



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Infinity Preferred Insurance Company

NAIC Group Code	0215 (Current)	0215 (Prior)	NAIC Company Code	10195	Employer's ID Number	34-1785809
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		OH
Country of Domicile	United States of America					
Incorporated/Organized	11/07/1994			Commenced Business 07/01/1995		
Statutory Home Office	1400 Provident Tower, One East Fourth Street (Street and Number)			Cincinnati, OH, US 45202 (City or Town, State, Country and Zip Code)		
Main Administrative Office	2201 4th Avenue North (Street and Number)			205-870-4000 (Area Code) (Telephone Number)		
	Birmingham, AL, US 35203-3863 (City or Town, State, Country and Zip Code)					
Mail Address	P.O. Box 830189 (Street and Number or P.O. Box)			Birmingham, AL, US 35283-0189 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	2201 4th Avenue North (Street and Number)			205-870-4000 (Area Code) (Telephone Number)		
	Birmingham, AL, US 35203-3863 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.infinityauto.com					
Statutory Statement Contact	Nathan Smith (Name)			312-661-4741 (Area Code) (Telephone Number)		
	nasmith@kemper.com (E-mail Address)			205-803-8080 (FAX Number)		

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

State of	Alabama	SS:
County of	Jefferson	

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

Matthew Joseph Vargona President	James Henry Romaker Secretary	Amy Kay Jordan Vice President & Treasurer/Controller
Subscribed and sworn to before me this 20th 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.....
Barbara H. Mosley		
April 15, 2021		



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability						(170)	94		(14)	4		307
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage					(267)	(221)	(8)			1		307
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)					(267)	(391)	86		(14)	5		614
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2019 NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)					275	(18)			(8)			
19.2 Other private passenger auto liability						(375)	206		(117)	48		448
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage						137	(17)		2	3		448
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)					275	(256)	189		(123)	51		896
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2019 NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)					275	(18)			(8)			
19.2 Other private passenger auto liability						(545)	300		(131)	.52		755
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage					(267)	(84)	(25)		2	4		755
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)					8	(647)	275		(137)	56		1,510
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

Schedule F - Part 1 - Assumed Reinsurance

N O N E

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
31-0943862	22268	Infinity Insurance Company	IN																
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling																			
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates																			
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																			
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999. Total Unauthorized - Affiliates																			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																			
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			
3699999. Total Certified - Affiliates																			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																			
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)																			
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																			
9999999 Totals																			

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
31-0943862	Infinity Insurance Company								XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX										XXX			
0899999. Total Authorized - Affiliates				XXX										XXX			
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX										XXX			
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX										XXX			
2299999. Total Unauthorized - Affiliates				XXX										XXX			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX										XXX			
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX										XXX			
3699999. Total Certified - Affiliates				XXX										XXX			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX										XXX			
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX										XXX			
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX										XXX			
9999999 Totals				XXX										XXX			

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[(Cols. 46+48)])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37	Overdue					43											
			38	39	40	41	42												Total Due Cols. 37+42 (In total should equal Cols. 7+8)
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41												
31-0943862 ...	Infinity Insurance Company																	YES.	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling																		XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																		XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																		XXX	
0899999. Total Authorized - Affiliates																		XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																		XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																		XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX	
2299999. Total Unauthorized - Affiliates																		XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																		XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)																		XXX	
3699999. Total Certified - Affiliates																		XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																		XXX	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)																		XXX	
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																		XXX	
9999999 Totals																		XXX	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance														Complete if Col. 52 = "No"; Otherwise Enter 0		69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)		67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67	
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)											
31-0943862	Infinity Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX				XXX	XXX									
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX				XXX	XXX									
3699999. Total Certified - Affiliates				XXX				XXX	XXX									
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX				XXX	XXX									
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX				XXX	XXX									
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX				XXX	XXX									
9999999 Totals				XXX				XXX	XXX									

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
31-0943862	Infinity Insurance Company		XXX	XXX				XXX	XXX	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX	XXX				XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
0899999. Total Authorized - Affiliates			XXX	XXX				XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX				XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					XXX	XXX	XXX		XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX		XXX	
2299999. Total Unauthorized - Affiliates					XXX	XXX	XXX		XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					XXX	XXX	XXX		XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)										
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)										
9999999 Totals										

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
			NONE	
Total				

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.			
2.			
3.			
4.			
5.			

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3,Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	Infinity Insurance Company			Yes [X] No []
7.				Yes [] No []
8.				Yes [] No []
9.				Yes [] No []
10.				Yes [] No []

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	3,159,536		3,159,536
2. Premiums and considerations (Line 15)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	34,322		34,322
6. Net amount recoverable from reinsurers		388	388
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	3,193,858	388	3,194,246
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)		388	388
10. Taxes, expenses, and other obligations (Lines 4 through 8)	4,422		4,422
11. Unearned premiums (Line 9)			
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)			
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities	425		425
19. Total liabilities excluding protected cell business (Line 26)	4,847	388	5,235
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	3,189,011	XXX	3,189,011
22. Totals (Line 38)	3,193,858	388	3,194,246

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [X] No []

If yes, give full explanation: See Note 26 in the Notes to Financial Statements.

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2010.....												
3. 2011.....												
4. 2012.....												
5. 2013.....												
6. 2014.....												
7. 2015.....												
8. 2016.....												
9. 2017.....												
10. 2018.....												
11. 2019.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....			2	2									
2. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....													
6. 2014.....													
7. 2015.....													
8. 2016.....													
9. 2017.....													
10. 2018.....													
11. 2019.....													
12. Totals			2	2									

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2010.....									0.1		
3. 2011.....									0.1		
4. 2012.....									0.1		
5. 2013.....									0.1		
6. 2014.....									0.1		
7. 2015.....									0.1		
8. 2016.....									0.1		
9. 2017.....									0.1		
10. 2018.....									0.1		
11. 2019.....									0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX			1	1					XXX
2. 2010.....	560	1	559	384		21		68		5	473	170
3. 2011.....	636	1	635	436		21		74		5	531	187
4. 2012.....	750	1	749	516	(1)	22		86		5	625	216
5. 2013.....	834	1	833	544	(4)	22	1	93	1	5	661	219
6. 2014.....	838	1	837	539	(5)	18		90		5	652	214
7. 2015.....	829	1	828	551	(14)	17	(2)	87	(1)	4	672	216
8. 2016.....	835	1	834	539	(26)	13	(3)	88	(2)	4	671	213
9. 2017.....	808	1	807	495	(41)	9	(6)	82	(5)	4	638	199
10. 2018.....	873	88	785	455	(44)	6	(10)	82	(6)	3	603	200
11. 2019.....	973	973		268	268	2	2	89	89			204
12. Totals	XXX	XXX	XXX	4,729	135	152	(17)	840	77	40	5,526	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	7	7											
2. 2010.....													
3. 2011.....													
4. 2012.....	1	1											
5. 2013.....	4	4	1	1					1	1			
6. 2014.....	4	4	2	2	1	1			1	1			1
7. 2015.....	5	5	6	6	1	1	1	1	2	2			1
8. 2016.....	9	9	14	14	3	3	2	2	3	3			2
9. 2017.....	15	15	21	21	4	4	3	3	5	5			2
10. 2018.....	49	49	34	34	8	8	4	4	17	17			6
11. 2019.....	155	155	172	172	8	8	8	8	29	29			35
12. Totals	251	251	251	251	25	25	19	19	57	57			47

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2010.....	474	1	473	84.6	58.5	84.6			0.1		
3. 2011.....	532	1	531	83.6	85.1	83.6			0.1		
4. 2012.....	626	1	625	83.4	84.1	83.4			0.1		
5. 2013.....	664	3	661	79.6	316.1	79.4			0.1		
6. 2014.....	656	4	652	78.3	381.6	77.9			0.1		
7. 2015.....	671	(1)	672	80.9	(113.9)	81.2			0.1		
8. 2016.....	671		671	80.3	(46.8)	80.5			0.1		
9. 2017.....	635	(3)	638	78.6	(287.3)	79.1			0.1		
10. 2018.....	655	52	603	75.0	58.8	76.8			0.1		
11. 2019.....	732	732		75.2	75.2				0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2010.....	45	3	42	27	1	1		3			30	8
3. 2011.....	50	4	46	27	1	2		3			31	8
4. 2012.....	57	5	52	37	2	2		4			41	9
5. 2013.....	67	6	61	41	2	2		5		1	46	9
6. 2014.....	80	8	72	57	6	3		6			60	11
7. 2015.....	96	10	86	75	5	4		6	(1)	1	81	14
8. 2016.....	111	7	104	78	(2)	3	(1)	7	(2)	1	93	14
9. 2017.....	123	5	118	68	(17)	2	(3)	6	(3)	1	99	14
10. 2018.....	141	20	121	53	(30)	1	(4)	7	(4)		99	15
11. 2019.....	179	179		28	28			7	7			16
12. Totals	XXX	XXX	XXX	492	(3)	20	(8)	55	(2)	4	580	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....	1	1											
6. 2014.....	1	1											
7. 2015.....	2	2											
8. 2016.....	9	9	2	2	1	1			1	1			
9. 2017.....	12	12	6	6	2	2	1	1	2	2			
10. 2018.....	19	19	16	16	2	2	2	2	4	4			1
11. 2019.....	31	31	45	45	3	3	3	3	7	7			3
12. Totals	76	76	70	70	9	9	6	6	15	15			4

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2010.....	31	1	30	68.9	33.4	71.4			0.1		
3. 2011.....	32	1	31	64.1	25.8	67.4			0.1		
4. 2012.....	43	2	41	75.6	41.5	78.8			0.1		
5. 2013.....	49	3	46	73.8	57.1	75.4			0.1		
6. 2014.....	68	8	60	84.6	96.5	83.3			0.1		
7. 2015.....	88	7	81	91.2	65.4	94.2			0.1		
8. 2016.....	103	10	93	92.8	142.6	89.4			0.1		
9. 2017.....	100	1	99	81.2	17.9	83.9			0.1		
10. 2018.....	104	5	99	73.7	24.7	81.8			0.1		
11. 2019.....	125	125		69.8	69.8				0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2010.....												
3. 2011.....												
4. 2012.....												
5. 2013.....												
6. 2014.....												
7. 2015.....												
8. 2016.....												
9. 2017.....												
10. 2018.....												
11. 2019.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....													
6. 2014.....													
7. 2015.....													
8. 2016.....													
9. 2017.....													
10. 2018.....													
11. 2019.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2010.....									0.1		
3. 2011.....									0.1		
4. 2012.....									0.1		
5. 2013.....									0.1		
6. 2014.....									0.1		
7. 2015.....									0.1		
8. 2016.....									0.1		
9. 2017.....									0.1		
10. 2018.....									0.1		
11. 2019.....									0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1E - Commercial Multiple Peril

N O N E

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12						
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed						
				4		5		6					7		8		9	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Direct and Assumed	Ceded	Direct and Assumed	Ceded		
1. Prior.....	XXX	XXX	XXX									XXX						
2. 2010.....																		
3. 2011.....																		
4. 2012.....																		
5. 2013.....																		
6. 2014.....																		
7. 2015.....																		
8. 2016.....																		
9. 2017.....																		
10. 2018.....																		
11. 2019.....																		
12. Totals	XXX	XXX	XXX									XXX						

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....													
6. 2014.....													
7. 2015.....													
8. 2016.....													
9. 2017.....													
10. 2018.....													
11. 2019.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2010.....									0.1		
3. 2011.....									0.1		
4. 2012.....									0.1		
5. 2013.....									0.1		
6. 2014.....									0.1		
7. 2015.....									0.1		
8. 2016.....									0.1		
9. 2017.....									0.1		
10. 2018.....									0.1		
11. 2019.....				86.2	86.2				0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12						
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed						
				4		5		6					7		8		9	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Direct and Assumed	Ceded	Direct and Assumed	Ceded		
1. Prior.....	XXX	XXX	XXX									XXX						
2. 2010.....																		
3. 2011.....																		
4. 2012.....																		
5. 2013.....																		
6. 2014.....																		
7. 2015.....																		
8. 2016.....																		
9. 2017.....																		
10. 2018.....																		
11. 2019.....																		
12. Totals	XXX	XXX	XXX									XXX						

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....													
6. 2014.....													
7. 2015.....													
8. 2016.....													
9. 2017.....													
10. 2018.....													
11. 2019.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2010.....									0.1		
3. 2011.....									0.1		
4. 2012.....									0.1		
5. 2013.....									0.1		
6. 2014.....									0.1		
7. 2015.....									0.1		
8. 2016.....									0.1		
9. 2017.....									0.1		
10. 2018.....									0.1		
11. 2019.....				85.2	85.2				0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	NONE								XXX
2. 2018				NONE								XXX
3. 2019				NONE								XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
1. Prior	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
2. 2018													
3. 2019													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2018											
3. 2019											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(1)	(1)	1	1					XXX
2. 2018.....	481	51	430	267	24	1	(1)	34	(2)	40	281	167
3. 2019.....	525	525		278	278	1	1	37	37			164
4. Totals	XXX	XXX	XXX	543	300	3	1	71	35	40	281	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	(2)	(2)	1	1					4	4			
2. 2018	(3)	(3)	1	1					4	4			
3. 2019	(15)	(15)	38	38			1	1	7	7			6
4. Totals	(20)	(20)	40	40			2	2	15	15			6

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2018.....	305	24	281	63.4	47.1	65.3			0.1		
3. 2019.....	347	347		66.0	66.0				0.1		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

N O N E

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior.....	1	1	2	2	4	4	5	5	5	5		
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	133	118	110	110	103	101	101	101	101	101		
2. 2010.....	385	400	404	406	404	406	404	405	405	405		
3. 2011.....	XXX	425	454	459	458	459	457	457	457	457		
4. 2012.....	XXX	XXX	523	542	543	543	540	538	539	539		1
5. 2013.....	XXX	XXX	XXX	589	591	577	570	570	569	569		(1)
6. 2014.....	XXX	XXX	XXX	XXX	573	575	564	565	562	562		(3)
7. 2015.....	XXX	XXX	XXX	XXX	XXX	586	585	584	584	584		
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	598	585	581	581		(4)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	553	551	551		(2)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	515	515		XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												(9)

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	18	16	13	10	10	10	10	10	10	10		
2. 2010.....	34	32	29	28	27	27	27	27	27	27		
3. 2011.....	XXX	33	32	29	28	28	28	28	28	28		
4. 2012.....	XXX	XXX	42	39	38	38	38	37	37	37		
5. 2013.....	XXX	XXX	XXX	53	42	43	42	41	41	41		
6. 2014.....	XXX	XXX	XXX	XXX	54	52	54	55	54	54		(1)
7. 2015.....	XXX	XXX	XXX	XXX	XXX	68	70	74	74	74		
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	79	80	84	84		4
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89	90	90		1
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	88		XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												4

SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....				1	1	1	1	1	1	1		
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	8	8		(7)
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	245	245		XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												(7)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	.000	.1	.1	.1	.2	.2	.2	.3	.5	.5		
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	.000	.62	.84	.94	.96	.98	100	100	101	101	.9	
2. 2010.....	182	332	374	390	396	401	403	404	405	405	95	75
3. 2011.....	XXX	201	374	423	442	450	454	456	457	457	106	81
4. 2012.....	XXX	XXX	246	446	503	523	531	535	539	539	121	95
5. 2013.....	XXX	XXX	XXX	272	478	531	550	558	569	569	123	96
6. 2014.....	XXX	XXX	XXX	XXX	272	472	523	542	562	562	121	92
7. 2015.....	XXX	XXX	XXX	XXX	XXX	283	490	540	584	584	123	92
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	291	485	581	581	120	91
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	266	551	551	111	86
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	515	515	105	89
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		79	90

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	.000	.8	.9	.10	.10	.10	.10	.10	.10	.10	.1	
2. 2010.....	10	19	23	26	26	27	27	27	27	27	5	3
3. 2011.....	XXX	11	22	25	27	27	28	28	28	28	5	3
4. 2012.....	XXX	XXX	15	27	33	35	36	37	37	37	6	3
5. 2013.....	XXX	XXX	XXX	15	31	36	38	39	41	41	6	3
6. 2014.....	XXX	XXX	XXX	XXX	19	36	44	49	54	54	7	4
7. 2015.....	XXX	XXX	XXX	XXX	XXX	25	50	61	74	74	9	5
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	28	53	84	84	9	5
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	90	90	9	5
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	88	9	5
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		7	6

SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.000										XXX	XXX
2. 2010.....											XXX	XXX
3. 2011.....	XXX										XXX	XXX
4. 2012.....	XXX	XXX									XXX	XXX
5. 2013.....	XXX	XXX	XXX								XXX	XXX
6. 2014.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2015.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	.000			1	1	1	1	1	1	1		
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.8	.8		
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	245	107	60
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		98	60

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2010											XXX	XXX
3. 2011	XXX										XXX	XXX
4. 2012	XXX	XXX									XXX	XXX
5. 2013	XXX	XXX	XXX								XXX	XXX
6. 2014	XXX	XXX	XXX	XXX							XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....					1	2	2	2		
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	59	22	11	7	2					
2. 2010.....	85	28	9	6	2	2				
3. 2011.....	XXX	102	33	13	5	4	1	1		
4. 2012.....	XXX	XXX	142	40	16	10	6	1		
5. 2013.....	XXX	XXX	XXX	178	54	23	12	5		
6. 2014.....	XXX	XXX	XXX	XXX	165	49	21	15		
7. 2015.....	XXX	XXX	XXX	XXX	XXX	168	40	25		
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	175	46		
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	160		
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	7	4	2							
2. 2010.....	15	6	2	1						
3. 2011.....	XXX	14	4	1		1				
4. 2012.....	XXX	XXX	16	2	1	1	1			
5. 2013.....	XXX	XXX	XXX	22	2	2	1			
6. 2014.....	XXX	XXX	XXX	XXX	18	3	2	2		
7. 2015.....	XXX	XXX	XXX	XXX	XXX	22	3	2		
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	28	7		
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33		
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 4G - Special Liability

N O N E

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35		
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	27	7	2							
2. 2010.....	61	88	93	93	94	94	95	95	95	95
3. 2011.....	XXX	70	99	104	105	105	106	106	106	106
4. 2012.....	XXX	XXX	82	113	118	120	121	121	121	121
5. 2013.....	XXX	XXX	XXX	85	115	121	123	123	123	123
6. 2014.....	XXX	XXX	XXX	XXX	83	114	119	121	121	121
7. 2015.....	XXX	XXX	XXX	XXX	XXX	85	117	122	123	123
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	86	115	119	120
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	107	111
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78	105
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	6	2								
2. 2010.....	26	4	2	1	1	1				
3. 2011.....	XXX	26	5	2	1	1				
4. 2012.....	XXX	XXX	27	6	2	1				
5. 2013.....	XXX	XXX	XXX	28	6	3	1	1	1	
6. 2014.....	XXX	XXX	XXX	XXX	28	6	2	1	1	1
7. 2015.....	XXX	XXX	XXX	XXX	XXX	29	6	3	2	1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	27	6	3	2
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	5	2
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	6
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	13		1							
2. 2010.....	155	168	169	169	169	170	170	170	170	170
3. 2011.....	XXX	173	186	187	187	187	187	187	187	187
4. 2012.....	XXX	XXX	200	215	216	216	216	216	216	216
5. 2013.....	XXX	XXX	XXX	204	218	219	219	220	220	219
6. 2014.....	XXX	XXX	XXX	XXX	196	212	213	214	214	214
7. 2015.....	XXX	XXX	XXX	XXX	XXX	201	216	217	217	216
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	200	212	213	213
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186	198	199
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	189	200
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	1	1								
2. 2010.....	3	4	4	4	5	5	5	5	5	5
3. 2011.....	XXX	3	4	5	5	5	5	5	5	5
4. 2012.....	XXX	XXX	4	5	5	6	6	6	6	6
5. 2013.....	XXX	XXX	XXX	4	6	6	6	6	6	6
6. 2014.....	XXX	XXX	XXX	XXX	5	7	7	7	7	7
7. 2015.....	XXX	XXX	XXX	XXX	XXX	6	8	9	9	9
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	7	9	9	9
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9	9
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....										
2. 2010.....	1									
3. 2011.....	XXX	1								
4. 2012.....	XXX	XXX	1							
5. 2013.....	XXX	XXX	XXX	1						
6. 2014.....	XXX	XXX	XXX	XXX	2	1				
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2	1			
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2	1		
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	1									
2. 2010.....	7	7	7	7	7	7	7	7	7	8
3. 2011.....	XXX	7	8	8	8	8	8	8	8	8
4. 2012.....	XXX	XXX	8	9	9	9	9	9	9	9
5. 2013.....	XXX	XXX	XXX	9	10	10	10	10	10	9
6. 2014.....	XXX	XXX	XXX	XXX	10	11	11	11	11	11
7. 2015.....	XXX	XXX	XXX	XXX	XXX	13	14	14	14	14
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	14	15	15	14
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	15	14
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	45	45	45	45	45	45	45	45	45	45	
3. 2011.....	XXX	50	50	50	50	50	50	50	50	50	
4. 2012.....	XXX	XXX	57	57	57	57	57	57	57	57	
5. 2013.....	XXX	XXX	XXX	67	67	67	67	67	67	67	
6. 2014.....	XXX	XXX	XXX	XXX	80	80	80	80	80	80	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	96	96	96	96	96	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	111	111	111	111	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	123	123	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179	179
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179
13. Earned Premiums (Sch P-Pt. 1)	45	50	57	67	80	96	111	123	141	179	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	3	3	3	3	3	3	3	3	3	3	
3. 2011.....	XXX	4	4	4	4	4	4	4	4	4	
4. 2012.....	XXX	XXX	5	5	5	5	5	5	5	5	
5. 2013.....	XXX	XXX	XXX	6	6	6	6	6	6	6	
6. 2014.....	XXX	XXX	XXX	XXX	8	8	8	8	8	8	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	10	10	10	10	10	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179	179
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179
13. Earned Premiums (Sch P-Pt. 1)	3	4	5	6	8	10	7	5	20	179	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX									
6. 2014.....	XXX	XXX									
7. 2015.....	XXX	XXX									
8. 2016.....	XXX	XXX									
9. 2017.....	XXX	XXX									
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX									
6. 2014.....	XXX	XXX									
7. 2015.....	XXX	XXX									
8. 2016.....	XXX	XXX									
9. 2017.....	XXX	XXX									
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [☒]
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?\$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	¹ Section 1: Occurrence	² Section 2: Claims-Made
1.601 Prior		
1.602 2010		
1.603 2011		
1.604 2012		
1.605 2013		
1.606 2014		
1.607 2015		
1.608 2016		
1.609 2017		
1.610 2018		
1.611 2019		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement? Yes [☒] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [☒] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [☒]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which).per claimant.....
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [☒] No []
- 7.2 (An extended statement may be attached.)
Effective 12/1/18, the Company's parent, Infinity Insurance Company, entered into a 100% quota share agreement with Trinity Universal Insurance Company, an affiliate. The result is that members of the Infinity Insurance Pool will have no net reserves. For pooling information see Note 26 in the Notes to the Financial Statements.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
	Kemper Corporation	00000	95-4255452		0000860748	New York Stock Exchange	Kemper Corporation	DE	UIP					N	
.0215	Kemper Corporation	10920	77-0475915				Alliance United Insurance Company	CA	IA	Kemper Corporation	Ownership	100.000	Kemper Corporation	Y	
	Kemper Corporation	00000	77-0472398				Alliance United Insurance Services, LLC	CA	NIA	Alliance United Insurance Company	Ownership	100.000	Kemper Corporation	N	1
	Kemper Corporation	00000	03-0483872				Infinity Property and Casualty Corporation	OH	NIA	Kemper Corporation			Kemper Corporation	N	
	Kemper Corporation	00000	20-4363792				Infinity Financial Centers, LLC	DE	NIA	Infinity Property and Casualty Corporation	Ownership	100.000	Kemper Corporation	N	1
.0215	Kemper Corporation	22268	31-0943862				Infinity Insurance Company	IN	IA	Infinity Property and Casualty Corporation	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	74-2641866				Infinity Agency of Texas	TX	NIA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	39497	75-1227771				Infinity Assurance Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	11738	34-0927698				Infinity Auto Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	75-2280915				Leader Mananging General Agency, Inc.	TX	NIA	Infinity Auto Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	34-1852743				Leader Group, Inc.	OH	NIA	Infinity Auto Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	21792	58-1132392				Infinity Casualty Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	58-1293110				Infinity Insurance Agency, Inc.	AL	NIA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	10061	34-1767787				Infinity Indemnity Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	10195	34-1785809				Infinity Preferred Insurance Company	OH	RE	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	16802	73-0772113				Infinity Safeguard Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	38873	58-1806192				Infinity Security Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	20260	31-1333017				Infinity Select Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	12599	58-1806189				Infinity Standard Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	58-1080659				Infinity Property and Casualty Services, Inc.	GA	NIA	Infinity Standard Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	58-0642684				Casualty Underwriters, Inc.	GA	NIA	Infinity Property and Casualty Services, Inc.	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	13820	43-6030348				Infinity County Mutual Insurance Company	TX	IA	Infinity Insurance Company	Management		Kemper Corporation	N	
	Kemper Corporation	00000	31-1357130				The Infinity Group, Inc.	IN	NIA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	27-3557296				KAHG LLC	IL	NIA	Kemper Corporation	Ownership	100.000	Kemper Corporation	N	1
	Kemper Corporation	00000	36-4105161				Kemper Corporate Services, Inc.	IL	NIA	Kemper Corporation	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	19887	75-0620550				Trinity Universal Insurance Company	TX	UDP	Kemper Corporation	Ownership	100.000	Kemper Corporation	Y	
	Kemper Corporation	38156	39-1344101				Alpha Property & Casualty Insurance Company	WI	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000					Capitala Senior Liquid Loan Fund I, LLC		NIA	Trinity Universal Insurance Company	Ownership	50.000	Kemper Corporation	N	6
.0215	Kemper Corporation	37524	75-1636168				Charter Indemnity Company	TX	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	04-3294619				Direct Response Corporation	DE	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	43044	04-2794993				Response Insurance Company	IL	IA	Direct Response Corporation	Ownership	100.000	Kemper Corporation	Y	
.0215	Kemper Corporation	39004	91-1119010				Kemper Financial Indemnity Company	IL	IA	Response Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	26050	39-1341441				Response Worldwide Insurance Company	IL	IA	Response Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	26085	36-3423817				Warner Insurance Company	IL	IA	Direct Response Corporation	Ownership	100.000	Kemper Corporation	Y	
	Kemper Corporation	20133	61-6027355				Response Worldwide Direct Auto Insurance Company	IL	IA	Warner Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	19852	95-1466743				Financial Indemnity Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	75-1865314				Kemper General Agency, Inc.	TX	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	10914	36-4230019				Kemper Independence Insurance Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	98-0426067				Merastar Industries LLC	DE	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	1
.0215	Kemper Corporation	31968	62-0928337				Merastar Insurance Company	IL	IA	Merastar Industries LLC	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	00000	20-3046396				Security One Agency LLC	IL	NIA	Merastar Industries LLC	Ownership	100.000	Kemper Corporation	N	1
	Kemper Corporation	00000	75-2538407				NCM Management Corporation	DE	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	29351	74-1084315				Unitrin County Mutual Insurance Company	TX	IA	NCM Management Corporation	Management		Kemper Corporation	N	4
	Kemper Corporation	00000					Senior Loan Fund JV, I LLC		NIA	Trinity Universal Insurance Company	Ownership	50.000	Kemper Corporation	N	5
.0215	Kemper Corporation	12998	72-6019774				Union National Fire Insurance Company	LA	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
	Kemper Corporation	11142	23-1614367				United Casualty Insurance Company of America	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	
.0215	Kemper Corporation	10881	13-3974181				Unitrin Advantage Insurance Company	NY	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0215 ..	Kemper Corporation .....	..16063 ..	52-1752227 ..	.....	.....	.....	Unitrin Auto and Home Insurance Company .....	..NY.....	..IA.....	Trinity Universal Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..10226 ..	36-4013825 ..	.....	.....	.....	Unitrin Direct Insurance Company .....	..IL.....	..IA.....	Trinity Universal Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..10915 ..	36-4230008 ..	.....	.....	.....	Unitrin Direct Property & Casualty Company ..	..IL.....	..IA.....	Trinity Universal Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
.....	Kemper Corporation .....	..00000 ..	75-2874538 ..	.....	.....	.....	Kemper Personal Insurance General Agency, Inc. ....	..TX.....	..NIA.....	Unitrin Direct Property & Casualty Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..25909 ..	13-5460208 ..	.....	.....	.....	Unitrin Preferred Insurance Company .....	..NY.....	..IA.....	Trinity Universal Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..40703 ..	39-1401314 ..	.....	.....	.....	Unitrin Safeguard Insurance Company .....	..WI.....	..IA.....	Trinity Universal Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
.....	Kemper Corporation .....	.....	.....	.....	.....	.....	Valley Property & Casualty Insurance Company	.....	.....	.....	.....	.....	.....	.....	.....
..0215 ..	Kemper Corporation .....	..10698 ..	93-1217821 ..	.....	.....	.....	.....	..OR.....	..IA.....	Trinity Universal Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..69930 ..	36-1896670 ..	.....	.....	.....	United Insurance Company of America .....	..IL.....	..IA.....	Kemper Corporation	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..66397 ..	63-0148960 ..	.....	.....	.....	Mutual Savings Life Insurance Company .....	..AL.....	..IA.....	United Insurance Company of America	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..31178 ..	63-0599704 ..	.....	.....	.....	Mutual Savings Fire Insurance Company .....	..AL.....	..IA.....	Mutual Savings Life Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..68462 ..	73-0661453 ..	.....	.....	.....	Reserve National Insurance Company .....	..IL.....	..IA.....	United Insurance Company of America	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
.....	Kemper Corporation .....	..00000 ..	73-1281615 ..	.....	.....	.....	Summerset Marketing Company .....	..OK.....	..NIA.....	Reserve National Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
.....	Kemper Corporation .....	..00000 ..	73-1354019 ..	.....	.....	.....	National Association of Self-Employed Business Owners	..OK.....	..NIA.....	Summerset Marketing Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
.....	Kemper Corporation .....	..00000 ..	73-1288167 ..	.....	.....	.....	Rural American Consumers a National Association	.....	.....	Summerset Marketing Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
..0215 ..	Kemper Corporation .....	..68357 ..	43-0476110 ..	.....	.....	.....	The Reliable Life Insurance Company .....	..MO.....	..IA.....	United Insurance Company of America	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
.....	Kemper Corporation .....	..00000 ..	43-1511864 ..	.....	.....	.....	Family Security Funerals Company .....	..TX.....	..NIA.....	The Reliable Life Insurance Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....
.....	Kemper Corporation .....	.....	.....	.....	.....	.....	Capitol County Mutual Fire Insurance Company	.....	.....	.....	.....	.....	.....	.....	.....
..0215 ..	Kemper Corporation .....	..29211 ..	75-0774903 ..	.....	.....	.....	.....	..TX.....	..IA.....	The Reliable Life Insurance Company	Management.....	.....	Kemper Corporation .....	..N.....	..2 ..
.....	Kemper Corporation .....	.....	.....	.....	.....	.....	.....	.....	.....	Capitol County Mutual Fire Insurance	.....	.....	.....	.....	.....
..0215 ..	Kemper Corporation .....	..36625 ..	43-1156323 ..	.....	.....	.....	Old Reliable Casualty Company .....	..MO.....	..IA.....	Company	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	..3 ..
..0215 ..	Kemper Corporation .....	..69779 ..	72-0340280 ..	.....	.....	.....	Union National Life Insurance Company .....	..LA.....	..IA.....	United Insurance Company of America	Ownership.....	100.000 ..	Kemper Corporation .....	..N.....	.....

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

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	95-4255452	Kemper Corporation	324,450,000	(83,000,000)			38,350,984				279,800,984	
10920	77-0475915	Alliance United Insurance Company	49,500,000				(160,090,701)				(110,590,701)	
00000	77-0472398	Alliance United Insurance Services, LLC	(49,500,000)				(1,584,200)				(51,084,200)	
00000	03-0483872	Infinity Property and Casualty Corporation		(2,000,000)							(2,000,000)	
00000	20-4363792	Infinity Financial Centers, LLC										
22268	31-0943862	Infinity Insurance Company	(83,945,000)	85,000,000			(18,689,910)	63,156,072	*		45,521,162	1,435,565,699
00000	74-2641866	Infinity Agency of Texas										
39497	75-1227771	Infinity Assurance Insurance Company	(250,000)						*		(250,000)	
11738	34-0927698	Infinity Auto Insurance Company							*			
00000	75-2280915	Leader Mananging General Agency, Inc.										
00000	34-1852743	Leader Group, Inc.										
21792	58-1132392	Infinity Casualty Insurance Company							*			
00000	58-1293110	Infinity Insurance Agency, Inc.										
10061	34-1767787	Infinity Indemnity Insurance Company	(145,000)						*		(145,000)	
10195	34-1785809	Infinity Preferred Insurance Company	(185,000)						*		(185,000)	
16802	73-0772113	Infinity Safeguard Insurance Company	(225,000)						*		(225,000)	
38873	58-1806192	Infinity Security Insurance Company	(50,000)						*		(50,000)	
20260	31-1333017	Infinity Select Insurance Company							*			
12599	58-1806189	Infinity Standard Insurance Company	(200,000)						*		(200,000)	
00000	58-1080659	Infinity Property and Casualty Services, Inc.										
00000	58-0642684	Casualty Underwriters, Inc.										
13820	43-6030348	Infinity County Mutual Insurance Company						(63,156,072)	*		(63,156,072)	201,897,285
00000	31-1357130	The Infinity Group, Inc.										
00000	27-3557296	KAHG LLC										
00000	36-4105161	Kemper Corporate Services, Inc.					122,439,460				122,439,460	
19887	75-0620550	Trinity Universal Insurance Company	(92,150,000)	(26,000,000)			17,657,573	15,202,100			(85,290,327)	(2,717,493,317)
38156	39-1344101	Alpha Property & Casualty Insurance Company	(400,000)				(11,229,877)				(11,629,877)	64,809,999
00000		Capitala Senior Liquid Loan Fund I, LLC										
37524	75-1636168	Charter Indemnity Company	(700,000)				(1,918,332)				(2,618,332)	13,152,598
00000	04-3294619	Direct Response Corporation					(2,806)				(2,806)	
43044	04-2794993	Response Insurance Company	1,900,000				(1,272,392)				627,608	3,667,692
39004	91-1119010	Kemper Financial Indemnity Company	(1,900,000)				(12,842)				(1,912,842)	203,133
26050	39-1341441	Response Worldwide Insurance Company					(4,915)				(4,915)	611,505
26085	36-3423817	Warner Insurance Company					(16,201)				(16,201)	(122,875)
20133	61-6027355	Response Worldwide Direct Auto Insurance Company					206				206	85,742
19852	95-1466743	Financial Indemnity Company					(38,743,764)				(38,743,764)	269,194,807
00000	75-1865314	Kemper General Agency, Inc.										
10914	36-4230019	Kemper Independence Insurance Company	(900,000)				(44,227,959)				(45,127,959)	294,418,666
00000	98-0426067	Merastar Industries LLC										
31968	62-0928337	Merastar Insurance Company		26,000,000			237,198,147				263,198,147	5,882,501

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	20-3046396	Security One Agency LLC					60				60	
00000	75-2538407	NCM Management Corporation										
29351	74-1084315	Unitrin County Mutual Insurance Company					(11,604,959)				(11,604,959)	75,998,878
00000		Senior Loan Fund JV, I LLC										
12998	72-6019774	Union National Fire Insurance Company	(300,000)				(7,496,646)	(3,539,728)			(11,336,374)	1,703,926
11142	23-1614367	United Casualty Insurance Company of America	(250,000)				(8,775,113)	(5,373,658)			(14,398,771)	1,725,691
10881	13-3974181	Unitrin Advantage Insurance Company					3,158,511				3,158,511	2,021,714
16063	52-1752227	Unitrin Auto and Home Insurance Company	(2,000,000)				(20,745,264)				(22,745,264)	112,602,570
10226	36-4013825	Unitrin Direct Insurance Company	(600,000)				(4,567,478)				(5,167,478)	13,709,353
10915	36-4230008	Unitrin Direct Property & Casualty Company					(4,818,795)				(4,818,795)	9,046,429
00000	75-2874538	Kemper Personal Insurance General Agency, Inc.										
25909	13-5460208	Unitrin Preferred Insurance Company	(850,000)				(5,056,321)				(5,906,321)	29,178,174
40703	39-1401314	Unitrin Safeguard Insurance Company					(30,413,651)				(30,413,651)	168,842,529
10698	93-1217821	Valley Property & Casualty Insurance Company	(600,000)				(1,929,067)				(2,529,067)	10,312,667
69930	36-1896670	United Insurance Company of America	(140,000,000)	(26,000,000)			651,513	28,428,119			(136,920,368)	(1,400,761,601)
66397	63-0148960	Mutual Savings Life Insurance Company	300,000				(24,855,583)				(24,555,583)	
31178	63-0599704	Mutual Savings Fire Insurance Company	(300,000)				(2,356,166)	(628,650)			(3,284,816)	658,105
68462	73-0661453	Reserve National Insurance Company		26,000,000			(8,527,228)				17,472,772	
00000	73-1281615	Summerset Marketing Company										
00000	73-1354019	National Association of Self-Employed Business Owners										
00000	73-1288167	Rural American Consumers a National Association										
68357	43-0476110	The Reliable Life Insurance Company					(8,171,244)	(22,035,576)			(30,206,820)	871,435,771
00000	43-1511864	Family Security Funerals Company										
29211	75-0774903	Capitol County Mutual Fire Insurance Company						(5,145,009)			(5,145,009)	1,401,474
36625	43-1156323	Old Reliable Casualty Company					(1,981,108)	(515,055)			(2,496,163)	925,055
69779	72-0340280	Union National Life Insurance Company	(700,000)				(363,932)	(6,392,543)			(7,456,475)	529,325,830
9999999 Control Totals									XXX			

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company








SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES




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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
12.		
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Bar Codes:	
12.	SIS Stockholder Information Supplement [Document Identifier 420]
	
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]
	
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
	
15.	Supplement A to Schedule T [Document Identifier 455]
	
16.	Trusteed Surplus Statement [Document Identifier 490]
	
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
	
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]
	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Infinity Preferred Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>101952019365000000</div>
21.	Reinsurance Attestation Supplement [Document Identifier 399]	 <div>101952019389000000</div>
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 <div>101952019400000000</div>
23.	Bail Bond Supplement [Document Identifier 500]	 <div>101952019500000000</div>
24.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 <div>101952019505000000</div>
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>101952019224000000</div>
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>101952019225000000</div>
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>101952019226000000</div>
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 <div>101952019555000000</div>
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>101952019230000000</div>
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>101952019306000000</div>
31.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 <div>101952019210000000</div>
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>101952019216000000</div>
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>101952019217000000</div>
34.	Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]	 <div>101952019550000000</div>
35.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 <div>101952019290000000</div>
36.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 <div>101952019300000000</div>

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	100
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Part E	E24
Schedule DB - Verification	SI14
Schedule DL - Part 1	E25
Schedule DL - Part 2	E26
Schedule E - Part 1 - Cash	E27
Schedule E - Part 2 - Cash Equivalents	E28
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E29
Schedule F - Part 1	20
Schedule F - Part 2	21
Schedule F - Part 3	22
Schedule F - Part 4	27
Schedule F - Part 5	28
Schedule F - Part 6	29
Schedule H - Accident and Health Exhibit - Part 1	30
Schedule H - Part 2, Part 3 and 4	31
Schedule H - Part 5 - Health Claims	32

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 1 - Summary	33
Schedule P - Part 1A - Homeowners/Farmowners	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)	38
Schedule P - Part 1E - Commercial Multiple Peril	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P - Part 1J - Auto Physical Damage	46
Schedule P - Part 1K - Fidelity/Surety	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	48
Schedule P - Part 1M - International	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	55
Schedule P - Part 1T - Warranty	56
Schedule P - Part 2, Part 3 and Part 4 - Summary	34
Schedule P - Part 2A - Homeowners/Farmowners	57
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	57
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	57
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P - Part 2E - Commercial Multiple Peril	57
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence	58
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made	58
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	58
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	58
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P - Part 2J - Auto Physical Damage	59
Schedule P - Part 2K - Fidelity, Surety	59
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	59
Schedule P - Part 2M - International	59
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property	60
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability	60
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines	60
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	61
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	61
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	61
Schedule P - Part 2T - Warranty	61
Schedule P - Part 3A - Homeowners/Farmowners	62
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	62
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	62
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)	62
Schedule P - Part 3E - Commercial Multiple Peril	62
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence	63
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made	63
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	63
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	63
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P - Part 3J - Auto Physical Damage	64
Schedule P - Part 3K - Fidelity/Surety	64
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	64
Schedule P - Part 3M - International	64
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property	65
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability	65
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	66
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	66
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	66
Schedule P - Part 3T - Warranty	66

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	67
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	67
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	67
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	67
Schedule P - Part 4E - Commercial Multiple Peril	67
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	68
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	68
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	68
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	68
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P - Part 4J - Auto Physical Damage	69
Schedule P - Part 4K - Fidelity/Surety	69
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	69
Schedule P - Part 4M - International	69
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	70
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	70
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	71
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	71
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	71
Schedule P - Part 4T - Warranty	71
Schedule P - Part 5A - Homeowners/Farmowners	72
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	73
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	74
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P - Part 5E - Commercial Multiple Peril	76
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	78
Schedule P - Part 5F - Medical Professional Liability - Occurrence	77
Schedule P - Part 5H - Other Liability - Claims-Made	80
Schedule P - Part 5H - Other Liability - Occurrence	79
Schedule P - Part 5R - Products Liability - Claims-Made	82
Schedule P - Part 5R - Products Liability - Occurrence	81
Schedule P - Part 5T - Warranty	83
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	84
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P - Part 6E - Commercial Multiple Peril	85
Schedule P - Part 6H - Other Liability - Claims-Made	86
Schedule P - Part 6H - Other Liability - Occurrence	85
Schedule P - Part 6M - International	86
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	87
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	87
Schedule P - Part 6R - Products Liability - Claims-Made	88
Schedule P - Part 6R - Products Liability - Occurrence	88
Schedule P - Part 7A - Primary Loss Sensitive Contracts	89
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T - Exhibit of Premiums Written	94
Schedule T - Part 2 - Interstate Compact	95
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y - Part 1A - Detail of Insurance Holding Company System	97
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11