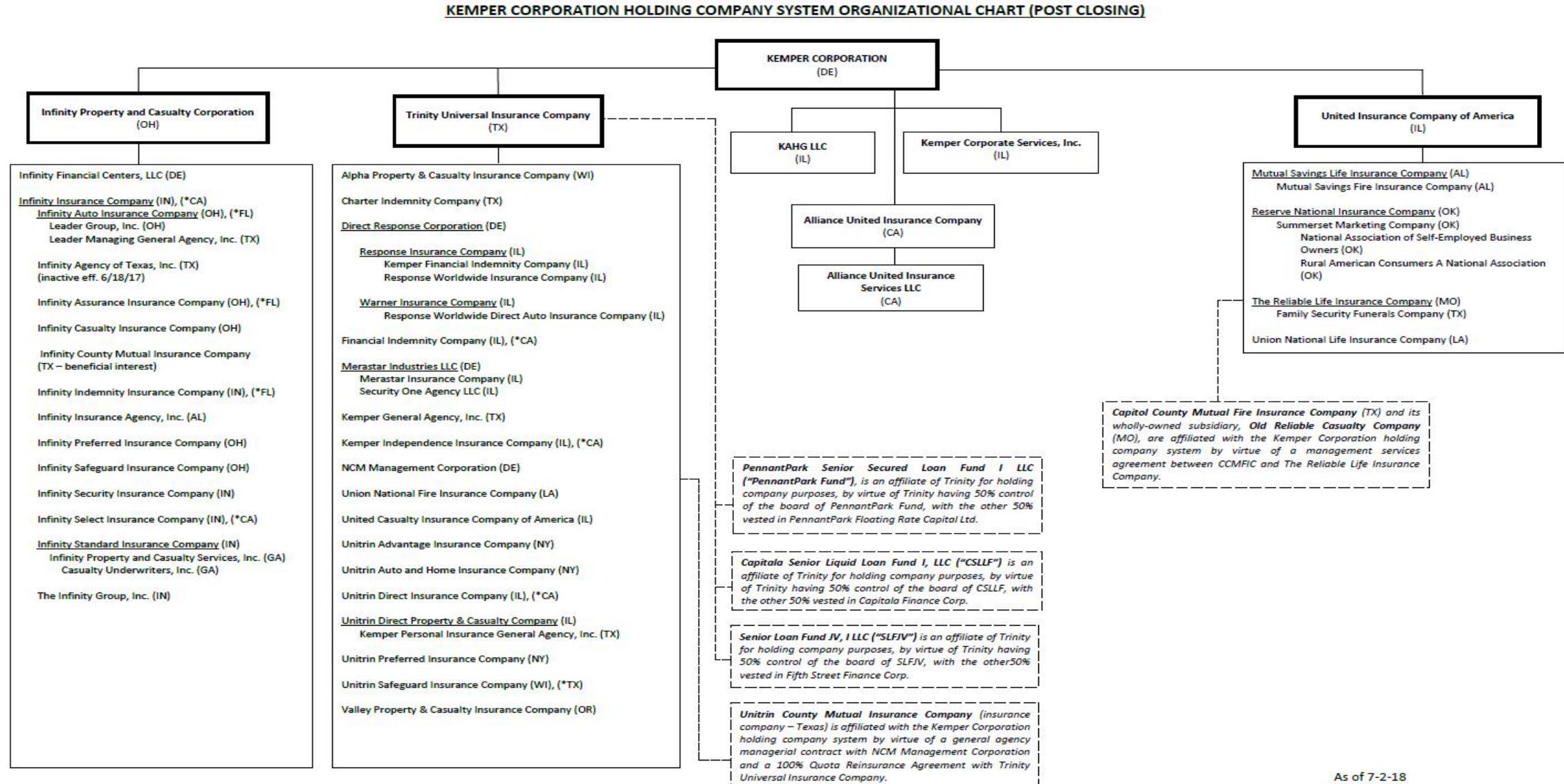
| | | | | | | | |
|--|----------|---|---|---|---|---|---|
| 58001..... | XXX..... | | | | | | |
| 58002..... | XXX..... | | | | | | |
| 58003..... | XXX..... | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page..... | XXX..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)..... | XXX..... | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Count

| | | | |
|--|---|---|----|
| L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... | 2 | R - Registered - Non-domiciled RRGs..... | 0 |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)..... | 0 | Q - Qualified - Qualified or accredited reinsurer..... | 0 |
| D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile..... | 0 | N - None of the above - Not allowed to write business in the state..... | 55 |

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



As of 7-2-18

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 | Domiciliary Location | Relationship 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 Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Members | | | | | | | | | | | | | | | |
| 0215 | Kemper Corporation..... | 00000.. | 95-4255452.. | | 860748 | New York Stock Exchange | Kemper Corporation..... | DE..... | UIP..... | | | | | | N..... |
| 0215 | Kemper Corporation..... | 10920.. | 77-0475915.. | | | | Alliance United Insurance Company..... | CA..... | IA..... | Kemper Corporation..... | Ownership..... | 100.000 | Kemper Corporation..... | | Y..... |
| ..... | Kemper Corporation..... | 00000.. | 77-0472398.. | | | | Alliance United Insurance Services, LLC..... | CA..... | NIA..... | Alliance United Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 03-0483872.. | | | | Infinity Property and Casualty Corporation..... | OH..... | UIP..... | Kemper Corporation..... | | | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 20-4363792.. | | | | Infinity Financial Centers, LLC..... | DE..... | NIA..... | Infinity Property and Casualty Corporation..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 22268.. | 31-0943862.. | | | | Infinity Insurance Company..... | IN..... | UDP..... | Infinity Property and Casualty Corporation..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 74-2641866.. | | | | Infinity Agency of Texas..... | TX..... | NIA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 39497.. | 75-1227771.. | | | | Infinity Assurance Insurance Company..... | OH..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 11738.. | 34-0927698.. | | | | Infinity Auto Insurance Company..... | OH..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 75-2280915.. | | | | Leader Mananging General Agency, Inc..... | TX..... | NIA..... | Infinity Auto Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 34-1852743.. | | | | Leader Group, Inc..... | OH..... | NIA..... | Infinity Auto Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 21792.. | 58-1132392.. | | | | Infinity Casualty Insurance Company..... | OH..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 58-1293110.. | | | | Infinity Insurance Agency, Inc..... | AL..... | NIA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 10061.. | 34-1767787.. | | | | Infinity Indemnity Insurance Company..... | IN..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 10195.. | 34-1785809.. | | | | Infinity Preferred Insurance Company..... | OH..... | RE..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 16802.. | 73-0772113.. | | | | Infinity Safeguard Insurance Company..... | OH..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 38873.. | 58-1806192.. | | | | Infinity Security Insurance Company..... | IN..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 20260.. | 31-1333017.. | | | | Infinity Select Insurance Company..... | IN..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 12599.. | 58-1806189.. | | | | Infinity Standard Insurance Company..... | IN..... | IA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 58-1080659.. | | | | Infinity Property and Casualty Services, Inc..... | GA..... | NIA..... | Infinity Standard Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 58-0642684.. | | | | Casualty Underwriters, Inc..... | GA..... | NIA..... | Infinity Property and Casualty Services, Inc..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 13820.. | 43-6030348.. | | | | Infinity County Mutual Insurance Company..... | TX..... | IA..... | Infinity Insurance Company..... | Management..... | | Kemper Corporation..... | | N.....7.. |
| ..... | Kemper Corporation..... | 00000.. | 31-1357130.. | | | | The Infinity Group, Inc..... | IN..... | NIA..... | Infinity Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 27-3557296.. | | | | KAHG LLC..... | IL..... | NIA..... | Kemper Corporation..... | Ownership..... | 100.000 | Kemper Corporation..... | | N.....1.. |
| ..... | Kemper Corporation..... | 00000.. | 36-4105161.. | | | | Kemper Corporate Services, Inc..... | IL..... | NIA..... | Kemper Corporation..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 19887.. | 75-0620550.. | | | | Trinity Universal Insurance Company..... | TX..... | IA..... | Kemper Corporation..... | Ownership..... | 100.000 | Kemper Corporation..... | | Y..... |
| 0215 | Kemper Corporation..... | 38156.. | 39-1344101.. | | | | Alpha Property & Casualty Insurance Company | WI..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | | | | | Capitala Senior Liquid Loan Fund I, LLC..... | NC..... | NIA..... | Trinity Universal Insurance Company..... | Ownership..... | 50.000 | Kemper Corporation..... | | N.....6.. |
| 0215 | Kemper Corporation..... | 37524.. | 75-1636168.. | | | | Charter Indemnity Company..... | TX..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| ..... | Kemper Corporation..... | 00000.. | 04-3294619.. | | | | Direct Response Corporation..... | DE..... | NIA..... | Trinity Universal Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 43044.. | 04-2794993.. | | | | Response Insurance Company..... | IL..... | IA..... | Direct Response Corporation..... | Ownership..... | 100.000 | Kemper Corporation..... | | Y..... |
| 0215 | Kemper Corporation..... | 39004.. | 91-1119010.. | | | | Kemper Financial Indemnity Company..... | IL..... | IA..... | Response Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |
| 0215 | Kemper Corporation..... | 26050.. | 39-1341441.. | | | | Response Worldwide Insurance Company..... | IL..... | IA..... | Response Insurance Company..... | Ownership..... | 100.000 | Kemper Corporation..... | | N..... |

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 | Domiciliary Location | Relationship 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 Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| 0215 | Kemper Corporation..... | 26085.. | 36-3423817.. | | | Warner Insurance Company..... | IL..... | IA..... | Direct Response Corporation..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | Y..... | |
| 0215 | Kemper Corporation..... | 20133.. | 61-6027355.. | | | Response Worldwide Direct Auto Insurance Company | IL..... | IA..... | Warner Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 19852.. | 95-1466743.. | | | Financial Indemnity Company..... | IL..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 75-1865314.. | | | Kemper General Agency, Inc..... | TX..... | NIA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 10914.. | 36-4230019.. | | | Kemper Independence Insurance Company..... | IL..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 98-0426067.. | | | Meristar Industries LLC..... | DE..... | NIA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | 1..... |
| 0215 | Kemper Corporation..... | 31968.. | 62-0928337.. | | | Meristar Insurance Company..... | IL..... | IA..... | Meristar Industries LLC..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 20-3046396.. | | | Security One Agency LLC..... | IL..... | NIA..... | Meristar Industries LLC..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 75-2538407.. | | | NCM Management Corporation..... | DE..... | NIA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 29351.. | 74-1084315.. | | | Unitrin County Mutual Insurance Company..... | TX..... | IA..... | NCM Management Corporation..... | Management..... | ..... | Kemper Corporation..... | ..... | N..... | 4..... |
| ..... | Kemper Corporation..... | 00000.. | ..... |  |  | Senior Loan Fund JV, I LLC..... | NY..... | NIA..... | Trinity Universal Insurance Company..... | Ownership..... |50.000 | Kemper Corporation..... | ..... | N..... | 5..... |
| 0215 | Kemper Corporation..... | 12998.. | 72-6019774.. | | | Union National Fire Insurance Company..... | LA..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 11142.. | 23-1614367.. | | | United Casualty Insurance Company of America | IL..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 10881.. | 13-3974181.. | | | Unitrin Advantage Insurance Company..... | NY..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 16063.. | 52-1752227.. | | | Unitrin Auto and Home Insurance Company..... | NY..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 10226.. | 36-4013825.. | | | Unitrin Direct Insurance Company..... | IL..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 10915.. | 36-4230008.. | | | Unitrin Direct Property & Casualty Company..... | IL..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 75-2874538.. | | | Kemper Personal Insurance General Agency, Inc. | TX..... | NIA..... | Unitrin Direct Property & Casualty Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 25909.. | 13-5460208.. | | | Unitrin Preferred Insurance Company..... | NY..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 40703.. | 39-1401314.. | | | Unitrin Safeguard Insurance Company..... | WI..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 10698.. | 93-1217821.. | | | Valley Property & Casualty Insurance Company | OR..... | IA..... | Trinity Universal Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 69930.. | 36-1896670.. | | | United Insurance Company of America..... | IL..... | IA..... | Kemper Corporation..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 66397.. | 63-0148960.. | | | Mutual Savings Life Insurance Company..... | AL..... | IA..... | United Insurance Company of America..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 31178.. | 63-0599704.. | | | Mutual Savings Fire Insurance Company..... | AL..... | IA..... | Mutual Savings Life Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 68462.. | 73-0661453.. | | | Reserve National Insurance Company..... | OK..... | IA..... | United Insurance Company of America..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 73-1281615.. | | | Summerset Marketing Company..... | OK..... | NIA..... | Reserve National Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 73-1354019.. | | | National Association of Self-Employed Business Owners | OK..... | NIA..... | Summerset Marketing Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 73-1288167.. | | | Rural American Consumers a National Association | OK..... | NIA..... | Summerset Marketing Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 68357.. | 43-0476110.. | | | The Reliable Life Insurance Company..... | MO..... | IA..... | United Insurance Company of America..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| ..... | Kemper Corporation..... | 00000.. | 43-1511864.. | | | Family Security Funerals Company..... | TX..... | NIA..... | The Reliable Life Insurance Company..... | Ownership..... |100.000 | Kemper Corporation..... | ..... | N..... | |
| 0215 | Kemper Corporation..... | 29211.. | 75-0774903.. | | | Capitol County Mutual Fire Insurance Company | TX..... | IA..... | The Reliable Life Insurance Company..... | Management..... | ..... | Kemper Corporation..... | ..... | N..... | 2..... |

Q12.1

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|--------------------|-------------------------|------------------------------|-------------------|----------------------|----------|---|--|------------------------------|--|---|---|---|---|--|------------------|
| 0215 | Kemper Corporation..... | 36625... | 43-1156323... | ..... | ..... | ..... | Old Reliable Casualty Company..... | MO..... | IA..... | Capitol County Mutual Fire Insurance Company | Management..... | ..... | Kemper Corporation..... |N..... | 3..... |
| 0215 | Kemper Corporation..... | 69779... | 72-0340280... | ..... | ..... | ..... | Union National Life Insurance Company..... | LA..... | IA..... | United Insurance Company of America..... | Ownership..... | 100.000 | Kemper Corporation..... |N..... | ..... |

Asterisk Explanation

| | |
|---|--|
| 1 | Each entity listed is a corporation, except for KAHG LLC, UICA Investment Holding LLC, Merastar Industries LLC, Security One Agency LLC and Alliance United Insurance Services LLC (the LLCs), which are limited liability companies. Percentages relate to stock ownership except for the LLCs, in which case the percentage relates to the owner's membership interest in the LLC. |
| 2 | Capitol County Mutual Fire Insurance Company (NAIC# 29211, domiciled in the state of Texas) is affiliated with The Reliable Life Insurance Company by virtue of a management agreement. |
| 3 | Old Reliable Casualty Company (NAIC# 36625, domiciled in the state of Missouri) is affiliated with Trinity Universal Insurance Company by virtue of its affiliation with Capitol County Mutual Fire Insurance Company. |
| 4 | Unitrin County Mutual Insurance Company (NAIC# 29351, domiciled in the state of Texas) is affiliated with NCM Management Corp. by virtue of a management agreement. |
| 5 | Senior Loan Fund JV, I LLC (SLFJV) is an affiliate of Trinity by virtue of Trinity having 50% control of the board of SLFJV, with the other 50% vested in Fifth Street Finance Corp. |
| 6 | Capitala Senior Liquid Loan Fund I, LLC (CSLLF) is an affiliate of Trinity by virtue of Trinity having 50% control of the board of CSLLF, with the other 50% vested in Capitala Finance Corp. |
| 7 | Infinity County Mutual Insurance Company (NAIC# 13820, domiciled in the state of Texas) is affiliated with Infinity Insurance Company by virtue of a management agreement. |

Infinity Preferred Insurance Company
PART 1 - LOSS EXPERIENCE

| Lines of Business | Current Year to Date | | | 4 Prior Year to Date Direct Loss Percentage |
|--|--------------------------------|--------------------------------|--------------------------------|--|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | |
| 1. Fire..... | | | 0.000 | |
| 2. Allied lines..... | | | 0.000 | |
| 3. Farmowners multiple peril..... | | | 0.000 | |
| 4. Homeowners multiple peril..... | | | 0.000 | |
| 5. Commercial multiple peril..... | | | 0.000 | |
| 6. Mortgage guaranty..... | | | 0.000 | |
| 8. Ocean marine..... | | | 0.000 | |
| 9. Inland marine..... | | | 0.000 | |
| 10. Financial guaranty..... | | | 0.000 | |
| 11.1 Medical professional liability - occurrence..... | | | 0.000 | |
| 11.2 Medical professional liability - claims-made..... | | | 0.000 | |
| 12. Earthquake..... | | | 0.000 | |
| 13. Group accident and health..... | | | 0.000 | |
| 14. Credit accident and health..... | | | 0.000 | |
| 15. Other accident and health..... | | | 0.000 | |
| 16. Workers' compensation..... | | | 0.000 | |
| 17.1 Other liability-occurrence..... | | | 0.000 | |
| 17.2 Other liability-claims made..... | | | 0.000 | |
| 17.3 Excess workers' compensation..... | | | 0.000 | |
| 18.1 Products liability-occurrence..... | | | 0.000 | |
| 18.2 Products liability-claims made..... | | | 0.000 | |
| 19.1, 19.2 Private passenger auto liability..... | | (677) | 0.000 | |
| 19.3, 19.4 Commercial auto liability..... | | (3) | 0.000 | |
| 21. Auto physical damage..... | | | 0.000 | |
| 22. Aircraft (all perils)..... | | | 0.000 | |
| 23. Fidelity..... | | | 0.000 | |
| 24. Surety..... | | | 0.000 | |
| 26. Burglary and theft..... | | | 0.000 | |
| 27. Boiler and machinery..... | | | 0.000 | |
| 28. Credit..... | | | 0.000 | |
| 29. International..... | | | 0.000 | |
| 30. Warranty..... | | | 0.000 | |
| 31. Reinsurance-nonproportional assumed property..... | XXX..... | XXX..... | XXX..... | XXX..... |
| 32. Reinsurance-nonproportional assumed liability..... | XXX..... | XXX..... | XXX..... | XXX..... |
| 33. Reinsurance-nonproportional assumed financial lines..... | XXX..... | XXX..... | XXX..... | XXX..... |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0.000 | |
| 35. Totals..... | 0 | (680) | 0.000 | |

DETAILS OF WRITE-INS

| | | | | |
|---|---|---|-------|----------|
| 3401. | | | 0.000 | |
| 3402. | | | 0.000 | |
| 3403. | | | 0.000 | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page..... | 0 | 0 | 0.000 | XXX..... |
| 3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)..... | 0 | 0 | 0.000 | |

PART 2 - DIRECT PREMIUMS WRITTEN

| Lines of Business | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date | |
|--|-------------------------|------------------------------|---------------------------------|----------|
| | | | | |
| 1. Fire..... | | | | |
| 2. Allied lines..... | | | | |
| 3. Farmowners multiple peril..... | | | | |
| 4. Homeowners multiple peril..... | | | | |
| 5. Commercial multiple peril..... | | | | |
| 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. Group accident and health..... | | | | |
| 14. Credit accident and health..... | | | | |
| 15. Other accident and 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, 19.2 Private passenger auto liability..... | | | | |
| 19.3, 19.4 Commercial auto liability..... | | | | |
| 21. Auto physical damage..... | | | | |
| 22. Aircraft (all perils)..... | | | | |
| 23. Fidelity..... | | | | |
| 24. Surety..... | | | | |
| 26. Burglary and theft..... | | | | |
| 27. Boiler and machinery..... | | | | |
| 28. Credit..... | | | | |
| 29. International..... | | | | |
| 30. Warranty..... | | | | |
| 31. Reinsurance-nonproportional assumed property..... | XXX..... | XXX..... | XXX..... | XXX..... |
| 32. Reinsurance-nonproportional assumed liability..... | XXX..... | XXX..... | XXX..... | XXX..... |
| 33. Reinsurance-nonproportional assumed financial lines..... | XXX..... | XXX..... | XXX..... | XXX..... |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 |
| 35. Totals..... | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

| | | | |
|---|---|---|---|
| 3401. | | | |
| 3402. | | | |
| 3403. | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page..... | 0 | 0 | 0 |
| 3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)..... | 0 | 0 | 0 |

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| Years in Which Losses Occurred | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|--|--|--|--|---|--|--------------------------------------|--|---|---|--|
| | Prior Year-End Known Case Loss and LAE Reserves | Prior Year-End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 2019 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2019 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2019 Loss and LAE Payments (Cols. 4 + 5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12) |
| 1. 2016 + Prior..... | | | 0 | | | 0 | | | | 0 | 0 | 0 | 0 |
| 2. 2017..... | | | 0 | | | 0 | | | | 0 | 0 | 0 | 0 |
| 3. Subtotals 2017 + Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2018..... | | | 0 | | | 0 | | | | 0 | 0 | 0 | 0 |
| 5. Subtotals 2018 + Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | 0 | XXX..... | | | 0 | XXX..... | XXX..... | XXX..... |
| 7. Totals..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Prior Year-End's Surplus As Regards Policyholders..... | 3,314 | | | | | | | | | | Col. 11, Line 7 As % of Col. 1, Line 7 | Col. 12, Line 7 As % of Col. 2, Line 7 | Col. 13, Line 7 As % of Col. 3, Line 7 |
| | | | | | | | | | | 1. ....0.0 % | 2. ....0.0 % | 3. ....0.0 % | Col. 13, Line 7 Line 8 |
| | | | | | | | | | | 4. ....0.0 % | | | |

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 _____ |

Explanation:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.

Bar Code:

Infinity Preferred Insurance Company
Overflow Page for Write-Ins

NONE

Infinity Preferred Insurance Company
SCHEDULE A - VERIFICATION

Real Estate

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

NONE
SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year..... | 0 | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition..... | | |
| 2.2 Additional investment made after acquisition..... | | |
| 3. Capitalized deferred interest and other..... | | |
| 4. Accrual of discount..... | | |
| 5. Unrealized valuation increase (decrease)..... | | |
| 6. Total gain (loss) on disposals..... | | |
| 7. Deduct amounts received on disposals..... | | |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees..... | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest..... | | |
| 10. Deduct current year's other-than-temporary impairment recognized..... | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | 0 | 0 |
| 12. Total valuation allowance..... | | |
| 13. Subtotal (Line 11 plus Line 12)..... | 0 | 0 |
| 14. Deduct total nonadmitted amounts..... | | |
| 15. Statement value at end of current period (Line 13 minus Line 14)..... | 0 | 0 |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 0 | |
| 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)..... | 0 | 0 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 0 | 0 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 4,492,699 | 4,402,932 |
| 2. Cost of bonds and stocks acquired..... | | 89,712 |
| 3. Accrual of discount..... | 1,252 | 1,774 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration for bonds and stocks disposed of..... | 2,480,000 | |
| 7. Deduct amortization of premium..... | 151 | 1,719 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)..... | 2,013,799 | 4,492,699 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 2,013,799 | 4,492,699 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|--|--|--|--|--|---|--|--|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 2,918,431 | 3,724,347 | 2,770,000 | 4,107 | 3,018,045 | 2,918,431 | 3,876,885 | 4,650,469 |
| 2. NAIC 2 (a)..... | | | | | | | 0 | |
| 3. NAIC 3 (a)..... | | | | | | | 0 | |
| 4. NAIC 4 (a)..... | | | | | | | 0 | |
| 5. NAIC 5 (a)..... | | | | | | | 0 | |
| 6. NAIC 6 (a)..... | | | | | | | 0 | |
| 7. Total Bonds..... | 2,918,431 | 3,724,347 | 2,770,000 | 4,107 | 3,018,045 | 2,918,431 | 3,876,885 | 4,650,469 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | | | | | | | 0 | |
| 9. NAIC 2..... | | | | | | | 0 | |
| 10. NAIC 3..... | | | | | | | 0 | |
| 11. NAIC 4..... | | | | | | | 0 | |
| 12. NAIC 5..... | | | | | | | 0 | |
| 13. NAIC 6..... | | | | | | | 0 | |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock..... | 2,918,431 | 3,724,347 | 2,770,000 | 4,107 | 3,018,045 | 2,918,431 | 3,876,885 | 4,650,469 |

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

NAIC 1 \$....1,863,087; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

QS102

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 208,635 | 64,866 |
| 2. Cost of cash equivalents acquired..... | 18,461,877 | 1,176,961 |
| 3. Accrual of discount..... | 18,323 | 1,376 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration received on disposals..... | 15,936,321 | 1,034,567 |
| 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)..... | 2,752,514 | 208,635 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 2,752,514 | 208,635 |

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

| 1 CUSIP Identification | 2 Description | 3 F o r eig n | 4 Disposal Date | 5 Name of Purchaser | 6 Number of Shares of Stock | 7 Consideration | 8 Par Value | 9 Actual Cost | 10 Prior Year Book/Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Book/Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest / Stock Dividends Received During Year | 21 Stated Contractual Maturity Date | 22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a) |
|--------------------------------|---|------------------------------|-----------------------|------------------------|-----------------------------------|--------------------|----------------|------------------|---|---|---|---|----------|--------|---|---|--|---|---|---|--|
| | | | | | | | | | | 11 Unrealized Valuation Increase (Decrease) | 12 Current Year's (Amoritization) / Accretion | 13 Current Year's Other-Than- Temporary Impairment Recognized | 14 | 15 | | | | | | | |
| Bonds - U.S. Government | | | | | | | | | | | | | | | | | | | | | |
| 912828 2X 7 | UNITED STATES TREASURY..... | | 09/30/2019. | MATURITY..... | |870,000 |870,000 |868,097 |869,283 | ..... | .....717 | ..... | .....717 | ..... | .....870,000 | ..... | ..... | .....0 |11,963 | 09/30/2019. | 1..... |
| 912828 WW 6 | UNITED STATES TREASURY..... | | 07/31/2019. | MATURITY..... | |35,000 |35,000 |35,015 |35,002 | ..... | .....(2) | ..... | .....(2) | ..... | .....35,000 | ..... | ..... | .....0 |569 | 07/31/2019. | 1..... |
| 0599999. | Total - Bonds - U.S. Government..... | | | | |905,000 |905,000 |903,112 |904,285 |0 |715 |0 |715 |0 |905,000 |0 |0 |0 |12,532 | XXX | XXX |
| 8399997. | Total - Bonds - Part 4..... | | | | |905,000 |905,000 |903,112 |904,285 |0 |715 |0 |715 |0 |905,000 |0 |0 |0 |12,532 | XXX | XXX |
| 8399999. | Total - Bonds..... | | | | |905,000 |905,000 |903,112 |904,285 |0 |715 |0 |715 |0 |905,000 |0 |0 |0 |12,532 | XXX | XXX |
| 9999999. | Total - Bonds, Preferred and Common Stocks..... | | | | |905,000 | XXX |903,112 |904,285 |0 |715 |0 |715 |0 |905,000 |0 |0 |0 |12,532 | XXX | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

Infinity Preferred Insurance Company
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount or interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|-----------------|-----------|--------------------------|---|--|---|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |

Open Depositories

| | | | | | | | | |
|---------------------------------------|-------------------------|-------|-------|--------|--------|--------|--------|-----|
| The Bank of New York Mellon..... | New York, New York..... | ..... | ..... | ..... | ..... | ..... | ..... | XXX |
| 0199999. Total Open Depositories..... | | XXX | XXX |0 |0 |0 |0 | XXX |
| 0399999. Total Cash on Deposit..... | | XXX | XXX |0 |0 |0 |0 | XXX |
| 0599999. Total Cash..... | | XXX | XXX |0 |0 |0 |0 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 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 & Accrued | 9 Amount Received During Year |
|---|-----------------------|-----------------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|
| U.S. Government Bonds - Issuer Obligations | | | | | | | | |
| | US TREASURY BILL..... | | 09/27/2019..... | | 10/24/2019..... | 1,863,087 | | .333 |
| 0199999. U.S. Government Bonds - Issuer Obligations..... | | | | | | 1,863,087 | .0 | .333 |
| 0599999. Total - U.S. Government Bonds..... | | | | | | 1,863,087 | .0 | .333 |
| Total Bonds | | | | | | | | |
| 7799999. Subtotals - Issuer Obligations..... | | | | | | 1,863,087 | .0 | .333 |
| 8399999. Subtotals - Bonds..... | | | | | | 1,863,087 | .0 | .333 |
| Exempt Money Market Mutual Funds as Identified by the SVO | | | | | | | | |
| 31607A 88 5 FIDELITY INSTL MMF TREAS PORTFOLIO INSTL C..... | | 09/30/2019..... | | | | 889,427 | | |
| 8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO..... | | | | | | 889,427 | .0 | .0 |
| 8899999. Total - Cash Equivalents..... | | | | | | 2,752,514 | .0 | .333 |