



QUARTERLY STATEMENT

As of March 31, 2020
of the Condition and Affairs of the

Westfield Premier Insurance Company

NAIC Group Code.....0228, 0228 (Current Period) (Prior Period)	NAIC Company Code..... 16450	Employer's ID Number..... 83-0887963
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... April 24, 2018	Commenced Business..... December 25, 2018	
Statutory Home Office	One Park Circle .. Westfield Center .. OH .. US .. 44251-5001 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	One Park Circle .. Westfield Center .. OH .. US .. 44251-5001 (Street and Number) (City or Town, State, Country and Zip Code)	330-887-0101 (Area Code) (Telephone Number)
Mail Address	P. O. Box 5001 .. Westfield Center .. OH .. US .. 44251-5001 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	One Park Circle .. Westfield Center .. OH .. US .. 44251-5001 (Street and Number) (City or Town, State, Country and Zip Code)	330-887-0101 (Area Code) (Telephone Number)
Internet Web Site Address	www.westfieldgrp.com	
Statutory Statement Contact	Jeffrey Scott Gillentine (Name) FinancialReporting@westfieldgrp.com (E-Mail Address)	330-887-0101 (Area Code) (Telephone Number) (Extension) 330-887-7626 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Edward James Largent III	President, CEO, and Board Chair	2. Joseph Christian Kohmann	Chief Financial Officer and Treasurer
3. Frank Anthony Carrino	Chief Legal Officer and Secretary		

OTHER

Robert William Bowers	National Claims and Customer Service Ldr	Jeffrey Scott Gillentine	Controller
Robyn Renee Hahn	President, Small Business Segment	Mark Anthony Kidd	Mid Market UW and Sales Leader
Terry Lee McClaskey Jr	National Personal Lines Leader	James Robert Merz	Chief Actuarial and Analytic Officer
Tracey Lynn Petkovic	Chief Information Officer	Michael Joseph Prandi	Chief Insurance Operations Officer
Stuart Wayne Rosenberg	Chief Innovation and Strategy Officer	David Harold Ruppel	Agribusiness UW and Sales Ldr
Peter Robert Schwanke	Chief Risk Officer	Gary William Stumper	National Surety Leader
Craig David Welsh	Chief Distribution Officer	George Krieg Wiswesser	Chief Investment Officer

DIRECTORS OR TRUSTEES

Cheryl Lila Carlisle	Fariborz Ghadar	Gary Dean Hallman	David Preston Hollander #
John Patrick Lanigan Jr	Edward James Largent III	Craig David Pfeiffer	Billie Kay Rawot
John Lewis Watson			

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

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

(Signature) Edward James Largent III 1. (Printed Name) President, CEO, and Board Chair (Title)	(Signature) Joseph Christian Kohmann 2. (Printed Name) Chief Financial Officer and Treasurer (Title)	(Signature) Frank Anthony Carrino 3. (Printed Name) Chief Legal Officer and Secretary (Title)
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Subscribed and sworn to before me This 15th day of April 2020	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [X] No [] _____ _____ _____
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	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	6,499,698	0	6,499,698	6,501,258
2. Stocks:				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$.....0), cash equivalents (\$.....1,172,999) and short-term investments (\$.....0).....	1,172,999	0	1,172,999	1,083,814
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives.....	0	0	0	0
8. Other invested assets.....	0	0	0	0
9. Receivables for securities.....	5,678	0	5,678	0
10. Securities lending reinvested collateral assets.....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	7,678,375	0	7,678,375	7,585,072
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	23,434	0	23,434	70,043
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	0	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	1,797	0	1,797	0
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	7,703,606	0	7,703,606	7,655,115
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	7,703,606	0	7,703,606	7,655,115

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

Westfield Premier Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....00
2. Reinsurance payable on paid losses and loss adjustment expenses.....00
3. Loss adjustment expenses.....00
4. Commissions payable, contingent commissions and other similar charges.....00
5. Other expenses (excluding taxes, licenses and fees).....00
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....00
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....9,931280
7.2 Net deferred tax liability.....2,4361,904
8. Borrowed money \$.....0 and interest thereon \$.....0.....00
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....00
10. Advance premium.....00
11. Dividends declared and unpaid:		
11.1 Stockholders.....00
11.2 Policyholders.....00
12. Ceded reinsurance premiums payable (net of ceding commissions).....00
13. Funds held by company under reinsurance treaties.....00
14. Amounts withheld or retained by company for account of others.....00
15. Remittances and items not allocated.....00
16. Provision for reinsurance (including \$.....0 certified).....00
17. Net adjustments in assets and liabilities due to foreign exchange rates.....00
18. Drafts outstanding.....00
19. Payable to parent, subsidiaries and affiliates.....00
20. Derivatives.....00
21. Payable for securities.....00
22. Payable for securities lending.....00
23. Liability for amounts held under uninsured plans.....00
24. Capital notes \$.....0 and interest thereon \$.....0.....00
25. Aggregate write-ins for liabilities.....00
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....12,3672,184
27. Protected cell liabilities.....00
28. Total liabilities (Lines 26 and 27).....12,3672,184
29. Aggregate write-ins for special surplus funds.....00
30. Common capital stock.....3,000,0003,000,000
31. Preferred capital stock.....00
32. Aggregate write-ins for other than special surplus funds.....00
33. Surplus notes.....00
34. Gross paid in and contributed surplus.....4,500,0004,500,000
35. Unassigned funds (surplus).....191,239152,931
36. Less treasury stock, at cost:		
36.10.000 shares common (value included in Line 30 \$.....0).....00
36.20.000 shares preferred (value included in Line 31 \$.....0).....00
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....7,691,2397,652,931
38. Totals (Page 2, Line 28, Col. 3).....7,703,6067,655,115

DETAILS OF WRITE-INS		
2501.00
2502.00
2503.00
2598. Summary of remaining write-ins for Line 25 from overflow page.....00
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....00
2901.00
2902.00
2903.00
2998. Summary of remaining write-ins for Line 29 from overflow page.....00
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....00
3201.00
3202.00
3203.00
3298. Summary of remaining write-ins for Line 32 from overflow page.....00
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....00

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....0).....000
1.2 Assumed..... (written \$.....0).....000
1.3 Ceded..... (written \$.....0).....000
1.4 Net..... (written \$.....0).....000
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....000
2.2 Assumed.....000
2.3 Ceded.....000
2.4 Net.....000
3. Loss adjustment expenses incurred.....000
4. Other underwriting expenses incurred.....000
5. Aggregate write-ins for underwriting deductions.....000
6. Total underwriting deductions (Lines 2 through 5).....000
7. Net income of protected cells.....000
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....000
INVESTMENT INCOME			
9. Net investment income earned.....48,49138,326167,720
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....000
11. Net investment gain (loss) (Lines 9 + 10).....48,49138,326167,720
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....000
13. Finance and service charges not included in premiums.....000
14. Aggregate write-ins for miscellaneous income.....000
15. Total other income (Lines 12 through 14).....000
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....48,49138,326167,720
17. Dividends to policyholders.....000
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....48,49138,326167,720
19. Federal and foreign income taxes incurred.....9,6517,53633,626
20. Net income (Line 18 minus Line 19) (to Line 22).....38,84030,790134,094
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....7,652,9315,020,4325,020,432
22. Net income (from Line 20).....38,84030,790134,094
23. Net transfers (to) from Protected Cell accounts.....000
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....000
25. Change in net unrealized foreign exchange capital gain (loss).....000
26. Change in net deferred income tax.....(532)(513)(1,595)
27. Change in nonadmitted assets.....000
28. Change in provision for reinsurance.....000
29. Change in surplus notes.....000
30. Surplus (contributed to) withdrawn from protected cells.....000
31. Cumulative effect of changes in accounting principles.....000
32. Capital changes:			
32.1 Paid in.....000
32.2 Transferred from surplus (Stock Dividend).....000
32.3 Transferred to surplus.....000
33. Surplus adjustments:			
33.1 Paid in.....002,500,000
33.2 Transferred to capital (Stock Dividend).....000
33.3 Transferred from capital.....000
34. Net remittances from or (to) Home Office.....000
35. Dividends to stockholders.....000
36. Change in treasury stock.....000
37. Aggregate write-ins for gains and losses in surplus.....000
38. Change in surplus as regards policyholders (Lines 22 through 37).....38,30830,2772,632,499
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....7,691,2395,050,7097,652,931
DETAILS OF WRITE-INS			
0501.000
0502.000
0503.000
0598. Summary of remaining write-ins for Line 5 from overflow page.....000
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....000
1401.000
1402.000
1403.000
1498. Summary of remaining write-ins for Line 14 from overflow page.....000
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....000
3701.000
3702.000
3703.000
3798. Summary of remaining write-ins for Line 37 from overflow page.....000
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....000

Westfield Premier Insurance Company
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	0	0	0
2. Net investment income.....	96,660	71,947	145,425
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 through 3).....	96,660	71,947	145,425
5. Benefit and loss related payments.....	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0	0
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	0	0	35,944
10. Total (Lines 5 through 9).....	0	0	35,944
11. Net cash from operations (Line 4 minus Line 10).....	96,660	71,947	109,481
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	0	0	0
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	0	0	1,656,094
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	5,678	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,678	0	1,656,094
14. Net increase or (decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(5,678)	0	(1,656,094)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	2,500,000
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	(1,797)	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(1,797)	0	2,500,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	89,185	71,947	953,387
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,083,814	130,427	130,427
19.2 End of period (Line 18 plus Line 19.1).....	1,172,999	202,374	1,083,814

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

20.0001	0	0	0
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NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
The financial statements of Westfield Premier Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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

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

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

	SSAP #	F/S Page	F/S Line #	3/31/2020	12/31/2019
NET INCOME					
(1) The Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 38,840	\$ 134,094
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 38,840	\$ 134,094
SURPLUS					
(5) The Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,691,239	\$ 7,652,931
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 7,691,239	\$ 7,652,931

B. Use of Estimates in the Preparation of the Financial Statement - No significant changes

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

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

In addition, the Company uses the following accounting policies:
(1-2) No significant changes
(3-9) Not applicable
(10-13) No significant changes

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

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not applicable
- B. Debt Restructuring - Not applicable
- C. Reverse Mortgages - Not applicable
- D. Loan-Backed Securities - Not applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

NOTES TO FINANCIAL STATEMENTS

- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- J. Real Estate - Not applicable
- K. Low-Income Housing Tax Credits (LIHTC) - Not applicable
- L. Restricted Assets - No significant changes
- M. Working Capital Finance Investments - Not applicable
- N. Offsetting and Netting of Assets and Liabilities - Not applicable
- O. Structured Notes - Not applicable
- P. 5GI Securities - Not applicable
- Q. Short Sales - Not applicable
- R. Prepayment Penalty and Acceleration Fees - Not applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

Not applicable

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

No significant changes

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

- A. The Company is owned and operated by its parent company, Ohio Farmers Insurance Company.
- B. On September 17, 2019, the Company received a \$2,500,000 capital contribution from its parent, Ohio Farmers Insurance Company.
- C. Dollar Amounts of Transactions - Not applicable
- D. Affiliated balances due to the Company at 3/31/2020 and 12/31/2019 respectively were:

	3/31/2020	12/31/2019
Ohio Farmers Insurance Company	\$ 1,797	\$ 0
Affiliated Receivable	\$ 1,797	\$ 0

Every ninety (90) days the affiliated balances are reviewed and settled in either cash or the transfer of securities.

- E. Guarantees or Undertakings
The Company did not make any guarantees for the benefit of an affiliate or related party resulting in material contingent exposure.
- F. Material Management or Service Contracts and Cost-Sharing Arrangements - Not applicable
- G. Nature of the Control Relationship - No significant changes
- H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned - Not applicable
- I. Investments in SCA that Exceed 10% of Admitted Assets - No significant changes
- J. Investments in Impaired SCAs - Not applicable
- K. Investment in Foreign Insurance Subsidiary - Not applicable
- L. Investment in Downstream Noninsurance Holding Company - Not applicable
- M. All SCA Investments - Not applicable
- N. Investment in Insurance SCAs - Not applicable
- O. SCA Loss Tracking - Not applicable

Note 11 – Debt

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

NOTES TO FINANCIAL STATEMENTS

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

Not applicable

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

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

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

Note 15 – Leases

No significant changes

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

Not applicable

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

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

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

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

- A. Fair Value Measurements

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

- Level 1 - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.
- Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.
- Level 3 - Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.
- The Company has no liabilities that are measured at fair value in the statement of financial position.

(1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value					
CE - Money Market Mutual Funds	\$ 0	\$ 0	\$ 0	\$ 1,172,999	\$ 1,172,999
Total	\$ 0	\$ 0	\$ 0	\$ 1,172,999	\$ 1,172,999
Liabilities at Fair Value					
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

NOTES TO FINANCIAL STATEMENTS

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- (2) At March 31, 2020, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 3.
- (3) The Company’s policy for determining when transfers between levels is required is based upon change in the inputs used to determine fair value measurement. If an input changes, the Company evaluates the new input(s) and makes the determination whether or not a transfer between levels is appropriate. If an asset or liability is transferred between levels, it is the Company’s policy to record the transfer as of the beginning of the quarter in which the transfer occurs. The Company held no assets or liabilities categorized as Level 1, 2 or 3 during the reporting period that were transferred into or out of the level categorization held at January 1, 2020.
- (4) As of March 31, 2020, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 2 or Level 3. Historically, fair values in the Level 2 category are provided by independent pricing services. Where independent pricing services provide fair values, the Company has obtained an understanding of the methods, models and inputs used in pricing and has controls in place to validate that amounts provided represent current fair values. Estimated fair values of investments categorized as Level 3 generally include inputs for which no readily observable inputs are available and require management judgment.
- (5) As of March 31, 2020, the Company had no holdings classified as either a derivative asset or liability.

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

C. Fair Value Level

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

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

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

Receivables for securities - The carrying amounts reported as admitted assets or liabilities for these financial instruments approximate their fair values due to the short-term nature of these financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 7,627,125	\$ 6,499,698	\$ 7,627,125	\$ 0	\$ 0	\$ 0	\$ 0
Cash equivalents	\$ 1,172,999	\$ 1,172,999	\$ 0	\$ 0	\$ 0	\$ 1,172,999	\$ 0
Receivables for securities	\$ 5,678	\$ 5,678	\$ 0	\$ 5,678	\$ 0	\$ 0	\$ 0

D. Not Practicable to Estimate Fair Value - Not applicable

E. NAV Practical Expedient Investments

At March 31, 2020, the investments held by the Company which are being reported at net asset value (NAV) consist entirely of money market mutual funds. There are no significant restrictions that apply in the liquidation of any of these investments. They are also not likely to be sold below NAV.

Note 21 – Other Items

- A. Unusual or Infrequent Items
In response to COVID-19, the Company has executed its business continuity plan and is gathering data and monitoring the impacts on our business from both an operational and financial perspective. Additionally, the parent company, Ohio Farmers Insurance Company, filed a national operational and financial impact survey related to COVID-19 with the Ohio Department of Insurance and the NAIC on April 7, 2020.
- B. Troubled Debt Restructuring Debtors - Not applicable
- C. Other Disclosures - Not applicable
- D. Business Interruption Insurance Recoveries - No significant changes
- E. State Transferable and Non-Transferable Tax Credits - No significant changes
- F. Subprime Mortgage Related Risk Exposure - No significant changes
- G. Insurance-Linked Securities (ILS) Contracts - Not applicable
- H. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy - Not applicable

Note 22 – Events Subsequent

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

Note 23 – Reinsurance

No significant changes

NOTES TO FINANCIAL STATEMENTS

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

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

Note 26 – Intercompany Pooling Arrangements

A. - F. No significant changes

G. Affiliated balances due to the Company at 3/31/2020 and 12/31/2019 respectively were:

	3/31/2020	12/31/2019
Ohio Farmers Insurance Company*	\$ 1,797	\$ 0
Affiliated Receiv able	\$ 1,797	\$ 0

*Ohio Farmers Insurance Company is included in the intercompany pooling arrangement.

Note 27 – Structured Settlements

No significant changes

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – High Deductibles

Not applicable

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

No significant changes

Note 33 – Asbestos/Environmental Reserves

No significant changes

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 – Financial Guaranty Insurance

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐]

No [☒]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐]

No [☐]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐]

No [☒]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒]

No [☐]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐]

No [☒]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☐]

No [☒]

3.5

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

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [☐]

No [☒]

4.2

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

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
	0	

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [☐]

No [☐]

N/A [☒]

6.1

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

N/A

6.2

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

N/A

6.3

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

N/A

6.4

By what department or departments?

N/A

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☐]

No [☐]

N/A [☒]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☐]

No [☐]

N/A [☒]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐]

No [☒]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [☒]

No [☐]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

Ohio Farmers Insurance Company

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☒]

No [☐]

8.4

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

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

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [☒]

No [☐]

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [☐]

No [☒]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

Q07

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [☒] No [☐]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

1,797

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [☐] No [☒]
- 11.2 If yes, give full and complete information relating thereto:

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

\$

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

\$

0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [☐] No [☒]

- 14.2 If yes, please complete the following:

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

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

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

Yes [☐] No [☐] N/A [☐]

If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$

0

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

\$

0

16.3 Total payable for securities lending reported on the liability page:

\$

0
17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [☒] No [☐]
- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:
- | 1
Name of Custodian(s) | 2
Custodian Address |
|---------------------------|-------------------------------------|
| BNY Mellon | One Wall Street, New York, NY 10286 |
- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:
- | 1
Name(s) | 2
Location(s) | 3
Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |
- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [☐] No [☒]
- 17.4 If yes, give full and complete information relating thereto:
- | 1
Old Custodian | 2
New Custodian | 3
Date of
Change | 4
Reason |
|--------------------|--------------------|------------------------|-------------|
| | | | |
- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["...that have access to the investment accounts", "handle securities"].
- | 1
Name of Firm or Individual | 2
Affiliation |
|---------------------------------|------------------|
| George Wiswesser | I |
| Ronald Stephonic | I |
| Krishna Patel | I |
| Scott Richter | I |
| Richard Nash | I |
| Christopher Giampietro | I |
- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes [☐] No [☒]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [☐] No [☒]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.
- | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
|---|---|---|---|---|
- Q07.1

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

18.1

Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2

If no, list exceptions:

19.

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

a.

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b.

Issuer or obligor is current on all contracted interest and principal payments.

c.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

20.

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

a.

The security was purchased prior to January 1, 2018.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d.

The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

21.

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

a.

The security was purchased prior to January 1, 2019.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The security had a public credit raing(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d.

The fund only or predominantly holds bonds in its portfolio.

e.

The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f.

The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

If yes, attach an explanation.

Yes [] No [X] N/A []

2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

If yes, attach an explanation.

Yes [] No [X]

3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]

3.2

If yes, give full and complete information thereto:

4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

Yes [] No [X]

4.2

If yes, complete the following schedule:

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

5.

Operating Percentages:

5.1

A&H loss percent

0.000%

5.2

A&H cost containment percent

0.000%

5.3

A&H expense percent excluding cost containment expenses

0.000%

6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

6.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$ 0

6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

6.4

If yes, please provide the amount of funds administered as of the reporting date.

\$ 0

7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []

7.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
All Other Insurers						
00000.....	AA-1120156.....	Lloyd's Syndicate Number 1686.....	GBR.....	Authorized.....0.....
00000.....	AA-3191388.....	Vermeer Reins Ltd.....	BMU.....	Unauthorized....0.....

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.		1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1.	Alabama.....AL	...N...000000
2.	Alaska.....AK	...N...000000
3.	Arizona.....AZ	...L...000000
4.	Arkansas.....AR	...N...000000
5.	California.....CA	...N...000000
6.	Colorado.....CO	...N...000000
7.	Connecticut.....CT	...N...000000
8.	Delaware.....DE	...L...000000
9.	District of Columbia.....DC	...N...000000
10.	Florida.....FL	...N...000000
11.	Georgia.....GA	...L...000000
12.	Hawaii.....HI	...N...000000
13.	Idaho.....ID	...N...000000
14.	Illinois.....IL	...L...000000
15.	Indiana.....IN	...L...000000
16.	Iowa.....IA	...L...000000
17.	Kansas.....KS	...N...000000
18.	Kentucky.....KY	...L...000000
19.	Louisiana.....LA	...N...000000
20.	Maine.....ME	...N...000000
21.	Maryland.....MD	...L...000000
22.	Massachusetts.....MA	...N...000000
23.	Michigan.....MI	...L...000000
24.	Minnesota.....MN	...N...000000
25.	Mississippi.....MS	...N...000000
26.	Missouri.....MO	...N...000000
27.	Montana.....MT	...N...000000
28.	Nebraska.....NE	...N...000000
29.	Nevada.....NV	...N...000000
30.	New Hampshire.....NH	...N...000000
31.	New Jersey.....NJ	...N...000000
32.	New Mexico.....NM	...L...000000
33.	New York.....NY	...N...000000
34.	North Carolina.....NC	...L...000000
35.	North Dakota.....ND	...N...000000
36.	Ohio.....OH	...L...000000
37.	Oklahoma.....OK	...N...000000
38.	Oregon.....OR	...N...000000
39.	Pennsylvania.....PA	...L...000000
40.	Rhode Island.....RI	...N...000000
41.	South Carolina.....SC	...L...000000
42.	South Dakota.....SD	...N...000000
43.	Tennessee.....TN	...L...000000
44.	Texas.....TX	...N...000000
45.	Utah.....UT	...N...000000
46.	Vermont.....VT	...N...000000
47.	Virginia.....VA	...L...000000
48.	Washington.....WA	...N...000000
49.	West Virginia.....WV	...L...000000
50.	Wisconsin.....WI	...L...000000
51.	Wyoming.....WY	...N...000000
52.	American Samoa.....AS	...N...000000
53.	Guam.....GU	...N...000000
54.	Puerto Rico.....PR	...N...000000
55.	US Virgin Islands.....VI	...N...000000
56.	Northern Mariana Islands.....MP	...N...000000
57.	Canada.....CAN	...N...000000
58.	Aggregate Other Alien.....OT	...XXX...000000
59.	Totals.....	...XXX...000000

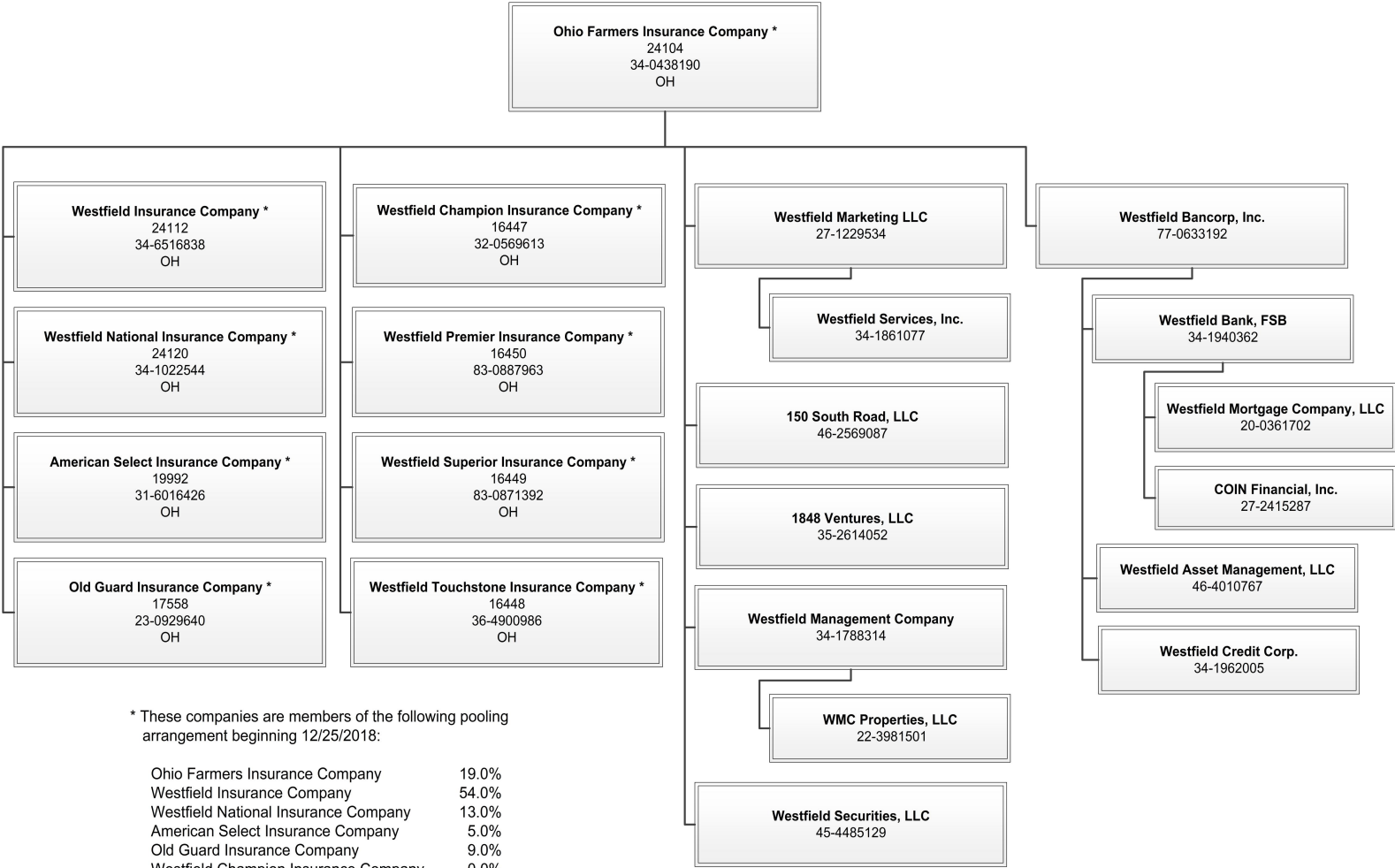
DETAILS OF WRITE-INS

58001.XXX...000000
58002.XXX...000000
58003.XXX...000000
58998. Summary of remaining write-ins for Line 58 from overflow page....	...XXX...000000
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	...XXX...000000

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	18	R - Registered - Non-domicled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....	0	N - None of the above - Not allowed to write business in the state.....	39

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



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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0228	OFIC & Affiliates.....	24104..	34-0438190..00	Ohio Farmers Insurance Company.....	OH.....	UDP.....	NA.....	NA.....0.000	NA.....N.....	1.....
0228	OFIC & Affiliates.....	24112..	34-6516838..00	Westfield Insurance Company.....	OH.....	IA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0228	OFIC & Affiliates.....	24120..	34-1022544..00	Westfield National Insurance Company.....	OH.....	IA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0228	OFIC & Affiliates.....	19992..	31-6016426..00	American Select Insurance Company.....	OH.....	IA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0228	OFIC & Affiliates.....	17558..	23-0929640..00	Old Guard Insurance Company.....	OH.....	IA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0228	OFIC & Affiliates.....	16447..	32-0569613..00	Westfield Champion Insurance Company.....	OH.....	IA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0228	OFIC & Affiliates.....	16450..	83-0887963..00	Westfield Premier Insurance Company.....	OH.....	RE.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0228	OFIC & Affiliates.....	16449..	83-0871392..00	Westfield Superior Insurance Company.....	OH.....	IA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0228	OFIC & Affiliates.....	16448..	36-4900986..00	Westfield Touchstone Insurance Company.....	OH.....	IA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	34-1788314..00	Westfield Management Company.....	OH.....	NIA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	22-3981501..00	WMC Properties, LLC.....	OH.....	NIA.....	Westfield Management Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	27-1229534..00	Westfield Marketing LLC.....	OH.....	NIA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	34-1861077..00	Westfield Services, Inc.....	OH.....	NIA.....	Westfield Marketing LLC.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	77-0633192..00	Westfield Bancorp, Inc.....	OH.....	NIA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....Y.....	0.....
0.....	0.....	34-1962005..00	Westfield Credit Corp.....	OH.....	NIA.....	Westfield Bancorp, Inc.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	46-4010767..00	Westfield Asset Management, LLC.....	OH.....	NIA.....	Westfield Bancorp, Inc.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	34-1940362..00	Westfield Bank, FSB.....	OH.....	NIA.....	Westfield Bancorp, Inc.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	20-0361702..00	Westfield Mortgage Company, LLC.....	OH.....	NIA.....	Westfield Bank, FSB.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	27-2415287..00	COIN Financial, Inc.....	OH.....	NIA.....	Westfield Bank, FSB.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	45-4485129..00	Westfield Securities, LLC.....	OH.....	NIA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	46-2569087..00	150 South Road, LLC.....	OH.....	NIA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....
0.....	0.....	35-2614052..00	1848 Ventures, LLC.....	OH.....	NIA.....	Ohio Farmers Insurance Company.....	Ownership.....100.000	Ohio Farmers Insurance Company.....N.....	0.....

Aster **Explanation**

1	No Entity(ies) or Person(s) has control of Ohio Farmers Insurance Company
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Westfield Premier Insurance Company
PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....	0	0	0.000	0.000
2. Allied lines.....	0	0	0.000	0.000
3. Farmowners multiple peril.....	0	0	0.000	0.000
4. Homeowners multiple peril.....	0	0	0.000	0.000
5. Commercial multiple peril.....	0	0	0.000	0.000
6. Mortgage guaranty.....	0	0	0.000	0.000
8. Ocean marine.....	0	0	0.000	0.000
9. Inland marine.....	0	0	0.000	0.000
10. Financial guaranty.....	0	0	0.000	0.000
11.1. Medical professional liability - occurrence.....	0	0	0.000	0.000
11.2. Medical professional liability - claims-made.....	0	0	0.000	0.000
12. Earthquake.....	0	0	0.000	0.000
13. Group accident and health.....	0	0	0.000	0.000
14. Credit accident and health.....	0	0	0.000	0.000
15. Other accident and health.....	0	0	0.000	0.000
16. Workers' compensation.....	0	0	0.000	0.000
17.1 Other liability-occurrence.....	0	0	0.000	0.000
17.2 Other liability-claims made.....	0	0	0.000	0.000
17.3 Excess workers' compensation.....	0	0	0.000	0.000
18.1 Products liability-occurrence.....	0	0	0.000	0.000
18.2 Products liability-claims made.....	0	0	0.000	0.000
19.1, 19.2 Private passenger auto liability.....	0	0	0.000	0.000
19.3, 19.4 Commercial auto liability.....	0	0	0.000	0.000
21. Auto physical damage.....	0	0	0.000	0.000
22. Aircraft (all perils).....	0	0	0.000	0.000
23. Fidelity.....	0	0	0.000	0.000
24. Surety.....	0	0	0.000	0.000
26. Burglary and theft.....	0	0	0.000	0.000
27. Boiler and machinery.....	0	0	0.000	0.000
28. Credit.....	0	0	0.000	0.000
29. International.....	0	0	0.000	0.000
30. Warranty.....	0	0	0.000	0.000
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.000	0.000
35. Totals.....	0	0	0.000	0.000
DETAILS OF WRITE-INS				
3401.	0	0	0.000	0.000
3402.	0	0	0.000	0.000
3403.	0	0	0.000	0.000
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.000	0.000

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....	0	0	0
2. Allied lines.....	0	0	0
3. Farmowners multiple peril.....	0	0	0
4. Homeowners multiple peril.....	0	0	0
5. Commercial multiple peril.....	0	0	0
6. Mortgage guaranty.....	0	0	0
8. Ocean marine.....	0	0	0
9. Inland marine.....	0	0	0
10. Financial guaranty.....	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0
11.2 Medical professional liability - claims made.....	0	0	0
12. Earthquake.....	0	0	0
13. Group accident and health.....	0	0	0
14. Credit accident and health.....	0	0	0
15. Other accident and health.....	0	0	0
16. Workers' compensation.....	0	0	0
17.1 Other liability-occurrence.....	0	0	0
17.2 Other liability-claims made.....	0	0	0
17.3 Excess workers' compensation.....	0	0	0
18.1 Products liability-occurrence.....	0	0	0
18.2 Products liability-claims made.....	0	0	0
19.1 19.2 Private passenger auto liability.....	0	0	0
19.3 19.4 Commercial auto liability.....	0	0	0
21. Auto physical damage.....	0	0	0
22. Aircraft (all perils).....	0	0	0
23. Fidelity.....	0	0	0
24. Surety.....	0	0	0
26. Burglary and theft.....	0	0	0
27. Boiler and machinery.....	0	0	0
28. Credit.....	0	0	0
29. International.....	0	0	0
30. Warranty.....	0	0	0
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	0	0	0
DETAILS OF WRITE-INS			
3401.	0	0	0
3402.	0	0	0
3403.	0	0	0
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2020 Loss and LAE Payments on Claims Reported as of Prior Year-End	2020 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2020 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)	
1. 2017 + Prior.....0000000000000	
2. 2018.....0000000000000	
3. Subtotals 2018 + Prior.....0000000000000	
4. 2019.....0000000000000	
5. Subtotals 2019 + Prior.....0000000000000	
6. 2020.....XXX.....XXX.....XXX.....XXX.....00XXX.....000XXX.....XXX.....XXX.....	
7. Totals.....0000000000000	
8. Prior Year- End's Surplus As Regards Policyholders7,653										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7	
											1.0.0 %	2.0.0 %	3.0.0 %	
														Col. 13, Line 7 Line 8
														4.0.0 %

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	<div>NO</div>
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>

Explanation:

1.

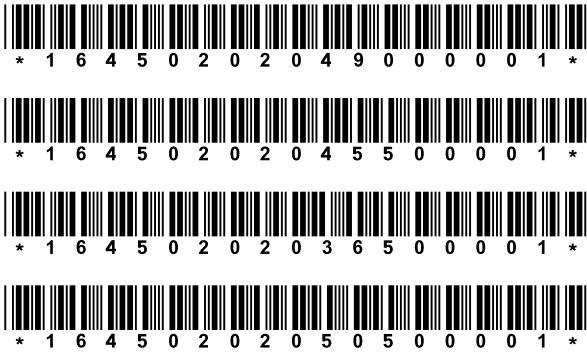
The data for this supplement is not required to be filed.
2.

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

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

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

Bar Code:



Westfield Premier Insurance Company
Overflow Page for Write-Ins

NONE

Westfield Premier Insurance Company
SCHEDULE A - VERIFICATION
Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....00
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....00
2.2 Additional investment made after acquisition.....00
3. Current year change in encumbrances.....00
4. Total gain (loss) on disposals.....00
5. Deduct amounts received on disposals.....00
6. Total foreign exchange change in book/adjusted carrying value.....00
7. Deduct current year's other-than-temporary impairment recognized.....00
8. Deduct current year's depreciation.....00
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....00
10. Deduct total nonadmitted amounts.....00
11. Statement value at end of current period (Line 9 minus Line 10).....00

SCHEDULE B - VERIFICATION
Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....00
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....00
2.2 Additional investment made after acquisition.....00
3. Capitalized deferred interest and other.....00
4. Accrual of discount.....00
5. Unrealized valuation increase (decrease).....00
6. Total gain (loss) on disposals.....00
7. Deduct amounts received on disposals.....00
8. Deduct amortization of premium and mortgage interest points and commitment fees.....00
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....00
10. Deduct current year's other-than-temporary impairment recognized.....00
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....00
12. Total valuation allowance.....00
13. Subtotal (Line 11 plus Line 12).....00
14. Deduct total nonadmitted amounts.....00
15. Statement value at end of current period (Line 13 minus Line 14).....00

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....00
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....00
2.2 Additional investment made after acquisition.....00
3. Capitalized deferred interest and other.....00
4. Accrual of discount.....00
5. Unrealized valuation increase (decrease).....00
6. Total gain (loss) on disposals.....00
7. Deduct amounts received on disposals.....00
8. Deduct amortization of premium and depreciation.....00
9. Total foreign exchange change in book/adjusted carrying value.....00
10. Deduct current year's other-than-temporary impairment recognized.....00
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....00
12. Deduct total nonadmitted amounts.....00
13. Statement value at end of current period (Line 11 minus Line 12).....00

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....6,501,2584,839,158
2. Cost of bonds and stocks acquired.....01,656,094
3. Accrual of discount.....2,53810,020
4. Unrealized valuation increase (decrease).....00
5. Total gain (loss) on disposals.....00
6. Deduct consideration for bonds and stocks disposed of.....00
7. Deduct amortization of premium.....4,0984,014
8. Total foreign exchange change in book/adjusted carrying value.....00
9. Deduct current year's other-than-temporary impairment recognized.....00
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....00
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....6,499,6986,501,258
12. Deduct total nonadmitted amounts.....00
13. Statement value at end of current period (Line 11 minus Line 12).....6,499,6986,501,258

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

QSI02

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	6,501,258	0	0	(1,560)	6,499,698			6,501,258
2. NAIC 2 (a).....	0	0	0	0	0			0
3. NAIC 3 (a).....	0	0	0	0	0			0
4. NAIC 4 (a).....	0	0	0	0	0			0
5. NAIC 5 (a).....	0	0	0	0	0			0
6. NAIC 6 (a).....	0	0	0	0	0			0
7. Total Bonds.....	6,501,258	0	0	(1,560)	6,499,698	0	0	6,501,258
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0			0
9. NAIC 2.....	0	0	0	0	0			0
10. NAIC 3.....	0	0	0	0	0			0
11. NAIC 4.....	0	0	0	0	0			0
12. NAIC 5.....	0	0	0	0	0			0
13. NAIC 6.....	0	0	0	0	0			0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	6,501,258	0	0	(1,560)	6,499,698	0	0	6,501,258

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,083,814	130,427
2. Cost of cash equivalents acquired.....	89,185	4,625,239
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	0	3,671,852
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/ adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,172,999	1,083,814
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	1,172,999	1,083,814

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

Sch. D - Pt. 4
NONE

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

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

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

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

Sch. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

Sch. E - Pt. 1
NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Exempt Money Market Mutual Funds as Identified by the SVO								
61747C 58 2	MORGAN STANLEY INSTL LIQUIDITY TREAS.....	03/31/2020.....0.6101,172,99903,940
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO.....					1,172,99903,940
8899999. Total - Cash Equivalents.....					1,172,99903,940