



ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

Westfield Touchstone Insurance Company

NAIC Group Code..... 0228, 0228
(Current Period) (Prior Period)

NAIC Company Code..... 16448

Employer's ID Number..... 36-4900986

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... April 24, 2018

Commenced Business..... December 25, 2018

Statutory Home Office

One Park Circle .. Westfield Center .. OH .. US .. 44251-5001
(Street and Number) (City or Town, State, Country and Zip Code)

330-887-0101

Main Administrative Office

One Park Circle .. Westfield Center .. OH .. US .. 44251-5001
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Mail Address

P. O. Box 5001 .. Westfield Center .. OH .. US .. 44251-5001
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

330-887-0101

Primary Location of Books and Records

One Park Circle .. Westfield Center .. OH .. US .. 44251-5001
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Internet Web Site Address

www.westfieldgrp.com

330-887-0101

Statutory Statement Contact

Jeffrey Scott Gillentine

(Area Code) (Telephone Number) (Extension)

(Name)

FinancialReporting@westfieldgrp.com

330-887-7626

(E-Mail Address)

(Fax Number)

OFFICERS

Name

1. Edward James Largent III
3. Frank Anthony Carrino

Title

President, CEO, and Board Chair
Chief Legal Officer and Secretary

Name

2. Joseph Christian Kohmann

Title

Chief Financial Officer and Treasurer

Robert William Bowers
Robyn Renee Hahn
Terry Lee McClaskey Jr
Tracey Lynn Petkovic
Stuart Wayne Rosenberg
Peter Robert Schwanke
Craig David Welsh

National Claims and Customer Service Ldr
President, Small Business Segment
National Personal Lines Leader
Chief Information Officer
Chief Innovation and Strategy Officer
Chief Risk Officer
Chief Distribution Officer

Jeffrey Scott Gillentine
Mark Anthony Kidd #
James Robert Merz
Michael Joseph Prandi
David Harold Ruppel #
Gary William Stumper #
George Krieg Wiswesser

Controller
Mid Market UW and Sales Leader
Chief Actuarial and Analytic Officer
Chief Insurance Operations Officer
Agribusiness UW and Sales Ldr
National Surety Leader
Chief Investment Officer

OTHER

Cheryl Lila Carlisle
Edward James Largent III

Fariborz Ghadar
Craig David Pfeiffer

Gary Dean Hallman
Billie Kay Rawot

John Patrick Lanigan Jr
John Lewis Watson

DIRECTORS OR TRUSTEES

State of..... Ohio
County of.... Medina

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)

Edward James Largent III

(Signature)

Joseph Christian Kohmann

(Signature)

Frank Anthony Carrino

1. (Printed Name)

President, CEO, and Board Chair

2. (Printed Name)

Chief Financial Officer and Treasurer

3. (Printed Name)

Chief Legal Officer and Secretary

(Title)

(Title)

(Title)

Subscribed and sworn to before me
This 15th day of February 2020

a. Is this an original filing?

Yes [X] No []

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	6,501,258	0	6,501,258	4,839,158
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$.....0, Schedule E-Part 1), cash equivalents (\$....1,083,814, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	1,083,814	0	1,083,814	130,427
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	7,585,072	0	7,585,072	4,969,585
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	70,043	0	70,043	53,754
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	0	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	0
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	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 to 25).....	7,655,115	0	7,655,115	5,023,339
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTAL (Lines 26 and 27).....	7,655,115	0	7,655,115	5,023,339

DETAILS OF WRITE-INS

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

Westfield Touchstone Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	0	0
4. Commissions payable, contingent commissions and other similar charges.....	0	0
5. Other expenses (excluding taxes, licenses and fees).....	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	0	0
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	280	2,598
7.2 Net deferred tax liability.....	1,904	309
8. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (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).....	0	0
10. Advance premium.....	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders.....	0	0
11.2 Policyholders.....	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions).....	0	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20).....	0	0
14. Amounts withheld or retained by company for account of others.....	0	0
15. Remittances and items not allocated.....	0	0
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 3, Column 78).....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0
18. Drafts outstanding.....	0	0
19. Payable to parent, subsidiaries and affiliates.....	0	0
20. Derivatives.....	0	0
21. Payable for securities.....	0	0
22. Payable for securities lending.....	0	0
23. Liability for amounts held under uninsured plans.....	0	0
24. Capital notes \$.....0 and interest thereon \$.....0.....	0	0
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	2,184	2,907
27. Protected cell liabilities.....	0	0
28. Total liabilities (Lines 26 and 27).....	2,184	2,907
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	3,000,000	3,000,000
31. Preferred capital stock.....	0	0
32. Aggregate write-ins for other-than-special surplus funds.....	0	0
33. Surplus notes.....	0	0
34. Gross paid in and contributed surplus.....	4,500,000	2,000,000
35. Unassigned funds (surplus).....	152,931	20,432
36. Less treasury stock, at cost:		
36.10.000 shares common (value included in Line 30 \$.....0).....	0	0
36.20.000 shares preferred (value included in Line 31 \$.....0).....	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	7,652,931	5,020,432
38. TOTAL (Page 2, Line 28, Col. 3).....	7,655,115	5,023,339

DETAILS OF WRITE-INS

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

Annual Statement for the year 2019 of the **Westfield Touchstone Insurance Company**
STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	0	0
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	0	0
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	0
7. Net income of protected cells.....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	0	0
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	167,720	25,864
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	0	0
11. Net investment gain (loss) (Lines 9 + 10).....	167,720	25,864
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0
13. Finance and service charges not included in premiums.....	0	0
14. Aggregate write-ins for miscellaneous income.....	0	0
15. Total other income (Lines 12 through 14).....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	167,720	25,864
17. Dividends to policyholders.....	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	167,720	25,864
19. Federal and foreign income taxes incurred.....	33,626	5,123
20. Net income (Line 18 minus Line 19) (to Line 22).....	134,094	20,741
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	5,020,432	0
22. Net income (from Line 20).....	134,094	20,741
23. Net transfers (to) from Protected Cell accounts.....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....	0	0
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0
26. Change in net deferred income tax.....	(1,595)	(309)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	0	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....	0	0
30. Surplus (contributed to) withdrawn from Protected Cells.....	0	0
31. Cumulative effect of changes in accounting principles.....	0	0
32. Capital changes:		
32.1 Paid in.....	0	3,000,000
32.2 Transferred from surplus (Stock Dividend).....	0	0
32.3 Transferred to surplus.....	0	0
33. Surplus adjustments:		
33.1 Paid in.....	2,500,000	2,000,000
33.2 Transferred to capital (Stock Dividend).....	0	0
33.3. Transferred from capital.....	0	0
34. Net remittances from or (to) Home Office.....	0	0
35. Dividends to stockholders.....	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	2,632,499	5,020,432
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	7,652,931	5,020,432

DETAILS OF WRITE-INS

0501.....	0	0
0502.....	0	0
0503.....	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0
1401.....	0	0
1402.....	0	0
1403.....	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0
3701.....	0	0
3702.....	0	0
3703.....	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....	0	0

Annual Statement for the year 2019 of the **Westfield Touchstone Insurance Company**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	0	0
2. Net investment income.....	145,425	(29,360)
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	145,425	(29,360)
5. Benefit and loss related payments.....	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	35,944	2,525
10. Total (Lines 5 through 9).....	35,944	2,525
11. Net cash from operations (Line 4 minus Line 10).....	109,481	(31,885)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	0	0
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,656,094	4,837,688
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,656,094	4,837,688
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,656,094)	(4,837,688)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	2,500,000	5,000,000
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	2,500,000	5,000,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	953,387	130,427
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	130,427	0
19.2 End of year (Line 18 plus Line 19.1).....	1,083,814	130,427

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

20.0001	0	0
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Underwriting and Investment Ex. - Pt. 1 - Ex. of Premiums Earned
NONE

Underwriting and Investment Ex. - Pt. 1A - Recapitulation of All Premiums
NONE

Underwriting and Investment Ex. - Pt. 1B - Ex. Premiums Written
NONE

Underwriting and Investment Ex. - Pt. 2 - Losses Paid and Incurred
NONE

Underwriting and Investment Ex. - Pt. 2A - Unpaid Losses and Loss Adjustment Expenses
NONE

Underwriting and Investment Ex. - Pt. 3 - Expenses
NONE

Westfield Touchstone Insurance Company

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....142,576158,865
1.1 Bonds exempt from U.S. tax.....	(a).....0	0
1.2 Other bonds (unaffiliated).....	(a).....0	0
1.3 Bonds of affiliates.....	(a).....0	0
2.1 Preferred stocks (unaffiliated).....	(b).....0	0
2.11 Preferred stocks of affiliates.....	(b).....0	0
2.2 Common stocks (unaffiliated).....	0	0
2.21 Common stocks of affiliates.....	0	0
3. Mortgage loans.....	(c).....0	0
4. Real estate.....	(d).....0	0
5. Contract loans.....	0	0
6. Cash, cash equivalents and short-term investments.....	(e).....8,8558,855
7. Derivative instruments.....	(f).....0	0
8. Other invested assets.....	0	0
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	151,431167,720
11. Investment expenses.....	(g).....0	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....0	
13. Interest expense.....	(h).....0	
14. Depreciation on real estate and other invested assets.....	(i).....0	
15. Aggregate write-ins for deductions from investment income.....	0	
16. Total deductions (Lines 11 through 15).....	0	
17. Net investment income (Line 10 minus Line 16).....167,720	

DETAILS OF WRITE-INS

0901.....	0	0
0902.....	0	0
0903.....	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.....	0	0
1502.....	0	0
1503.....	0	0
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$....10,020 accrual of discount less \$....4,014 amortization of premium and less \$....5,742 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax.....	0	0	0	0	0
1.2 Other bonds (unaffiliated).....	0	0	0	0	0
1.3 Bonds of affiliates.....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated).....	0	0	0	0	0
2.11 Preferred stocks of affiliates.....	0	0	0	0	0
2.2 Common stocks (unaffiliated).....	0	0	0	0	0
2.21 Common stocks of affiliates.....	0	0	0	0	0
3. Mortgage loans.....	0	0	0	0	0
4. Real estate.....	0	0	0	0	0
5. Contract loans.....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments.....	0	0	0	0	0
7. Derivative instruments.....	0	0	0	0	0
8. Other invested assets.....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	0	0

DETAILS OF WRITE-INS

0901.....	0	0	0	0	0
0902.....	0	0	0	0	0
0903.....	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page...	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

Westfield Touchstone Insurance Company
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0	0	0
2.2 Common stocks.....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale.....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans.....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities.....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued.....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. TOTALS (Lines 26 and 27).....	0	0	0

NONE**DETAILS OF WRITE-INS**

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

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

Westfield Touchstone Insurance Company (the Company) was incorporated on April 24, 2018. The Company, domiciled in the state of Ohio, was licensed on November 29, 2018. The financial statements of 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 (SAP) prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

The Company has not implemented any prescribed or permitted accounting practices by the State of Ohio that differ from those found in NAIC SAP.

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

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 134,094	\$ 20,741
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$ 0	\$ 0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$ 0	\$ 0
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 134,094	\$ 20,741
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,652,931	\$ 5,020,432
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$ 0	\$ 0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$ 0	\$ 0
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 7,652,931	\$ 5,020,432

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are reported in the same manner as similar long-term investments per Statements of Statutory Accounting Principles (SSAP) No.2.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific interest method per SSAP No.26.
- (3) Common stocks - Not applicable
- (4) Preferred Stocks - Not applicable
- (5) Mortgage Loans - Not applicable
- (6) Loan-backed securities - Not applicable
- (7) Investments in Subsidiaries, Controlled and Affiliated Entities - Not applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not applicable
- (9) Derivative Instruments - Not applicable
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts - Premiums.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and, while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined. The Company has limited exposure to asbestos and environmental claims and management believes the reserve for such claims is adequate.
- (12) The Company has not modified its capitalization policy from the prior period
- (13) Pharmaceutical rebate receivables are applicable to health insurance entities. The Company does not offer health insurance policies.

D. Going Concern

Management continuously monitors the Company's financial results and compliance with regulatory requirements and finds no reason to expect the Company to not continue as a going concern.

Note 2 – Accounting Changes and Correction of Errors

The Company did not have any material changes in accounting principles or correction of errors during the year.

NOTES TO FINANCIAL STATEMENTS**Note 3 – Business Combinations and Goodwill**

Not applicable

Note 4 – Discontinued Operations

No events or transactions occurred during the year that would give rise to discontinued operations.

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
The Company does not invest in mortgage loans. No mezzanine real estate loans are held.
- B. Debt Restructuring
The Company is not a creditor for any loans that have been restructured.
- C. Reverse Mortgages - Not applicable
- D. Loan-Backed Securities - Not applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not applicable
- J. Real Estate - Not applicable
- K. Low-Income Housing Tax Credits (LIHTC) - Not applicable
- L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted)					Restricted	
	Current Year					6	7
	1 Total General Account (G/A)	2 G/A Supporting Protected Cell Account Activity (a)	3 Total Protected Call Account (S/A) Restricted Assets	4 Protected Cell Account Assets Supporting G/A Activity (b)	5 Total (1 plus 3)		
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. Collateral held under security lending arrangements	0	0	0	0	0	0	0
c. Subject to repurchase agreements	0	0	0	0	0	0	0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0	0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0	0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0
g. Placed under option contracts	0	0	0	0	0	0	0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0	0
i. FHLB capital stock	0	0	0	0	0	0	0
j. On deposit with states	2,066,291	0	0	0	2,066,291	219,962	1,846,329
k. On deposit with other regulatory bodies	0	0	0	0	0	0	0
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0	0
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0	0
n. Other restricted assets	0	0	0	0	0	0	0
o. Total Restricted Assets	\$ 2,066,291	\$ 0	\$ 0	\$ 0	\$ 2,066,291	\$ 219,962	\$ 1,846,329

Restricted Asset Category	Current Year			
	8 Total Nonadmitted Restricted	9 Total Admitted Restricted (5 minus 8)	Percentage	
			10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	0.0%	0.0%

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Current Year				
	8 Total Nonadmitted Restricted	9 Total Admitted Restricted (5 minus 8)	Percentage		
			10 Gross (Admitted & Nonadmitted)	11 Restricted to Total Assets (c)	
					Admitted Restricted to Total Admitted Assets (d)
b. Collateral held under security lending arrangements	0	0	0.0%	0.0%	0.0%
c. Subject to repurchase agreements	0	0	0.0%	0.0%	0.0%
d. Subject to reverse repurchase agreements	0	0	0.0%	0.0%	0.0%
e. Subject to dollar repurchase agreements	0	0	0.0%	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	0	0	0.0%	0.0%	0.0%
g. Placed under option contracts	0	0	0.0%	0.0%	0.0%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0.0%	0.0%	0.0%
i. FHLB capital stock	0	0	0.0%	0.0%	0.0%
j. On deposit with states	0	2,066,291	27.0%	27.0%	27.0%
k. On deposit with other regulatory bodies	0	0	0.0%	0.0%	0.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0.0%	0.0%	0.0%
m. Pledged as collateral not captured in other categories	0	0	0.0%	0.0%	0.0%
n. Other restricted assets	0	0	0.0%	0.0%	0.0%
o. Total Restricted Assets	\$ 0	\$ 2,066,291	27.0%	27.0%	27.0%

(a) Subset of column 1

(b) Subset of column 3

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate) - Not applicable

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate) - Not applicable

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - Not applicable

M. Working Capital Finance Investments - Not applicable

N. Offsetting and Netting of Assets and Liabilities - Not applicable

O. 5GI Securities - Not applicable

P. Short Sales - Not applicable

Q. Prepayment Penalty and Acceleration Fees - Not applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

Not applicable

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2019			2018			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 0	\$ 509	\$ 509	\$ 0	\$ 0	\$ 0	\$ 0	\$ 509	\$ 509
b. Statutory valuation allowance	0	0	0	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

		2019			2018			Change	
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	\$ 0	\$ 509	\$ 509	\$ 0	\$ 0	\$ 0	\$ 0	\$ 509	\$ 509
d. Deferred tax assets nonadmitted	0	0	0	0	0	0	0	0	0
e. Subtotal net admitted deferred tax asset (1c-1d)	\$ 0	\$ 509	\$ 509	\$ 0	\$ 0	\$ 0	\$ 0	\$ 509	\$ 509
f. Deferred tax liabilities	0	2,413	2,413	0	309	309	0	2,104	2,104
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 0	\$ (1,904)	\$ (1,904)	\$ 0	\$ (309)	\$ (309)	\$ 0	\$ (1,595)	\$ (1,595)

2. Admission Calculation Components SSAP No. 101

	2019			2018			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	0	25	25	0	0	0	0	25	25
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	0	25	25	0	0	0	0	25	25
2. Adjusted gross deferred tax assets allowed per limitation threshold			1,147,940			753,065			394,875
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	0	484	484	0	0	0	0	484	484
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	\$ 0	\$ 509	\$ 509	\$ 0	\$ 0	\$ 0	\$ 0	\$ 509	\$ 509

3. Other Admissibility Criteria

		2019	2018
a. Ratio percentage used to determine recovery period and threshold limitation amount		69,559.5%	356,059.0%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		\$ 7,652,931	\$ 5,020,432

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	2019		2018		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 0	\$ 509	\$ 0	\$ 0	\$ 0	\$ 509
2. Percentage of adjusted gross DTAs by tax character	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NOTES TO FINANCIAL STATEMENTS

	2019		2018		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
attributable to the impact of tax planning strategies						
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 509	\$ 0	\$ 0	\$ 0	\$ 509
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies						
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

(b) Does the company's tax planning strategies include the use of reinsurance? NO**B. Deferred Tax Liabilities Not Recognized**

1. The types of temporary differences for which a DTL has not been recognized and the types of events that would cause those temporary differences to become taxable are:
There are no temporary differences for which deferred tax liabilities are not recorded.
2. The cumulative amount of each type of temporary difference is:
Not Applicable
3. The amount of the unrecognized DTL for temporary differences related to investments in foreign subsidiaries and foreign corporate joint ventures that are essentially permanent in duration, if determination of that liability is practicable, or a statement that determination is not practicable are:
Not Applicable
4. The amount of the DTL for temporary differences other than those in item (3) above that is not recognized is:
Not Applicable

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2019	2 2018	3 (Col 1-2) Change
a. Federal	\$ 33,626	\$ 5,123	\$ 28,503
b. Foreign	\$ 0	\$ 0	\$ 0
c. Subtotal	\$ 33,626	\$ 5,123	\$ 28,503
d. Federal income tax on net capital gains	\$ 0	\$ 0	\$ 0
e. Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
f. Other	\$ 0	\$ 0	\$ 0
g. Federal and Foreign income taxes incurred	\$ 33,626	\$ 5,123	\$ 28,503

2. Deferred Tax Assets

	1 2019	2 2018	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 0	\$ 0	\$ 0
2. Unearned premium reserve	0	0	0
3. Policyholder reserves	0	0	0
4. Investments	0	0	0
5. Deferred acquisition costs	0	0	0
6. Policyholder dividends accrual	0	0	0
7. Fixed assets	0	0	0
8. Compensation and benefits accrual	0	0	0
9. Pension accrual	0	0	0
10. Receivables - nonadmitted	0	0	0
11. Net operating loss carry-forward	0	0	0
12. Tax credit carry-forward	0	0	0
13. Other (items <=5% and >5% of total ordinary tax assets)	0	0	0
Other (items listed individually >5% of total ordinary tax assets)			0
99. Subtotal	\$ 0	\$ 0	\$ 0
b. Statutory valuation allowance adjustment	0	0	0
c. Nonadmitted	0	0	0
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 0	\$ 0	\$ 0
e. Capital:			
1. Investments	\$ 509	\$ 0	\$ 509
2. Net capital loss carry-forward	0	0	0

NOTES TO FINANCIAL STATEMENTS

3. Real estate	0	0	0
4. Other (items <=5% and >5% of total capital tax assets)	0	0	0
Other (items listed individually >5% of total capital tax assets)			0
			0
99. Subtotal	\$ 509	\$ 0	\$ 509
f. Statutory valuation allowance adjustment	0	0	0
g. Nonadmitted	0	0	0
h. Admitted capital deferred tax assets (2e99-2f-2g)	509	0	509
i. Admitted deferred tax assets (2d+2h)	\$ 509	\$ 0	\$ 509

3. Deferred Tax Liabilities

	1 2019	2 2018	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$ 0	\$ 0	\$ 0
2. Fixed assets	0	0	0
3. Deferred and uncollected premium	0	0	0
4. Policyholder reserves	0	0	0
5. Other (items <=5% and >5% of total ordinary tax liabilities)	0	0	0
Other (items listed individually >5% of total ordinary tax liabilities)			0
Other			0
99. Subtotal	\$ 0	\$ 0	\$ 0
b. Capital:			
1. Investments	\$ 2,413	\$ 309	\$ 2,104
2. Real estate	0	0	0
3. Other (items <=5% and >5% of total capital tax liabilities)	0	0	0
Other (items listed individually >5% of total capital tax liabilities)			0
Unrealized gain/(loss)			0
99. Subtotal	\$ 2,413	\$ 309	\$ 2,104
c. Deferred tax liabilities (3a99+3b99)	\$ 2,413	\$ 309	\$ 2,104
4. Net Deferred Tax Assets/Liabilities (2i – 3c)	\$ (1,904)	\$ (309)	\$ (1,595)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$ 35,221	21.0%
Change in nonadmitted assets	0	0%
Proration of tax exempt investment income	0	0%
Tax exempt income deduction	0	0%
Dividends received deduction	0	0%
Disallowable travel and entertainment	0	0%
Other permanent differences	0	0%
Temporary Differences:		
Total ordinary DTAs	0	0%
Total ordinary DTLs	0	0%
Total capital DTAs	509	0.3%
Total capital DTLs	(2,104)	(1.3)%
Other:		
Statutory valuation allowance adjustment	0	0%
Accrual adjustment – prior year	0	0%
Other	0	0%
Totals	\$ 33,626	20.0%
Federal and foreign income taxes incurred	33,626	20.0%
Realized capital gains (losses) tax	0	0.0%
Change in net deferred income taxes	1,595	1.0%
Total statutory income taxes	\$ 35,221	21.0%

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:

Description (Operating Loss or Tax Credit Carry Forward)	Amounts	Origination Dates	Expiration Dates
N/A	\$		

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
2019/12/31	\$33,626
2018/12/31	\$5,123
2017/12/31	\$0

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code:

NOTES TO FINANCIAL STATEMENTS

The company did not have any protective tax deposits under Section 6603 of the Internal Revenue Service Code.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

Ohio Farmers Insurance Company (parent company)
 Westfield Insurance Company
 Westfield National Insurance Company
 American Select Insurance Company
 Old Guard Insurance Company
 Westfield Champion Insurance Company
 Westfield Premier Insurance Company
 Westfield Superior Insurance Company
 Westfield Management Company
 Westfield Services, Inc.
 Westfield Bancorp, Inc.
 Westfield Bank, FSB
 Westfield Credit Corp.
 COIN Financial, Inc.

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

Each company in the consolidation has agreed to share any tax or recovery of tax based on their individual taxable income or loss. Each company's current taxable income or loss will be adjusted by any prior taxable income or loss which can be carried forward to the current year.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

None

H. Repatriation Transition Tax (RTT) - RTT owed under the TCJA

1a Has the entity fully remitted the RTT? YES

1b If yes, list the amount of the RTT paid. 0

If no, list the future installments to satisfy the RTT:

1	Installment 1	\$0
2	Installment 2	0
3	Installment 3	0
4	Installment 4	0
5	Installment 5	0
6	Installment 6	0
7	Installment 7	0
8	Installment 8	0
9	Total	\$0

I. Alternative Minimum Tax Credit

Was the AMT Credit recognized as a current year recoverable or Deferred Tax Asset (DTA)? DTA

Gross AMT Credit Recognized as:

1a Current year recoverable	\$0
1b Deferred tax asset (DTA)	0
2 Beginning Balance of AMT Credit Carryforward	0
3 Amounts Recovered	0
4 Adjustments	0
5 Ending Balance of AMT Credit Carryforward (5=2-3-4)	0
6 Reduction for Sequestration	0
7 Nonadmitted by Reporting Entity	0
8 Reporting Entity Ending Balance (8=5-6-7)	\$0

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

A. The Company is owned and operated by its parent company, Ohio Farmers Insurance Company.

B. The Company received capital contributions in the form of cash from its parent, Ohio Farmers Insurance Company, for the following dates and amounts:

September 19, 2018	\$1,000,000 capital stock
November 7, 2018	\$2,000,000 capital stock
November 7, 2018	\$2,000,000 additional paid in capital
September 17, 2019	\$2,500,000 additional paid in capital

C. Dollar Amounts of Transactions - Not applicable

D. There were no affiliated balances due to or from the Company at 12/31/2019 and 12/31/2018. If there were any affiliated balances, every ninety (90) days the affiliated balances are reviewed and settled in either cash or the transfer of securities.

E. Guarantees or Undertakings

The Company did not make any guarantees for the benefit of an affiliate or related party resulting in material contingent exposure.

F. Material Management or Service Contracts and Cost-Sharing Arrangements - Not applicable

G. The Company is owned and operated by its parent company, Ohio Farmers Insurance Company.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned - Not applicable

I. The Company did not have any investments in subsidiaries or affiliates that exceeded 10% of its admitted assets.

NOTES TO FINANCIAL STATEMENTS

- J. Investments in Impaired SCAs - Not applicable
- K. Investment in Foreign Insurance Subsidiary - Not applicable
- L. Investment in Downstream Noninsurance Holding Company - Not applicable
- M. All SCA Investments - Not applicable
- N. Investment in Insurance SCAs - Not applicable
- O. SCA or SSAP 48 Entity Loss Tracking - Not applicable

Note 11 – Debt

- A. Debt, Including Capital Notes - Not applicable
- B. FHLB (Federal Home Loan Bank) Agreements - Not applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

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

- (1-9) The Company is 100% owned and operated by its parent, Ohio Farmers Insurance Company. Dividend restrictions are provided by the Insurance Regulations of the Ohio Revised Code.
- (10) The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$0
- (11) Surplus Notes - Not applicable
- (12-13) Quasi-Reorganizations - Not applicable

Note 14 – Liabilities, Contingencies and Assessments

- A. Contingent Commitments - Not applicable
- B. Assessments

- (1) Nature of Any Assets That Could Have a Material Financial Effect
At this time, the Company is unaware of any new insolvencies and no insolvencies were brought to the Company's attention in 2019 that will have a retrospective premium-based guaranty fund assessment cost.

The Company has accrued \$0 for guaranty fund and other assessments. This represents management's best estimates on the information received from the states in which the Company writes business and may change due to many factors including the Company's share in the ultimate cost of current insolvencies.

- 2) Assessments

a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$ 0
b. Decreases current period: Premium tax offsets expired	0
c. Increases current period: Premium tax offsets added	0
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current period	\$ 0

- (3) Undiscounted and Discounted Guaranty Fund Assessments - Not applicable

- C. Gain Contingencies - Not applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not applicable
- E. Product Warranties - Not applicable
- F. Joint and Several Liabilities - Not applicable
- G. All Other Contingencies
Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company. There are no contingent liabilities arising from litigation.

The Company is a participant in the Ohio Farmers Insurance Company's pooling agreement with zero pool percentage and as such has no accounts receivable related to agents balances or uncollected premiums.

Note 15 – Leases

The Company does not have any material lease obligations.

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

Not applicable

NOTES TO FINANCIAL STATEMENTS**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. Transfers of Receivables Reported as Sales
The Company has not sold or transferred any receivables to any other parties.
- B. Transfer and Servicing of Financial Assets - Not applicable
- C. Wash Sales - Not applicable

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

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

- A. Fair Value Measurements

For assets that are measured and reported at fair value or net asset value (NAV) in the statement of financial position after initial recognition, the valuation techniques and the inputs used to develop those measurements are as follows:

Level 1 - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.

Level 3 - Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The Company has no liabilities that are measured at fair value in the statement of financial position.

- (1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
CE - Money Market Mutual Funds	\$ 0	\$ 0	\$ 0	\$ 1,083,814	\$ 1,083,814
Total	\$ 0	\$ 0	\$ 0	\$ 1,083,814	\$ 1,083,814
Liabilities at Fair Value					
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- (2) At December 31, 2019, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 3.
- (3) The Company's policy for determining when transfers between levels is required is based upon change in the inputs used to determine fair value measurement. If an input changes, the Company evaluates the new input(s) and makes the determination whether or not a transfer between levels is appropriate. If an asset or liability is transferred between levels, it is the Company's policy to record the transfer as of the beginning of the quarter in which the transfer occurs. The Company held no assets or liabilities categorized as Level 1, 2 or 3 during the reporting period that were transferred into or out of the level categorization held at January 1, 2019.
- (4) As of December 31, 2019, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 2 or Level 3. Historically, fair values in the Level 2 category are provided by independent pricing services. Where independent pricing services provide fair values, the Company has obtained an understanding of the methods, models and inputs used in pricing and has controls in place to validate that amounts provided represent current fair values. Estimated fair values of investments categorized as Level 3 generally include inputs for which no readily observable inputs are available and require management judgment.
- (5) As of December 31, 2019, the Company had no holdings classified as either a derivative asset or liability.

- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - Not required

- C. Fair Value Level

The method(s) and significant assumptions used to estimate the fair value of financial instruments are as follows:

Investment Securities - Fair values for bonds are based on the values prescribed by an independent pricing service or from brokers. For bonds that are not actively traded, estimated fair values are based on values of bonds of comparable yield and credit quality. The fair values for common stocks are based on quoted market prices, where available, which are provided to the Company by an independent pricing service.

Cash equivalents - Cash equivalents include money market mutual funds, which are reported at net asset value (NAV) as a practical expedient. Such money market mutual funds are separately identified in a NAV column. NAV is defined as the amount of net assets attributable to each share outstanding at the close of the period.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 6,956,454	\$ 6,501,258	\$ 6,956,454	\$ 0	\$ 0	\$ 0	\$ 0
Cash equivalents	\$ 1,083,814	\$ 1,083,814	\$ 0	\$ 0	\$ 0	\$ 1,083,814	\$ 0

NOTES TO FINANCIAL STATEMENTS

D. Not Practicable to Estimate Fair Value - Not applicable

E. NAV Practical Expedient Investments

At December 31, 2019, the investments held by the Company which are being reported at net asset value (NAV) consist entirely of money market mutual funds. There are no significant restrictions that apply in the liquidation of any of these investments. They are also not likely to be sold below NAV.

Note 21 – Other Items

A. Unusual or Infrequent Items - Not applicable

B. Troubled Debt Restructuring Debtors - Not applicable

C. Other Disclosures - Not applicable

D. Business Interruption Insurance Recoveries
The Company had no business interruption insurance recoveries in 2019.

E. State Transferable and Non-Transferable Tax Credits
The Company does not have state transferable or non-transferable tax credits.

F. Subprime Mortgage-Related Risk Exposure

(1) The subprime lending sector is the sector of the mortgage lending industry which lends to borrowers who do not qualify for prime market interest rates because of poor or insufficient credit history. The term also applies to paper taken on property that cannot be sold on the primary market, including loans on certain types of investment properties and certain types of self-employed individuals.

For purposes of this disclosure, subprime exposure is defined as the potential for financial loss through direct investment, or underwriting risk associated with the risk from the subprime lending sector. This includes any direct risk through investments in debt securities, asset backed or structured securities, hedge funds, subsidiaries and affiliates, and insurance product issuance. The Company views the following features as common characteristics of subprime mortgage loans:

- An interest rate above prime to borrowers who do not qualify for prime rate
- Borrowers with low credit ratings (FICO scores)
- Interest-only or negative amortizing loans
- Unconventionally high initial loan-to-value ratios
- Low initial payments based on a fixed introductory rate that expires after a short initial period, then adjusts to a variable rate plus a margin for the remaining term of the loan
- Borrowers with less than conventional documentation of their home and/or assets
- Very high or no limits on how much the payment amount or the interest rate may increase at reset periods, potentially causing a substantial increase in the monthly payment amount
- Include substantial prepayment penalties

The Company's strategy to manage or mitigate subprime exposure is to avoid making direct investments in, or insuring any of the sources of risk identified above.

(2) The Company has no direct exposure through investments in subprime mortgage loans.

(3) The Company has no direct exposure through other investments.

(4) The Company has no underwriting exposure to subprime mortgage related risk.

G. Insurance-Linked Securities (ILS) Contracts - Not applicable

H. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy - Not applicable

Note 22 – Events Subsequent

Subsequent events have been considered through February 15, 2020 for the statutory statements issued as of December 31, 2019. No events or transactions have occurred that would give rise to a Type I or Type II subsequent event.

Note 23 – Reinsurance

A. Unsecured Reinsurance Recoverables
The Company has no unsecured aggregate recoverables for paid and unpaid losses, including IBNR, loss adjustment expenses, and unearned premium that exceeds 3% of the Company's policyholder surplus.

B. Reinsurance Recoverable in Dispute
The Company has no material recoverable to disclose.

C. Reinsurance Assumed and Ceded

(1) Maximum Amount of Return Commission

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. All Other	0	0	0	0	0	0
c. Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
d. Direct Unearned Premium Reserves						0

NOTES TO FINANCIAL STATEMENTS**(2) Additional or Return Commission**

The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements is accrued as follows:

	Direct	Assumed	Ceded	Net
a. Contingent commission	\$ 0	\$ 0	\$ 0	\$ 0
b. Sliding scale adjustments	0	0	0	0
c. Other profit commission arrangements	0	0	0	0
d. Total	\$ 0	\$ 0	\$ 0	\$ 0

The above figures do not include the intercompany pooling of Agents' Contingent Commission in the Assumed and Ceded columns.

(3) Types of Risks Attributed to Protected Cell - Not applicable

- D. Uncollectible Reinsurance - Not applicable
- E. Commutation of Ceded Reinsurance - Not applicable
- F. Retroactive Reinsurance - Not applicable
- G. Reinsurance Accounted for as a Deposit - Not applicable
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements - Not applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation - Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The Company is a participant in the Ohio Farmers Insurance Company's pooling agreement with a zero pool percentage, and as such has no net incurred losses nor loss adjustment expenses.

Note 26 – Intercompany Pooling Arrangements

- A. The lead company, Ohio Farmers Insurance Company, and its property-casualty companies participate in a single 100% reinsurance pooling arrangement. The following companies are participants:

<u>Company</u>	<u>NAIC Number</u>	<u>Percent</u>
Ohio Farmers Insurance Company	24104	19.0%
Westfield Insurance Company	24112	54.0%
Westfield National Insurance Company	24120	13.0%
American Select Insurance Company	19992	5.0%
Old Guard Insurance Company	17558	9.0%
Westfield Champion Insurance Company	16447	0.0%
Westfield Premier Insurance Company	16450	0.0%
Westfield Superior Insurance Company	16449	0.0%
Westfield Touchstone Insurance Company	16448	0.0%

- B. Each participating company shares in all lines and types of business.
- C. Any cession to non-affiliated reinsurers is prior to the cession of pooling business from the affiliated pool member to the lead company.
- D. All pool members have contractual right of direct recovery from the non-affiliated reinsurer per the terms of such reinsurance agreements.
- E. No discrepancies exist between pooled business entries on the assumed and ceded reinsurance schedule of the lead company and corresponding entries on the assumed and ceded reinsurance schedules of other pool participants.
- F. The Provision for Reinsurance is recorded on a direct basis.
- G. There were no affiliated balances due to or from the Company at 12/31/2019 and 12/31/2018.

Note 27 – Structured Settlements**A. Reserves No Longer Carried**

The amount of reserves no longer carried by the Company due to purchased annuities with the claimant as payee and the extent to which the reporting entity is contingently liable for such amounts as of December 31, 2019 is presented below:

Loss Reserves Eliminated by Annuities	Unrecorded Loss Contingencies
\$ 0	\$ 0

- B. Annuities Which Equal or Exceed 1% of Policyholders' Surplus - Not applicable

Note 28 – Health Care Receivables

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve:	<u>\$0</u>
2. Date of most recent evaluation of this liability:	<u>December 31, 2019</u>
3. Was anticipated investment income utilized in the calculation?	Yes [X] No []

Note 31 – High Deductibles

Not applicable

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

The Company does not discount the liabilities for unpaid losses or unpaid loss adjustment expenses for Workers' Compensation or any other line of business.

Note 33 – Asbestos/Environmental Reserves

The Company is a participant in the Ohio Farmers Insurance Company's pooling agreement with zero pool percentage and as such has no asbestos/environmental reserves.

The historical results of asbestos/environmental claims are presented in Note 33, Asbestos/Environmental Reserves, of the Company's ultimate parent, Ohio Farmers Insurance Company, and affiliates Westfield Insurance Company, Westfield National Insurance Company, American Select Insurance Company, Old Guard Insurance Company, Westfield Champion Insurance Company, Westfield Premier Insurance Company, Westfield Superior Insurance Company, and Westfield Touchstone Insurance Company based on their respective pooling percentages in the Ohio Farmers Insurance Company's pooling agreement.

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 – Financial Guaranty Insurance

Not applicable

Annual Statement for the year 2019 of the **Westfield Touchstone Insurance Company**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes [] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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 State as of what date the latest financial examination of the reporting entity was made or is being made. N/A

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

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

3.4 By what department or departments?
N/A

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No [X]
 4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 If the answer is YES, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the 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	0	

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

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control 0.0%
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
Ohio Farmers Insurance Company

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Ohio Farmers Insurance Company	Westfield Center, Ohio	Yes	No	No	No
Westfield Bancorp, Inc.	Westfield Center, Ohio	Yes	No	No	No
Westfield Bank, FSB	Westfield Center, Ohio	No	Yes	No	No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP, 191 West Nationwide Blvd., Suite 500, Columbus, OH 43215

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

Annual Statement for the year 2019 of the **Westfield Touchstone Insurance Company**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [X] No []

10.4 If the response to 10.3 is yes, provide information related to this exemption:
The Company will not be filing an actuarial opinion based on premium and loss thresholds set forth in the annual statement instruction and has received an exemption from the Ohio Department of Insurance.

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
See interrogatories 10.3 and 10.4

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Minor changes to the Business Conduct and Ethics Guide approved 09/12/2019.

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
0			\$ 0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)

\$ 0
\$ 0
\$ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)

\$ 0
\$ 0
\$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other

\$ 0
\$ 0
\$ 0
\$ 0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$ 0

Annual Statement for the year 2019 of the **Westfield Touchstone Insurance Company**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

22.22	Amount paid as expenses	\$	0
22.23	Other amounts paid	\$	0
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes []	No [X]
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$	0
INVESTMENT			
24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes [X]	No []
24.02	If no, give full and complete information, relating thereto:		
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided). <u>The Company has no securities lending agreements as of December 31, 2019.</u>		
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes []	No []
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$	0
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$	0
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes []	No []
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes []	No []
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes []	No []
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:		
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
24.103	Total payable for securities lending reported on the liability page:	\$	0
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes [X]	No []
25.2	If yes, state the amount thereof at December 31 of the current year:		
25.21	Subject to repurchase agreements	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	0
25.28	On deposit with states	\$	2,066,291
25.29	On deposit with other regulatory bodies	\$	0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
25.32	Other	\$	0
25.3	For category (25.26) provide the following:		
	1 Nature of Restriction	2 Description	3 Amount
			\$ 0
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes []	No [X]
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes []	No []
Yes [] No [X]			
Lines 26.3 through 26.5 are for Life/Fraternal reporting entities only.			
26.3	Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity?	Yes []	No []
26.4	If the response to 26.3 is yes. Does the reporting entity utilize:		
26.41	Special accounting provisions of SSAP No. 108	Yes []	No []
26.42	Permitted accounting practice	Yes []	No []
26.43	Other accounting guidance	Yes []	No []
26.5	By responding yes to 26.41 regarding utilizing the special accounting provision of SSAP No. 108, does the reporting entity attest to the following:	Yes []	No []
	<ul style="list-style-type: none"> • The reporting entity has obtained explicit approval from the domiciliary state. • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount. • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts. 		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes []	No [X]
27.2	If yes, state the amount thereof at December 31 of the current year:	\$	0
28.	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 <i>Financial Condition Examiners Handbook</i> ?	Yes [X]	No []
28.01	For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:		

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

Name of Custodian(s)		Custodian's Address
BNY Mellon		One Wall Street, New York, NY 10286

28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation		
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?		
28.04	If yes, give full and complete information relating thereto:		

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ("...that have access to the investment accounts", "... handle securities").																		
	<table border="1"> <thead> <tr> <th>1 Name of Firm or Individual</th> <th>2 Affiliation</th> </tr> </thead> <tbody> <tr><td>George Wiswesser</td><td>I</td></tr> <tr><td>Ronald Stephonic</td><td>I</td></tr> <tr><td>Krishna Patel</td><td>I</td></tr> <tr><td>Scott Richter</td><td>I</td></tr> <tr><td>Richard Nash</td><td>I</td></tr> <tr><td>Chris Giampietro</td><td>I</td></tr> <tr><td>Melinda Pritchard</td><td>I</td></tr> </tbody> </table>			1 Name of Firm or Individual	2 Affiliation	George Wiswesser	I	Ronald Stephonic	I	Krishna Patel	I	Scott Richter	I	Richard Nash	I	Chris Giampietro	I	Melinda Pritchard	I
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Richard Nash	I																		
Chris Giampietro	I																		
Melinda Pritchard	I																		

28.0597	For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?		
	Yes [] No [X]		

28.0598	For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?		
	Yes [] No [X]		

28.06	For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.		
	1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

29.1	Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?		
	Yes [] No [X]		

29.2	If yes, complete the following schedule:		
	1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
			\$ 0
29.2999 TOTAL	\$ 0		

29.3	For each mutual fund listed in the table above, complete the following schedule:		
	1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding
			\$ 0

30.	Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.			
		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 6,501,258	\$ 6,956,454	\$ 455,196
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 6,501,258	\$ 6,956,454	\$ 455,196

30.4	Describe the sources or methods utilized in determining the fair values:		
	<u>Interactive Data Corp (IDC), Bloomberg Financial Services</u>		
31.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?		

31.2	If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?		
	Yes [] No []		

31.3	If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:		

32.1	Have all the filing requirements of the <i>Purposes and Procedures Manual of the NAIC Investment Analysis Office</i> been followed?		
32.2	If no, list exceptions:		

33.	By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 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.		

Annual Statement for the year 2019 of the **Westfield Touchstone Insurance Company**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of 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 an 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]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

37.1 Amount of payments for legal expenses, if any? \$ 0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$	0
2.2	Premium Denominator	\$	0
2.3	Premium Ratio (2.1/2.2)		0.0%
2.4	Reserve Numerator	\$	0
2.5	Reserve Denominator	\$	0
2.6	Reserve Ratio (2.4/2.5)		0.0%
3.1	Does the reporting entity issue both participating and non-participating policies?		Yes []
3.2	If yes, state the amount of calendar year premiums written on:		No [X]
3.21	Participating policies	\$	0
3.22	Non-participating policies	\$	0
4.	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:		
4.1	Does the reporting entity issue assessable policies?	Yes []	No []
4.2	Does the reporting entity issue non-assessable policies?	Yes []	No []
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?		0.0%
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$	0
5.	FOR RECIPROCAL EXCHANGES ONLY:		
5.1	Does the exchange appoint local agents?	Yes []	No []
5.2	If yes, is the commission paid:		
5.21	Out of Attorney's-in-fact compensation	Yes []	No []
5.22	As a direct expense of the exchange	Yes []	N/A [X]
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?	Yes []	No []
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?	Yes []	No []
5.5	If yes, give full information:		
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? <i>Reinsurance protection was provided by three agreements: the Multiple Line Excess of Loss with three layers (\$4.5M x \$3M), (\$7.5M x \$7.5M) and (\$10M x \$15M); the Casualty Clash and Contingency Excess with two layers (\$15M x \$25M); (\$30M x \$40M); and the Top Layer Casualty Clash and Contingency Excess (\$30M x \$70M). These three contracts total \$97M above a \$3M retention per occurrence.</i>		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <i>The modeled all perils probable maximum loss at the 250 year return time is \$289M. This is a 50%/50% blend of RMS RiskLink v18.1 and AIR Touchstone v7 and includes hurricane, earthquake and severe convective storm. The locations of concentrations are southeastern PA, DE, GA and FL for hurricane; OH for severe convective storm; and IN, KY and OH for earthquake. The reinsurance broker, Aon Benfield, models the insured exposures on the Company's behalf.</i>		
6.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? <i>The property catastrophe reinsurance program consisted of four layers with varying retentions. The first layer has two automatic reinstatements; the second, third, and fourth layers have one automatic reinstatement for additional premium. The total amount of coverage for a single loss occurrence was \$350 million excess of the Company's \$50 million net retention per loss occurrence.</i>		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [X]	No []

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss:

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [X] No []

7.2 If yes, indicate the number of reinsurance contracts containing such provisions. 1

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [X] No []

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [] No [X]

8.2 If yes, give full information

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

- (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
- (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
- (c) Aggregate stop loss reinsurance coverage;
- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?

Yes [] No [X]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
- (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

Yes [] No [X]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
- (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
- (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 37 of SSAP No. 62R, *Property and Casualty Reinsurance*, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
- (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [] No [X]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

- (a) The entity does not utilize reinsurance; or,
- (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
- (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [X] No [] N/A []

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? Yes [] No [X]

11.2 If yes, give full information

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11	Unpaid losses	\$	0
12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$	0

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [X] N/A []

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41	From	0.0%
12.42	To	0.0%

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]

12.6 If yes, state the amount thereof at December 31 of current year:

12.61	Letters of Credit	\$	0
12.62	Collateral and other funds	\$	0

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$ 3,000,000			
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	Yes [X] No []			
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.	5			
14.1	Is the reporting entity a cedant in a multiple cedant reinsurance contract?	Yes [X] No []			
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants: <u>Ohio Farmers Insurance Company and its insurance subsidiaries are covered under each reinsurance contract.</u>				
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?	Yes [] No [X]			
14.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?	Yes [X] No []			
14.5	If the answer to 14.4 is no, please explain:				
15.1	Has the reporting entity guaranteed any financed premium accounts?	Yes [] No [X]			
15.2	If yes, give full information				
16.1	Does the reporting entity write any warranty business?	Yes [] No [X]			
	If yes, disclose the following information for each of the following types of warranty coverage:				
	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11	Home	\$ 0	\$ 0	\$ 0	\$ 0
16.12	Products	\$ 0	\$ 0	\$ 0	\$ 0
16.13	Automobile	\$ 0	\$ 0	\$ 0	\$ 0
16.14	Other*	\$ 0	\$ 0	\$ 0	\$ 0
* Disclose type of coverage:					
17.1	Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that is exempt from the statutory provision for unauthorized reinsurance?	Yes [] No [X]			
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:				
17.11	Gross amount of unauthorized reinsurance in Schedule F-Part 3 exempt from the statutory provision for unauthorized reinsurance	\$ 0			
17.12	Unfunded portion of Interrogatory 17.11	\$ 0			
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$ 0			
17.14	Case reserves portion of Interrogatory 17.11	\$ 0			
17.15	Incurred but not reported portion of Interrogatory 17.11	\$ 0			
17.16	Unearned premium portion of Interrogatory 17.11	\$ 0			
17.17	Contingent commission portion of Interrogatory 17.11	\$ 0			
18.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]			
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$ 0			
18.3	Do you act as an administrator for health savings accounts?	Yes [] No [X]			
18.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$ 0			
19.	Is the reporting entity licensed or charted, registered, qualified, eligible, or writing business in at least 2 states?	Yes [X] No []			
19.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] No []			

Westfield Touchstone Insurance Company
FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2019	2 2018	3 2017	4 2016	5 2015
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	0	0	0	0	0
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	0	0	0
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	0	0	0	0	0
14. Net investment gain (loss) (Line 11)	167,720	25,864	0	0	0
15. Total other income (Line 15)	0	0	0	0	0
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	33,626	5,123	0	0	0
18. Net income (Line 20)	134,094	20,741	0	0	0
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	7,655,115	5,023,339	0	0	0
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1)	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	2,184	2,907	0	0	0
22. Losses (Page 3, Line 1)	0	0	0	0	0
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25. Capital paid up (Page 3, Lines 30 & 31)	3,000,000	3,000,000	0	0	0
26. Surplus as regards policyholders (Page 3, Line 37)	7,652,931	5,020,432	0	0	0
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	109,481	(31,885)	0	0	0
Risk-Based Capital Analysis					
28. Total adjusted capital	7,652,931	5,020,432	0	0	0
29. Authorized control level risk-based capital	11,002	1,410	0	0	0
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	85.7	97.4	0.0	0.0	0.0
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 & 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	14.3	2.6	0.0	0.0	0.0
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	0.0	0.0	0.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above lines 42 to 47	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

Annual Statement for the year 2019 of the **Westfield Touchstone Insurance Company**
FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2019	2 2018	3 2017	4 2016	5 2015
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....	0	0	0	0	0
52. Dividends to stockholders (Line 35).....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38).....	2,632,499	5,020,432	0	0	0
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	0	0	0	0	0
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	0	0	0	0	0
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	0	0	0
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
59. Total (Line 35).....	0	0	0	0	0
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	0	0	0	0	0
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
65. Total (Line 35).....	0	0	0	0	0
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	0.0	0.0	0.0	0.0	0.0
68. Loss expenses incurred (Line 3).....	0.0	0.0	0.0	0.0	0.0
69. Other underwriting expenses incurred (Line 4).....	0.0	0.0	0.0	0.0	0.0
70. Net underwriting gain (loss) (Line 8).....	0.0	0.0	0.0	0.0	0.0
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	0.0	0.0	0.0	0.0	0.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	0.0	0.0	0.0	0.0	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	0.0	0.0	0.0	0.0	0.0
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	0	0	0	0	0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	0.0	0.0	0.0	0.0	0.0
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	0	0	0	0	0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	0.0	0.0	0.0	0.0	0.0

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, *Accounting Changes and Correction of Errors*?

Yes No

If no, please explain:

Sch. P - Pt. 1
NONE

Sch. P - Pt. 2
NONE

Sch. P - Pt. 3
NONE

Sch. P - Pt. 4
NONE

Westfield Touchstone Insurance Company
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL N.....	0	0	0	0	0	0	0	0
2. Alaska.....	AK N.....	0	0	0	0	0	0	0	0
3. Arizona.....	AZ L.....	0	0	0	0	0	0	0	0
4. Arkansas.....	AR N.....	0	0	0	0	0	0	0	0
5. California.....	CA N.....	0	0	0	0	0	0	0	0
6. Colorado.....	CO N.....	0	0	0	0	0	0	0	0
7. Connecticut.....	CT N.....	0	0	0	0	0	0	0	0
8. Delaware.....	DE N.....	0	0	0	0	0	0	0	0
9. District of Columbia.....	DC N.....	0	0	0	0	0	0	0	0
10. Florida.....	FL N.....	0	0	0	0	0	0	0	0
11. Georgia.....	GA L.....	0	0	0	0	0	0	0	0
12. Hawaii.....	HI N.....	0	0	0	0	0	0	0	0
13. Idaho.....	ID N.....	0	0	0	0	0	0	0	0
14. Illinois.....	IL L.....	0	0	0	0	0	0	0	0
15. Indiana.....	IN N.....	0	0	0	0	0	0	0	0
16. Iowa.....	IA L.....	0	0	0	0	0	0	0	0
17. Kansas.....	KS N.....	0	0	0	0	0	0	0	0
18. Kentucky.....	KY L.....	0	0	0	0	0	0	0	0
19. Louisiana.....	LA N.....	0	0	0	0	0	0	0	0
20. Maine.....	ME N.....	0	0	0	0	0	0	0	0
21. Maryland.....	MD N.....	0	0	0	0	0	0	0	0
22. Massachusetts.....	MA N.....	0	0	0	0	0	0	0	0
23. Michigan.....	MI N.....	0	0	0	0	0	0	0	0
24. Minnesota.....	MN N.....	0	0	0	0	0	0	0	0
25. Mississippi.....	MS N.....	0	0	0	0	0	0	0	0
26. Missouri.....	MO N.....	0	0	0	0	0	0	0	0
27. Montana.....	MT N.....	0	0	0	0	0	0	0	0
28. Nebraska.....	NE N.....	0	0	0	0	0	0	0	0
29. Nevada.....	NV N.....	0	0	0	0	0	0	0	0
30. New Hampshire.....	NH N.....	0	0	0	0	0	0	0	0
31. New Jersey.....	NJ N.....	0	0	0	0	0	0	0	0
32. New Mexico.....	NM N.....	0	0	0	0	0	0	0	0
33. New York.....	NY N.....	0	0	0	0	0	0	0	0
34. North Carolina.....	NC N.....	0	0	0	0	0	0	0	0
35. North Dakota.....	ND N.....	0	0	0	0	0	0	0	0
36. Ohio.....	OH L.....	0	0	0	0	0	0	0	0
37. Oklahoma.....	OK N.....	0	0	0	0	0	0	0	0
38. Oregon.....	OR N.....	0	0	0	0	0	0	0	0
39. Pennsylvania.....	PA L.....	0	0	0	0	0	0	0	0
40. Rhode Island.....	RI N.....	0	0	0	0	0	0	0	0
41. South Carolina.....	SC L.....	0	0	0	0	0	0	0	0
42. South Dakota.....	SD N.....	0	0	0	0	0	0	0	0
43. Tennessee.....	TN L.....	0	0	0	0	0	0	0	0
44. Texas.....	TX N.....	0	0	0	0	0	0	0	0
45. Utah.....	UT N.....	0	0	0	0	0	0	0	0
46. Vermont.....	VT N.....	0	0	0	0	0	0	0	0
47. Virginia.....	VA N.....	0	0	0	0	0	0	0	0
48. Washington.....	WA N.....	0	0	0	0	0	0	0	0
49. West Virginia.....	WV L.....	0	0	0	0	0	0	0	0
50. Wisconsin.....	WI N.....	0	0	0	0	0	0	0	0
51. Wyoming.....	WY N.....	0	0	0	0	0	0	0	0
52. American Samoa.....	AS N.....	0	0	0	0	0	0	0	0
53. Guam.....	GU N.....	0	0	0	0	0	0	0	0
54. Puerto Rico.....	PR N.....	0	0	0	0	0	0	0	0
55. US Virgin Islands.....	VI N.....	0	0	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP N.....	0	0	0	0	0	0	0	0
57. Canada.....	CAN N.....	0	0	0	0	0	0	0	0
58. Aggregate Other Alien.....	OT XXX.....	0	0	0	0	0	0	0	0
59. Totals.....	XXX.....	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 10

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)..... 0

D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile..... 0

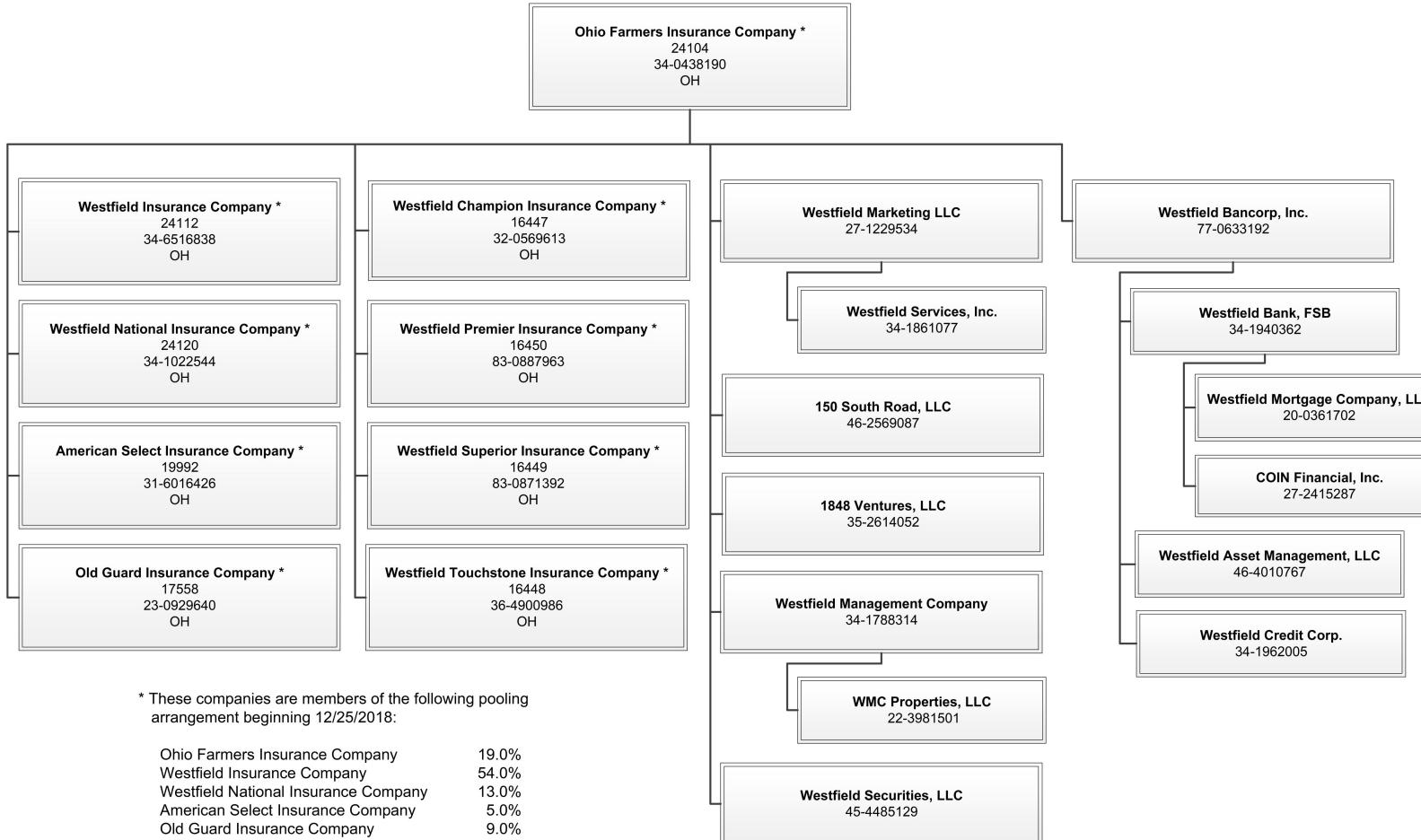
(b) Explanation of Basis of Allocation of Premiums by States, etc.
Inland Marine and Other Accident and Health - Residence of Insured
All Other Lines - Location of Risk

R - Registered - Non-domiciled RRGs..... 0

Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 47

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



* These companies are members of the following pooling arrangement beginning 12/25/2018:

Ohio Farmers Insurance Company	19.0%
Westfield Insurance Company	54.0%
Westfield National Insurance Company	13.0%
American Select Insurance Company	5.0%
Old Guard Insurance Company	9.0%
Westfield Champion Insurance Company	0.0%
Westfield Premier Insurance Company	0.0%
Westfield Superior Insurance Company	0.0%
Westfield Touchstone Insurance Company	<u>0.0%</u>
Total	100%

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