



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

Safe Auto Choice Insurance Company

NAIC Group Code..... 4940, 4940
(Current Period) (Prior Period)

NAIC Company Code..... 16502

Employer's ID Number..... 83-2241547

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... October 15, 2018

Commenced Business.....

Statutory Home Office

4 Easton Oval .. Columbus .. OH .. 43219
(Street and Number) (City or Town, State, Country and Zip Code)

614-231-0200

Main Administrative Office

4 Easton Oval .. Columbus .. OH .. 43219
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Mail Address

4 Easton Oval .. Columbus .. OH .. 43219
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

4 Easton Oval .. Columbus .. OH .. 43219
(Street and Number) (City or Town, State, Country and Zip Code)

614-231-0200
(Area Code) (Telephone Number)

Internet Web Site Address

N/A

614-944-7680

Statutory Statement Contact

Thomas J Happensack

(Area Code) (Telephone Number) (Extension)

(Name)

thomas.happensack@safauto.com
(E-Mail Address)

614-559-5357
(Fax Number)

OFFICERS

Name

1. Ronald H Davies #
3. Gregory A Sutton #

Title

Chief Executive Officer & President
Chief Financial Officer & Treasurer

Name

2. Kelly A Armstrong #
4. Thomas J Happensack #

Title

Chief Legal Officer & Secretary
Controller

OTHER

Evan McKee #

Product Leader

Charles Kordes #

Chief Information Leader

DIRECTORS OR TRUSTEES

Ronald H Davies #
Gabriel Glikberg #

Ari Deshe #
William Graves #

Elie Deshe #
Oded Gur-Arie #

Jon P Diamond #
Karen Morrison #

State of..... Ohio
County of.... Franklin

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.

Ronald H Davies
(Signature)

Ronald H Davies

1. (Printed Name)
Chief Executive Officer & President
(Title)

Kelly A Armstrong
(Signature)

Kelly A Armstrong

2. (Printed Name)
Chief Legal Officer & Secretary
(Title)

Gregory A Sutton
(Signature)

Gregory A Sutton

3. (Printed Name)
Chief Financial Officer & Treasurer
(Title)

Subscribed and sworn to before me

This 24th 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

Katelyn Moran

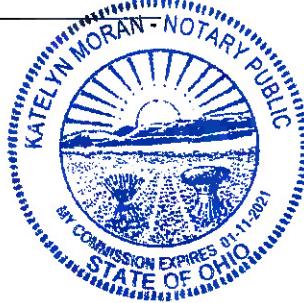


EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code....4940 NAIC Company Code....16502

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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 A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (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 A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
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.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
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.....	.0	0	.0	0	.0	0	0	0	0	0	0	0
35. TOTALS (a).....	.0	0	.0	0	.0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.0	0	.0	0	.0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	.0	0	.0	0	.0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Sch. F - Pt. 1
NONE

Sch. F - Pt. 2
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 4 Issuing or Confirming Banks for Letters of Credit from Scfpt3
NONE

Sch. F - Pt. 5 Interrogatories for Sch. F Pt. 3
NONE

	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).....	5,802,573		5,802,573
2. Premiums and considerations (Line 15).....			0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	383,123		383,123
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	6,185,696	0	6,185,696
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....			0
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	809		809
11. Unearned premiums (Line 9).....			0
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	39,514		39,514
19. Total liabilities excluding protected cell business (Line 26).....	40,323	0	40,323
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	6,145,373	XXX	6,145,373
22. Totals (Line 38).....	6,185,696	0	6,185,696

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?..Yes [] No []

If yes, give full explanation:

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

Sch. P - Pt. 1A

NONE

Sch. P - Pt. 1B

NONE

Sch. P - Pt. 1C

NONE

Sch. P - Pt. 1D

NONE

Sch. P - Pt. 1E

NONE

Sch. P - Pt. 1F - Sn. 1

NONE

Sch. P - Pt. 1F - Sn. 2

NONE

Sch. P - Pt. 1G

NONE

Sch. P - Pt. 1H - Sn. 1

NONE

Sch. P - Pt. 1H - Sn. 2

NONE

Sch. P - Pt. 1I

NONE

Sch. P - Pt. 1J

NONE

Sch. P - Pt. 1K

NONE

Sch. P - Pt. 1L

NONE

Sch. P - Pt. 1M

NONE

Sch. P - Pt. 1N

NONE

Sch. P - Pt. 1O

NONE

Sch. P - Pt. 1P

NONE

Sch. P - Pt. 1R - Sn. 1

NONE

Sch. P - Pt. 1R - Sn. 2

NONE

Sch. P - Pt. 1S

NONE

Sch. P - Pt. 1T

NONE

Sch. P - Pt. 2A

NONE

Sch. P - Pt. 2B

NONE

Sch. P - Pt. 2C

NONE

Sch. P - Pt. 2D

NONE

Sch. P - Pt. 2E

NONE

Sch. P - Pt. 2F - Sn. 1

NONE

Sch. P - Pt. 2F - Sn. 2

NONE

Sch. P - Pt. 2G

NONE

Sch. P - Pt. 2H - Sn. 1

NONE

Sch. P - Pt. 2H - Sn. 2

NONE

Sch. P - Pt. 2I

NONE

Sch. P - Pt. 2J

NONE

Sch. P - Pt. 2K

NONE

Sch. P - Pt. 2L

NONE

Sch. P - Pt. 2M

NONE

Sch. P - Pt. 2N

NONE

Sch. P - Pt. 2O

NONE

Sch. P - Pt. 2P

NONE

Sch. P - Pt. 2R - Sn. 1
NONE

Sch. P - Pt. 2R - Sn. 2
NONE

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

Sch. P - Pt. 3A
NONE

Sch. P - Pt. 3B
NONE

Sch. P - Pt. 3C
NONE

Sch. P - Pt. 3D
NONE

Sch. P - Pt. 3E
NONE

Sch. P - Pt. 3F - Sn. 1
NONE

Sch. P - Pt. 3F - Sn. 2
NONE

Sch. P - Pt. 3G
NONE

Sch. P - Pt. 3H - Sn. 1
NONE

Sch. P - Pt. 3H - Sn. 2
NONE

Sch. P - Pt. 3I
NONE

Sch. P - Pt. 3J
NONE

Sch. P - Pt. 3K
NONE

Sch. P - Pt. 3L
NONE

Sch. P - Pt. 3M
NONE

Sch. P - Pt. 3N
NONE

Sch. P - Pt. 3O
NONE

Sch. P - Pt. 3P
NONE

Sch. P - Pt. 3R - Sn. 1
NONE

Sch. P - Pt. 3R - Sn. 2
NONE

Sch. P - Pt. 3S
NONE

Sch. P - Pt. 3T
NONE

Sch. P - Pt. 4A
NONE

Sch. P - Pt. 4B
NONE

Sch. P - Pt. 4C
NONE

Sch. P - Pt. 4D
NONE

Sch. P - Pt. 4E
NONE

Sch. P - Pt. 4F - Sn. 1
NONE

Sch. P - Pt. 4F - Sn. 2
NONE

Sch. P - Pt. 4G
NONE

Sch. P - Pt. 4H - Sn. 1
NONE

Sch. P - Pt. 4H - Sn. 2
NONE

Sch. P - Pt. 4I

NONE

Sch. P - Pt. 4J

NONE

Sch. P - Pt. 4K

NONE

Sch. P - Pt. 4L

NONE

Sch. P - Pt. 4M

NONE

Sch. P - Pt. 4N

NONE

Sch. P - Pt. 4O

NONE

Sch. P - Pt. 4P

NONE

Sch. P - Pt. 4R - Sn. 1

NONE

Sch. P - Pt. 4R - Sn. 2

NONE

Sch. P - Pt. 4S

NONE

Sch. P - Pt. 4T

NONE

Sch. P - Pt. 5A - Sn. 1

NONE

Sch. P - Pt. 5A - Sn. 2

NONE

Sch. P - Pt. 5A - Sn. 3

NONE

Sch. P - Pt. 5B - Sn. 1

NONE

Sch. P - Pt. 5B - Sn. 2

NONE

Sch. P - Pt. 5B - Sn. 3

NONE

Sch. P - Pt. 5C - Sn. 1
NONE

Sch. P - Pt. 5C - Sn. 2
NONE

Sch. P - Pt. 5C - Sn. 3
NONE

Sch. P - Pt. 5D - Sn. 1
NONE

Sch. P - Pt. 5D - Sn. 2
NONE

Sch. P - Pt. 5D - Sn. 3
NONE

Sch. P - Pt. 5E - Sn. 1
NONE

Sch. P - Pt. 5E - Sn. 2
NONE

Sch. P - Pt. 5E - Sn. 3
NONE

Sch. P - Pt. 5F - Sn. 1A
NONE

Sch. P - Pt. 5F - Sn. 2A
NONE

Sch. P - Pt. 5F - Sn. 3A
NONE

Sch. P - Pt. 5F - Sn. 1B
NONE

Sch. P - Pt. 5F - Sn. 2B
NONE

Sch. P - Pt. 5F - Sn. 3B
NONE

Sch. P - Pt. 5H - Sn. 1A
NONE

Sch. P - Pt. 5H - Sn. 2A
NONE

Sch. P - Pt. 5H - Sn. 3A
NONE

Sch. P - Pt. 5H - Sn. 1B

NONE

Sch. P - Pt. 5H - Sn. 2B

NONE

Sch. P - Pt. 5H - Sn. 3B

NONE

Sch. P - Pt. 5R - Sn. 1A

NONE

Sch. P - Pt. 5R - Sn. 2A

NONE

Sch. P - Pt. 5R - Sn. 3A

NONE

Sch. P - Pt. 5R - Sn. 1B

NONE

Sch. P - Pt. 5R - Sn. 2B

NONE

Sch. P - Pt. 5R - Sn. 3B

NONE

Sch. P - Pt. 5T - Sn. 1

NONE

Sch. P - Pt. 5T - Sn. 2

NONE

Sch. P - Pt. 5T - Sn. 3

NONE

Sch. P - Pt. 6C - Sn. 1

NONE

Sch. P - Pt. 6C - Sn. 2

NONE

Sch. P - Pt. 6D - Sn. 1

NONE

Sch. P - Pt. 6D - Sn. 2

NONE

Sch. P - Pt. 6E - Sn. 1

NONE

Sch. P - Pt. 6E - Sn. 2

NONE

Sch. P - Pt. 6H - Sn. 1A

NONE

Sch. P - Pt. 6H - Sn. 2A

NONE

Sch. P - Pt. 6H - Sn. 1B

NONE

Sch. P - Pt. 6H - Sn. 2B

NONE

Sch. P - Pt. 6M - Sn. 1

NONE

Sch. P - Pt. 6M - Sn. 2

NONE

Sch. P - Pt. 6N - Sn. 1

NONE

Sch. P - Pt. 6N - Sn. 2

NONE

Sch. P - Pt. 6O - Sn. 1

NONE

Sch. P - Pt. 6O - Sn. 2

NONE

Sch. P - Pt. 6R - Sn. 1A

NONE

Sch. P - Pt. 6R - Sn. 2A

NONE

Sch. P - Pt. 6R - Sn. 1B

NONE

Sch. P - Pt. 6R - Sn. 2B

NONE

Sch. P - Pt. 7A - Sn. 1

NONE

Sch. P - Pt. 7A - Sn. 2

NONE

Sch. P - Pt. 7A - Sn. 3

NONE

Sch. P - Pt. 7A - Sn. 4

NONE

Sch. P - Pt. 7A - Sn. 5

NONE

Sch. P - Pt. 7B - Sn. 1

NONE

Sch. P - Pt. 7B - Sn. 2

NONE

Sch. P - Pt. 7B - Sn. 3

NONE

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)**SECTION 4**

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 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	....XXX

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 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	....XXX	.....	.....	.....
9. 2017.....	....XXX	....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

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 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	....XXX	.....	.....	.....
9. 2017.....	....XXX	....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

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 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	....XXX	.....	.....	.....
9. 2017.....	....XXX	....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

Safe Auto Choice Insurance Company

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 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 [X]

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)? NO.....

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]

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[X]

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.....	0	.0

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 [X] 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 [X] 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 [X]

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 CLAIM
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 [X]

7.2 An extended statement may be attached.

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					6 Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	0	0	0	0	0	0

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required?	16 * Y/N
Members															
	Safe Auto Insurance Group, Inc.		31-1400020...				Safe Auto Insurance Group, Inc.....	OH.....	UDP.....	Deshe and Diamond Families.....	Ownership.....		Deshe Family.....		N.....
4940	Safe Auto Insurance Group, Inc.	25405...	31-1379882...				Safe Auto Insurance Company.....	OH.....	IA.....	Safe Auto Insurance Group, Inc.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		Y.....
	Safe Auto Insurance Group, Inc.		31-1400303...				Safe Auto Group Agency.....	OH.....	NIA.....	Safe Auto Insurance Group, Inc.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....
	Safe Auto Insurance Group, Inc.		27-5011585...				Safe Auto Realty, LLC.....	OH.....	NIA.....	Safe Auto Insurance Group, Inc.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....
	Safe Auto Insurance Group, Inc.		31-1459717...				SAGI Realty, LTD.....	OH.....	NIA.....	Safe Auto Realty, LLC.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....
	Safe Auto Insurance Group, Inc.		46-2732120...				SafeAuto Capital, LLC.....	OH.....	NIA.....	Safe Auto Insurance Company.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....
	Safe Auto Insurance Group, Inc.		45-3533024...				AutoTex MGA, Inc.....	OH.....	IA.....	Safe Auto Insurance Group, Inc.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....
	Safe Auto Insurance Group, Inc.		81-1403504...				Safe Auto Services, LLC.....	OH.....	NIA.....	Safe Auto Insurance Group, Inc.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....
4940	Safe Auto Insurance Group, Inc.	16502...	83-2241547...				Safe Auto Choice Insurance Company.....	OH.....	RE.....	Safe Auto Insurance Group, Inc.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....
4940	Safe Auto Insurance Group, Inc.	16503...	83-2240671...				Safe Auto Value Insurance Company.....	OH.....	IA.....	Safe Auto Insurance Group, Inc.....	Ownership.....	100.000	Safe Auto Insurance Group, Inc.....		N.....

Asterisk Explanation

Safe Auto Insurance Group, Inc.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
25405.....	31-1379882.....	Safe Auto Insurance Company.....		(687,538)			(47,092,095)				(47,779,633)	
	31-1400303.....	Safe Auto Group Agency.....					47,203,913				.47,203,913	
	27-5011585.....	Safe Auto Realty, LLC.....					(106,158)				(106,158)	
	31-1459717.....	SAGI Realty, LTD.....					(2,433)				(2,433)	
	46-2732120.....	Safe Auto Capital, LLC.....		687,538							687,538	
	45-3533024.....	AutoTex MGA, Inc.....									0	
	31-1400020.....	Safe Auto Insurance Group, Inc.....		(7,000,000)			(3,226)				(7,003,226)	
	81-1403504.....	Safe Auto Services, LLC.....		7,000,000							7,000,000	
16502.....	83-2241547.....	Safe Auto Choice Insurance Company.....									0	
16503.....	83-2240671.....	Safe Auto Value Insurance Company.....									0	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

Annual Statement for the year 2019 of the **Safe Auto Choice 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.

EXPLANATION:

1. FILED EXEMPTION

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9. FILED EXEMPTION

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33. The data for this supplement is not required to be filed.

34. The data for this supplement is not required to be filed.

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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35. The data for this supplement is not required to be filed.

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A standard linear barcode is located at the top of the page. It consists of vertical black bars of varying widths on a white background. Below the barcode, the following numbers are printed in a small, black, sans-serif font: * 1 6 5 0 2 2 0 1 9 3 0 0 0 0 0 0 0 0 *.

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**REINSURANCE SUMMARY SUPPLEMENTAL FILING
FOR GENERAL INTERROGATORY 9 (PART 2)**

FOR THE YEAR ENDED DECEMBER 31, 2019

To Be Filed by March 1

NAIC Group Code: 4940

NAIC Company Code: 16502....

	(A) Financial Impact		
	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets.....	6,185,696		6,185,696
A02. Liabilities.....	40,323		40,323
A03. Surplus as regards to policyholders.....	6,145,373		6,145,373
A04. Income before taxes.....	183,208		183,208

B. Summary of Reinsurance Contract Terms

C. Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

2019 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

Assets	2	Schedule P-Part 2H-Section 1-Other Liability-Occurrence	58
Cash Flow	5	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made	58
Exhibit of Capital Gains (Losses)	12	Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	59
Exhibit of Net Investment Income	12	Schedule P-Part 2J-Auto Physical Damage	59
Exhibit of Nonadmitted Assets	13	Schedule P-Part 2K-Fidelity, Surety	59
Exhibit of Premiums and Losses (State Page)	19	Schedule P-Part 2L-Other (Including Credit, Accident and Health)	59
Five-Year Historical Data	17	Schedule P-Part 2M-International	59
General Interrogatories	15	Schedule P-Part 2N-Reinsurance - Nonproportional Assumed Property	60
Jurat Page	1	Schedule P-Part 2O-Reinsurance - Nonproportional Assumed Liability	60
Liabilities, Surplus and Other Funds	3	Schedule P-Part 2P-Reinsurance - Nonproportional Assumed Financial Lines	60
Notes To Financial Statements	14	Schedule P-Part 2R-Section 1-Products Liability-Occurrence	61
Overflow Page For Write-ins	100	Schedule P-Part 2R-Section 2-Products Liability-Claims-Made	61
Schedule A-Part 1	E01	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty	61
Schedule A-Part 2	E02	Schedule P-Part 2T-Warranty	61
Schedule A-Part 3	E03	Schedule P-Part 3A-Homeowners/Farmowners	62
Schedule A-Verification Between Years	SI02	Schedule P-Part 3B-Private Passenger Auto Liability/Medical	62
Schedule B-Part 1	E04	Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical	62
Schedule B-Part 2	E05	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)	62
Schedule B-Part 3	E06	Schedule P-Part 3E-Commercial Multiple Peril	62
Schedule B-Verification Between Years	SI02	Schedule P-Part 3F-Section 1 -Medical Professional Liability-Occurrence	63
Schedule BA-Part 1	E07	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made	63
Schedule BA-Part 2	E08	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	63
Schedule BA-Part 3	E09	Schedule P-Part 3H-Section 1-Other Liability-Occurrence	63
Schedule BA-Verification Between Years	SI03	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made	63
Schedule D-Part 1	E10	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	64
Schedule D-Part 1A-Section 1	SI05	Schedule P-Part 3J-Auto Physical Damage	64
Schedule D-Part 1A-Section 2	SI08	Schedule P-Part 3K-Fidelity/Surety	64
Schedule D-Part 2-Section 1	E11	Schedule P-Part 3L-Other (Including Credit, Accident and Health)	64
Schedule D-Part 2-Section 2	E12	Schedule P-Part 3M-International	64
Schedule D-Part 3	E13	Schedule P-Part 3N-Reinsurance - Nonproportional Assumed Property	65
Schedule D-Part 4	E14	Schedule P-Part 3O-Reinsurance - Nonproportional Assumed Liability	65
Schedule D-Part 5	E15	Schedule P-Part 3P-Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule D-Part 6-Section 1	E16	Schedule P-Part 3R-Section 1-Products Liability-Occurrence	66
Schedule D-Part 6-Section 2	E16	Schedule P-Part 3R-Section 2-Products Liability-Claims-Made	66
Schedule D-Summary By Country	SI04	Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty	66
Schedule D-Verification Between Years	SI03	Schedule P-Part 3T-Warranty	66
Schedule DA-Part 1	E17	Schedule P-Part 4A-Homeowners/Farmowners	67
Schedule DA-Verification Between Years	SI10	Schedule P-Part 4B-Private Passenger Auto Liability/Medical	67
Schedule DB-Part A-Section 1	E18	Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical	67
Schedule DB-Part A-Section 2	E19	Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation)	67
Schedule DB-Part A-Verification Between Years	SI11	Schedule P-Part 4E-Commercial Multiple Peril	67
Schedule DB-Part B-Section 1	E20	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence	68
Schedule DB-Part B-Section 2	E21	Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made	68
Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	68
Schedule DB-Part C-Section 1	SI12	Schedule P-Part 4H-Section 1-Other Liability-Occurrence	68
Schedule DB-Part C-Section 2	SI13	Schedule P-Part 4H-Section 2-Other Liability-Claims-Made	68
Schedule DB-Part D-Section 1	E22	Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	69
Schedule DB-Part D-Section 2	E23	Schedule P-Part 4J-Auto Physical Damage	69
Schedule DB-Part E	E24	Schedule P-Part 4K-Fidelity/Surety	69
Schedule DB-Verification	SI14	Schedule P-Part 4L-Other (Including Credit, Accident and Health)	69
Schedule DL-Part 1	E25	Schedule P-Part 4M-International	69
Schedule DL-Part 2	E26	Schedule P-Part 4N-Reinsurance - Nonproportional Assumed Property	70
Schedule E-Part 1-Cash	E27	Schedule P-Part 4O-Reinsurance - Nonproportional Assumed Liability	70
Schedule E-Part 2-Cash Equivalents	E28	Schedule P-Part 4P-Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule E-Verification Between Years	SI15	Schedule P-Part 4R-Section 1-Products Liability-Occurrence	71
Schedule E-Part 3-Special Deposits	E29	Schedule P-Part 4R-Section 2-Products Liability-Claims-Made	71
Schedule F-Part 1	20	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty	71
Schedule F-Part 2	21	Schedule P-Part 4T-Warranty	71
Schedule F-Part 3	22	Schedule P-Part 5A-Homeowners/Farmowners	72
Schedule F-Part 4	27	Schedule P-Part 5B-Private Passenger Auto Liability/Medical	73
Schedule F-Part 5	28	Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical	74
Schedule F-Part 6	29	Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation)	75
Schedule H-Accident and Health Exhibit-Part 1	30	Schedule P-Part 5E-Commercial Multiple Peril	76
Schedule H-Part 2, Part 3 and Part 4	31	Schedule P-Part 5F-Medical Professional Liability-Claims-Made	78
Schedule H-Part 5-Health Claims	32	Schedule P-Part 5F-Medical Professional Liability-Occurrence	77
Schedule P-Part 1-Summary	33	Schedule P-Part 5H-Other Liability-Claims-Made	80
Schedule P-Part 1A-Homeowners/Farmowners	35	Schedule P-Part 5H-Other Liability-Occurrence	79
Schedule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5R-Products Liability-Claims-Made	82
Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 5R-Products Liability-Occurrence	81
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P-Part 5T-Warranty	83
Schedule P-Part 1E-Commercial Multiple Peril	39	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical	84
Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation)	84
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6E-Commercial Multiple Peril	85
Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42	Schedule P-Part 6H-Other Liability-Claims-Made	86
Schedule P-Part 1H-Section 1-Other Liability-Occurrence	43	Schedule P-Part 6H-Other Liability-Occurrence	85
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made	44	Schedule P-Part 6M-International	86
Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6N-Reinsurance - Nonproportional Assumed Property	87
Schedule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6O-Reinsurance - Nonproportional Assumed Liability	87
Schedule P-Part 1K-Fidelity/Surety	47	Schedule P-Part 6R-Products Liability-Claims-Made	88
Schedule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 6R-Products Liability-Occurrence	88
Schedule P-Part 1M-International	49	Schedule P-Part 7A-Primary Loss Sensitive Contracts	89
Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property	50	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts	91
Schedule P-Part 1O-Reinsurance - Nonproportional Assumed Liability	51	Schedule P-Part 7C-Interrogatories	93
Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines	52	Schedule P-Part 7D-Exhibit of Premiums Written	94
Schedule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule P-Part 7E-Interstate Compact	95
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made	54	Schedule P-Part 7F-Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Schedule P-Part 7G-Detail of Insurance Holding Company System	97
Schedule P-Part 1T-Warranty	56	Schedule P-Part 7H-Part 2-Summary of Insurer's Transactions With Any Affiliates	98
Schedule P-Part 2, Part 3 and Part 4 - Summary	34	Statement of Income	4
Schedule P-Part 2A-Homeowners/Farmowners	57	Summary Investment Schedule	SI01
Schedule P-Part 2B-Private Passenger Auto Liability/Medical	57	Supplemental Exhibits and Schedules Interrogatories	99
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1	6
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation)	57	Underwriting and Investment Exhibit Part 1A	7
Schedule P-Part 2E-Commercial Multiple Peril	57	Underwriting and Investment Exhibit Part 1B	8
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence	58	Underwriting and Investment Exhibit Part 2	9
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	58	Underwriting and Investment Exhibit Part 2A	10
Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	58	Underwriting and Investment Exhibit Part 3	11