



QUARTERLY STATEMENT

As of March 31, 2020

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) | |
| Main Administrative Office | 4 Easton Oval .. Columbus .. OH 43219 (Street and Number) (City or Town, State, Country and Zip Code) | 614-231-0200 (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 | |
| Statutory Statement Contact | Thomas J Happensack (Name) thomas.happensack@safearauto.com (E-Mail Address) | 614-944-7680 (Area Code) (Telephone Number) (Extension) 614-559-5357 (Fax Number) |

OFFICERS

| Name | Title | Name | Title |
|---------------------|-------------------------------------|------------------------|---------------------------------|
| 1. Ronald H Davies | Chief Executive Officer & President | 2. Kelly A Armstrong | Chief Legal Officer & Secretary |
| 3. Gregory A Sutton | Chief Financial Officer & Treasurer | 4. Thomas J Happensack | Controller |
| OTHER | | | |
| Evan McKee | Claims and Product Leader | Charles Kordes | Chief Information Leader |

OTHER

Evan McKee Claims and Product Leader Charles Kordes Chief Information Leader

DIRECTORS OR TRUSTEES

Ronald H Davies Ari Deshe Elie Deshe Jon P Diamond
Gabriel Glikberg William Graves Oded Gur-Arie 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.

(Signature)
Ronald H Davies
1. (Printed Name)
Chief Executive Officer & President
(Title)

(Signature)
Kelly A Armstrong
2. (Printed Name)
Chief Legal Officer & Secretary
(Title)

(Signature)
Gregory A Sutton
3. (Printed Name)
Chief Financial Officer & Treasurer
(Title)

Subscribed and sworn to before me
This 14th day of May 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 []

Statement for March 31, 2020 of the **Safe Auto Choice Insurance Company**
ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 5,363,716 | | 5,363,716 | 5,589,323 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | 0 | |
| 2.2 Common stocks..... | | | 0 | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens..... | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | | | 0 | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | 0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | 0 | |
| 5. Cash (\$....133,020), cash equivalents (\$....341,614) and short-term investments (\$.....0)..... | 474,634 | | 474,634 | 213,250 |
| 6. Contract loans (including \$.....0 premium notes)..... | | | 0 | |
| 7. Derivatives..... | | | 0 | |
| 8. Other invested assets..... | | | 0 | |
| 9. Receivables for securities..... | | | 0 | |
| 10. Securities lending reinvested collateral assets..... | | | 0 | |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 5,838,350 | 0 | 5,838,350 | 5,802,573 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 33,417 | | 33,417 | 33,122 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | | | 0 | |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)..... | | | 0 | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 | |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | 0 | |
| 18.2 Net deferred tax asset..... | | | 0 | 1 |
| 19. Guaranty funds receivable or on deposit..... | | | 0 | |
| 20. Electronic data processing equipment and software..... | | | 0 | |
| 21. Furniture and equipment, including health care delivery assets (\$.....0)..... | | | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates..... | 350,000 | | 350,000 | 350,000 |
| 24. Health care (\$.....0) and other amounts receivable..... | | | 0 | |
| 25. Aggregate write-ins for other than invested assets..... | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 6,221,767 | 0 | 6,221,767 | 6,185,696 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. Total (Lines 26 and 27)..... | 6,221,767 | 0 | 6,221,767 | 6,185,696 |

DETAILS OF WRITE-INS

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

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31 Prior Year |
|---|--------------------------------|--------------------------------|
| 1. Losses (current accident year \$.....0) | | |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | | |
| 4. Commissions payable, contingent commissions and other similar charges | | |
| 5. Other expenses (excluding taxes, licenses and fees) | | |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | | |
| 7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)) | | |
| 7.2 Net deferred tax liability | 1,025 | .809 |
| 8. Borrowed money \$.....0 and interest thereon \$.....0 | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act) | | |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | | |
| 13. Funds held by company under reinsurance treaties | | |
| 14. Amounts withheld or retained by company for account of others | | |
| 15. Remittances and items not allocated | | |
| 16. Provision for reinsurance (including \$.....0 certified) | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | 46,662 | 39,514 |
| 20. Derivatives | | |
| 21. Payable for securities | | |
| 22. Payable for securities lending | | |
| 23. Liability for amounts held under uninsured plans | | |
| 24. Capital notes \$.....0 and interest thereon \$.....0 | | |
| 25. Aggregate write-ins for liabilities | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 47,687 | 40,323 |
| 27. Protected cell liabilities | | |
| 28. Total liabilities (Lines 26 and 27) | 47,687 | 40,323 |
| 29. Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. Common capital stock | 2,500,000 | 2,500,000 |
| 31. Preferred capital stock | | |
| 32. Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 33. Surplus notes | | |
| 34. Gross paid in and contributed surplus | 3,500,000 | 3,500,000 |
| 35. Unassigned funds (surplus) | 174,080 | 145,373 |
| 36. Less treasury stock, at cost: | | |
| 36.10.000 shares common (value included in Line 30 \$.....0) | | |
| 36.20.000 shares preferred (value included in Line 31 \$.....0) | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 6,174,080 | 6,145,373 |
| 38. Totals (Page 2, Line 28, Col. 3) | 6,221,767 | 6,185,696 |

DETAILS OF WRITE-INS

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

Statement for March 31, 2020 of the **Safe Auto Choice Insurance Company**
STATEMENT OF INCOME

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct..... (written \$.....0) | | | |
| 1.2 Assumed..... (written \$.....0) | | | |
| 1.3 Ceded..... (written \$.....0) | | | |
| 1.4 Net..... (written \$.....0) | .0 | 0 | 0 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$.....0): | | | |
| 2.1 Direct..... | | | |
| 2.2 Assumed..... | | | |
| 2.3 Ceded..... | | | |
| 2.4 Net..... | .0 | 0 | 0 |
| 3. Loss adjustment expenses incurred..... | | | |
| 4. Other underwriting expenses incurred..... | 11,024 | 250 | 1,633 |
| 5. Aggregate write-ins for underwriting deductions..... | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5)..... | 11,024 | 250 | 1,633 |
| 7. Net income of protected cells..... | | | |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)..... | (11,024) | (250) | (1,633) |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned..... | 44,005 | 45,801 | 182,019 |
| 10. Net realized capital gains (losses) less capital gains tax of \$....705..... | 2,652 | 1,052 | 2,822 |
| 11. Net investment gain (loss) (Lines 9 + 10)..... | 46,657 | 46,853 | 184,841 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)..... | 0 | | |
| 13. Finance and service charges not included in premiums..... | | | |
| 14. Aggregate write-ins for miscellaneous income..... | 0 | 0 | 0 |
| 15. Total other income (Lines 12 through 14)..... | 0 | 0 | 0 |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)..... | 35,633 | 46,603 | 183,208 |
| 17. Dividends to policyholders..... | | | |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)..... | 35,633 | 46,603 | 183,208 |
| 19. Federal and foreign income taxes incurred..... | 6,711 | 5,994 | 37,182 |
| 20. Net income (Line 18 minus Line 19) (to Line 22)..... | 28,922 | 40,609 | 146,026 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year..... | 6,145,373 | 6,000,156 | 6,000,156 |
| 22. Net income (from Line 20)..... | 28,922 | 40,609 | 146,026 |
| 23. Net transfers (to) from Protected Cell accounts..... | | | |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0..... | | | |
| 25. Change in net unrealized foreign exchange capital gain (loss)..... | | | |
| 26. Change in net deferred income tax..... | (216) | | (809) |
| 27. Change in nonadmitted assets..... | | | |
| 28. Change in provision for reinsurance..... | | | |
| 29. Change in surplus notes..... | | | |
| 30. Surplus (contributed to) withdrawn from protected cells..... | | | |
| 31. Cumulative effect of changes in accounting principles..... | | | |
| 32. Capital changes: | | | |
| 32.1 Paid in..... | | | |
| 32.2 Transferred from surplus (Stock Dividend)..... | | | |
| 32.3 Transferred to surplus..... | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in..... | | | |
| 33.2 Transferred to capital (Stock Dividend)..... | | | |
| 33.3 Transferred from capital..... | | | |
| 34. Net remittances from or (to) Home Office..... | | | |
| 35. Dividends to stockholders..... | | | |
| 36. Change in treasury stock..... | 0 | 0 | 0 |
| 37. Aggregate write-ins for gains and losses in surplus..... | 0 | | |
| 38. Change in surplus as regards policyholders (Lines 22 through 37)..... | 28,707 | 40,609 | 145,217 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)..... | 6,174,080 | 6,040,765 | 6,145,373 |

DETAILS OF WRITE-INS

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

Statement for March 31, 2020 of the **Safe Auto Choice 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..... | | | |
| 2. Net investment income..... | 44,076 | 11,426 | 148,541 |
| 3. Miscellaneous income..... | | | |
| 4. Total (Lines 1 through 3)..... | 44,076 | 11,426 | 148,541 |
| 5. Benefit and loss related payments..... | | | |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 11,024 | 250 | 1,633 |
| 8. Dividends paid to policyholders..... | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$....705 tax on capital gains (losses)..... | 7,416 | 5,994 | 37,835 |
| 10. Total (Lines 5 through 9)..... | 18,440 | 6,244 | 39,468 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 25,636 | 5,182 | 109,073 |
| CASH FROM INVESTMENTS | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 224,077 | 166,199 | 555,367 |
| 12.2 Stocks..... | | | |
| 12.3 Mortgage loans..... | | | |
| 12.4 Real estate..... | | | |
| 12.5 Other invested assets..... | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | | 364 | 364 |
| 12.7 Miscellaneous proceeds..... | | 252,571 | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 224,077 | 419,134 | 555,731 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | | 5,468,139 | 5,945,154 |
| 13.2 Stocks..... | | | |
| 13.3 Mortgage loans..... | | | |
| 13.4 Real estate..... | | | |
| 13.5 Other invested assets..... | | | |
| 13.6 Miscellaneous applications..... | | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 0 | 5,468,139 | 5,945,154 |
| 14. Net increase or (decrease) in contract loans and premium notes..... | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | 224,077 | (5,049,005) | (5,389,423) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | | |
| 16.3 Borrowed funds..... | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | | |
| 16.5 Dividends to stockholders..... | | | |
| 16.6 Other cash provided (applied)..... | 11,671 | 6,244 | (310,476) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | 11,671 | 6,244 | (310,476) |
| 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)..... | 261,384 | (5,037,579) | (5,590,826) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 213,250 | 5,804,076 | 5,804,076 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 474,634 | 766,497 | 213,250 |

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

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

Notes to the Financial Statements**1. Summary of Significant Accounting Policies and Going Concern**

Safe Auto Choice Insurance Company was organized on October 15, 2018. It was not licensed as an insurance company until February 6, 2019. As of March 31, 2020, the Company has not pursued or written any policies. The March 31, 2020 financial statements consist of cash, investments and investment income. Financial data for 2020 is presented for informational and roll-forward purposes.

A. Accounting Practices

| | SSAP # | F/S Page | F/S Line # | 03/31/2020 | 12/31/2019 |
|---|--------|----------|------------|--------------|--------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 20, Columns 1 & 3) | XXX | XXX | XXX | \$ 28,923 | \$ 146,026 |
| (2) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (3) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | \$ 28,923 | \$ 146,026 |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 37, Columns 1 & 2) | XXX | XXX | XXX | \$ 6,174,080 | \$ 6,145,373 |
| (6) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (7) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | \$ 6,174,080 | \$ 6,145,373 |

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

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

C. Accounting Policy

Premiums written are deferred and earned pro rata over the terms of the related insurance policies. Depending on the state, policy fees are either recognized in premiums earned on the effective date of the respective insurance policy or over the term of the policy.

Unearned premium reserves represent the portion of premiums written that are applicable to the unexpired terms of the policies in-force, and are determined on a daily pro rata basis.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as advertising, premium taxes and sales commissions, are charged to operations as incurred. The Company has not modified its capitalization policy from the prior period.

Net investment income earned consists primarily of interest, dividends and rental income less investment related expenses. Interest is recognized on an accrual basis and dividends are recognized on an ex-dividend basis. Rental income includes an imputed rent for the Company's occupancy of its own buildings. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed or otherwise disposed, and include write-downs for impairments considered to be other-than-temporary.

In addition, the company uses the following accounting policies:

- (1) Short-term investments - No Significant Changes
- (2) Bonds not backed by other loans that are designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost, using the interest method. All other bonds (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value.
- (3) Unaffiliated common stocks are stated at fair value.
- (4) Preferred stocks - None
- (5) Mortgage loans - None
- (6) Loan-backed securities are reported at either amortized cost using the interest method or, if non-investment grade, at the lower of amortized cost, fair value or at the present value of future cash flows. The retrospective adjustment method is used to value all securities, except for interest only securities, where the yield had become negative, that are valued using the prospective method.
- (7) Investments in subsidiaries, controlled and affiliated entities - None
- (8) Investments in joint ventures, partnerships and limited liability companies - None
- (9) Derivatives - None
- (10) The Company does utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses ("LAE") include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) Changes in capitalization policy - None
- (13) Pharmaceutical rebate receivables - None

D. Going Concern - Not Applicable**2. Accounting Changes and Corrections of Errors - No Significant Changes**

Notes to the Financial Statements**3. Business Combinations and Goodwill** - None**4. Discontinued Operations** - None**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Loan-Backed Securities

(1) Prepayment assumptions for Agency Mortgage-Backed Securities and Collateralized Mortgage Obligations were generated using a third party prepayment model. The multi-factor model captures house price change trends, housing turnover, borrower default, and refinance incentive, among other factors. On an ongoing basis, we monitor the rate of prepayment and calibrate the model to reflect actual experience, market factors, and viewpoint.

(2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI) - None

(3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities - None

(4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss - None

(5) Recommendations for potential impairments are based on periodic analytical reviews and/or Company specified OTTI requirements. Analysis relies on actual collateral performance measurements including, but not limited to prepayment rates, default rates, delinquencies and loss severity sourced through third party data providers.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - None

K. Low-Income Housing Tax Credits (LIHTC) - None

L. Restricted Assets - No Significant Changes

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. 5GI Securities - None

P. Short Sales - None

Q. Prepayment Penalty and Acceleration Fees

| | General Account | Protected Cell |
|---|-----------------|----------------|
| (1) Number of CUSIPs | 1 | |
| (2) Aggregate Amount of Investment Income | \$ | \$ |

6. Joint Ventures, Partnerships and Limited Liability Companies - None**7. Investment Income** - No Significant Changes**8. Derivative Instruments** - None**9. Income Taxes**

A. Components of the Net Deferred Tax Asset/(Liability) - No Significant Changes

B. Regarding Deferred Tax Liabilities That Are Not Recognized - Not Applicable

C. Major Components of Current Income Taxes Incurred - No Significant Changes

D. Among the More Significant Book to Tax Adjustments - No Significant Changes

E. Operating Loss and Tax Credit Carryforwards - No Significant Changes

F. Consolidated Federal Income Tax Return - No Significant Changes

G. Federal or Foreign Income Tax Loss Contingencies - None

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit - Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

The Company is a wholly owned subsidiary of Safe Auto Insurance Group, Inc. (Parent), a privately held company incorporated in Ohio.

B. Detail of Transactions Greater Than 0.5% of Admitted Assets - No Significant Changes

Notes to the Financial Statements**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)**

- C. Amount of Transactions & Effects of Change in Terms of Intercompany Arrangements - None
- D. Amounts Due To or From Related Parties - No Significant Changes
- E. Guarantees or Contingencies - None
- F. Management Service Contracts and Cost Sharing Agreements
 - 1. Safe Auto Choice Insurance Company and Safe Auto Group Agency are parties of an agency contract. Safe Auto Group Agency provides agency services for Safe Auto Choice Insurance Company by employing certain agents, customer service, and related management personnel while also exclusively providing all advertising and marketing efforts.
 - 2. On April 1, 2019, the Company and its parent entered into an updated agreement (the "Management and Operations" agreement) for services provided between the Company, its parent, and the parent's subsidiaries. This agreement was approved by the Ohio Department of Insurance in April 2019.
 - 3. All such management, service contracts, and cost sharing agreements mentioned are transacted at cost and provide no profit provision to the service provider.
- G. Nature of Relationships that Could Affect Operations - None
- H. Amount Deducted for Investment in Upstream Company - None
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None
- K. Foreign Subsidiary Value Using CARVM - None
- L. Downstream Holding Company Value Using Look-Through Method - None
- M. All SCA Investments - None
- N. Investment in Insurance SCAs - None
- O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt - None**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None****13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes****14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
 - None

| Direct | | | | |
|--|---------------------|----------------------|-----------------------|-----------------------------|
| Claims-related ECO and bad faith losses paid during the reporting period \$ | | | | |
| Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period. | | | | |
| (a) 0-25 Claims | (b) 26-50 Claims | (c) 51-100 Claims | (d) 101-500 Claims | (e) More than 500 Claims |

Method used to disclose claim count information:

(f) Per Claim [] (g) Per Claimant []

15. Leases - None**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None****17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None****18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None****19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None****20. Fair Value Measurements**

- A. Fair Value Measurement

Inputs Used for Assets and Liabilities Measured at Fair Value

Notes to the Financial Statements**20. Fair Value Measurements (Continued)**

The Company's financial assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by ASC 820 Fair Value Measurements and Disclosures. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are defined 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.
- Level NAV (net asset value): Under certain conditions, as described in the NAIC SSAP No. 100R (Fair Value Measurement), NAV may be utilized as an expedient to fair value.

(1) Fair value measurements at reporting date

Assets recorded on the financial statements at fair value measurements by accounting hierarchy levels 1, 2, 3 and level NAV. The Company has categorized its assets that are measured at fair value into the three-level fair value hierarchy as reflected in the following table. The Company had no liabilities recorded at fair value.

| Description for each class of asset or liability | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Total |
|--|----------|----------|----------|-----------------------|------------------|
| a. Assets at fair value | | | | | |
| Cash Equivalent-Exempt Money Market Mutual Funds | \$ | \$ | \$ | \$ 341,614 | \$ 341,614 |
| Total assets at fair value/NAV | \$ | \$ | \$ | \$ 341,614 | \$ 341,614 |
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | \$ | \$ | \$ | \$ | \$ |

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

- (3) At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current quarter, no transfers into or out of Level 3 were required.
- (4) Fair value measurements for fixed income and equity securities are based on values either published by the NAIC's Security Valuation Office (SVO) or from an independent pricing service vendor. Under certain circumstances, if neither an SVO price nor a Vendor price is available, a price may be obtained from a broker. Short term securities and cash equivalents are valued at amortized cost.

When published prices from the SVO are not available, the Company relies predominately on independent pricing service vendors that have been evaluated and approved by our investment management company's internal pricing policy committee. Generally, pricing service vendors use a pricing methodology involving the market approach, including pricing models, which use prices and relevant market information regarding a particular security or securities with similar characteristics to establish a valuation.

Certain investments are carried at fair value, while others may periodically be carried at fair value based on certain factors such as the NAIC's lower of cost or market rule or an impairment. Assets recorded at fair value are categorized based on an evaluation of the various inputs used to measure the fair value. Supporting documentation received from pricing vendors detailing the inputs, models and processes used in the vendor's evaluation process is used by the Company to determine the appropriate fair value hierarchy. Documentation from each pricing vendor is reviewed and monitored periodically to ensure they are consistent with the Company's pricing policy. Market Information obtained from brokers with respect to security valuations is also considered in the pricing hierarchy.

(5) Derivatives - None**B. Other Fair Value Disclosures - None****C. Fair Values for All Financial Instruments by Level 1, 2 and 3**

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments, excluding those accounted for under the equity method (subsidiaries, limited liability companies, etc.). The fair values are also categorized into the three-level hierarchy as described above in Note 20A.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|---|----------------------|--------------------|------------------|--------------------|----------|-----------------------|----------------------------------|
| Bonds | \$ 5,608,397 | \$ 5,363,717 | \$ 236,039 | \$ 5,372,358 | \$ | \$ | \$ |
| Cash, cash equivalents and short-term investments | 474,634 | 474,634 | 133,020 | | | 341,614 | |

D. Not Practicable to Estimate Fair Value - None**E. Nature and Risk of Investments Reported at NAV - None****21. Other Items**

- Unusual or Infrequent Items - None
- Troubled Debt Restructuring - None
- Other Disclosures - None
- Business Interruption Insurance Recoveries - None

Notes to the Financial Statements**21. Other Items (Continued)**

- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime-Mortgage-Related Risk Exposure - None
- G. Insurance-Linked Securities (ILS) Contracts - None
- 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 - None

22. Events Subsequent - No Significant Changes**23. Reinsurance**

- A. Unsecured Reinsurance Recoverables - None
- B. Reinsurance Recoverable in Dispute - None
- C. Reinsurance Assumed and Ceded
 - (1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

The Company is party in a prospective personal automobile physical damage catastrophe agreement of reinsurance with General Reinsurance Corporation. This reinsurance agreement covers a portion of aggregated losses arising from catastrophic events that exceed a specified retention stated in the agreement. Ceded premiums are calculated primarily based on a percentage of comprehensive premiums earned. The Company has no ceded premiums for 2020 or 2019.
 - (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: - None
 - (3) Risks attributed to each of the company's protected cells - None
- D. Uncollectible Reinsurance - None
- E. Commutation of Ceded Reinsurance - None
- F. Retroactive Reinsurance - None
- G. Reinsurance Accounted for as a Deposit - None
- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements - None
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - None
- B. Method Used to Record - None
- C. Amount and Percent of Net Retrospective Premiums - None
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None
- E. Calculation of Nonadmitted Retrospective Premium - None
- F. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?
NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - None
- (5) ACA risk corridors receivable as of reporting date - None

25. Changes in Incurred Losses and Loss Adjustment Expenses - None**26. Intercompany Pooling Arrangements - None****27. Structured Settlements - None****28. Health Care Receivables - None****29. Participating Policies - None****30. Premium Deficiency Reserves - None****31. High Deductibles - None****32. Discounting of Liabilities by Withdrawal Characteristics For Unpaid Losses or Unpaid Loss Adjustment Expenses - None****33. Asbestos/Environmental Reserves - None**

Notes to the Financial Statements

- 34. Subscriber Savings Accounts - None**
- 35. Multiple Peril Crop Insurance - None**
- 36. Financial Guaranty Insurance - None**

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

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 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? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 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.
- 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).
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

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

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

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

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

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

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 [X] No []17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1 | 2 |
|----------------------|--|
| Name of Custodian(s) | Custodian Address |
| USBank | 425 Walnut Street, 6th Floor, Cincinnati, OH 45202 |

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

| 1 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| | | |

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

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

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

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

| 1 | 2 |
|------------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| New England Asset Management | U |

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 [X] 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 [X] 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 |
|--|------------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| 105900 | New England Asset Management | KUR85E5PS4GQFZTFC130 | SEC | NO |

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- 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.
 - Issuer or obligor is current on all contracted interest and principal payments.
 - 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:
- The security was purchased prior to January 1, 2018.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - 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.
 - 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:
- The security was purchased prior to January 1, 2019.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - The fund only or predominantly holds bonds in its portfolio.
 - 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.
 - 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? Yes [] No [] N/A [X]
If yes, attach an explanation.
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.
- 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
Line of Business | 2
Maximum Interest | 3
Disc. Rate | Total Discount | | | | Discount Taken During Period | | | |
|-----------------------|-----------------------|-----------------|--------------------|-----------------|-----------|------------|------------------------------|-----------------|------------|-------------|
| | | | 4 Unpaid Losses | 5 Unpaid LAE | 6 IBNR | 7 Total | 8 Unpaid Losses | 9 Unpaid LAE | 10 IBNR | 11 Total |
| | 0.000 | 0.000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
5. Operating Percentages:
- | | |
|---|--------|
| 5.1 A&H loss percent | 0.000% |
| 5.2 A&H cost containment percent | 0.000% |
| 5.3 A&H expense percent excluding cost containment expenses | 0.000% |
- 6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0
7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 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 [X]

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

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

DETAILS OF WRITE-INS

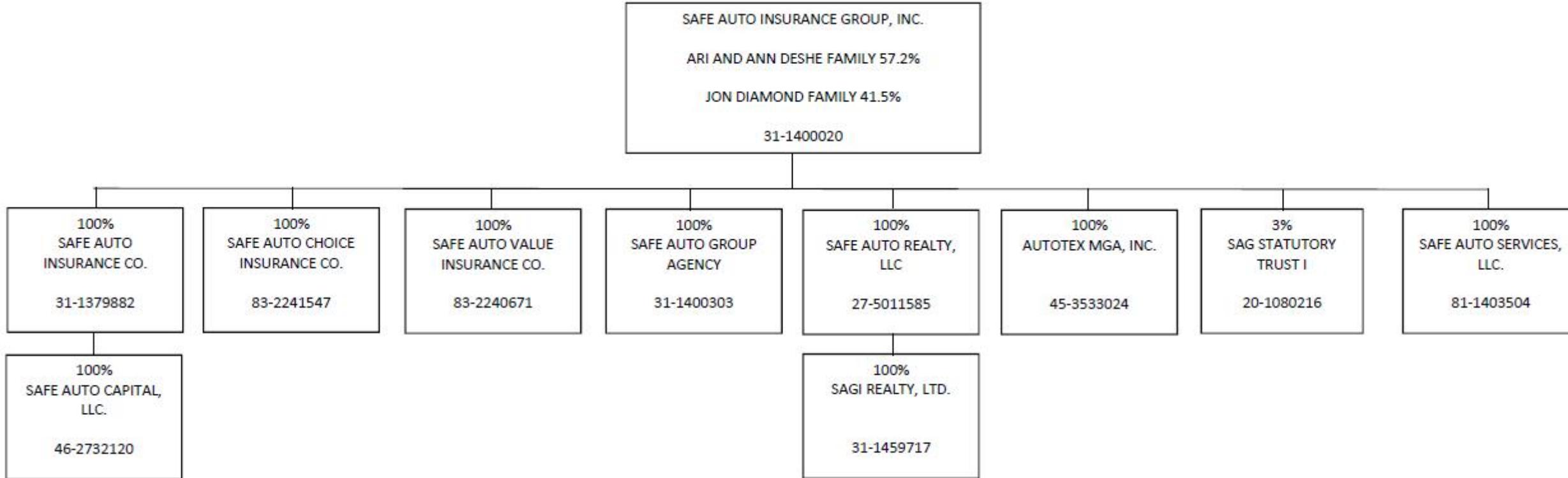
| | | | | | | | |
|--|--------------|--|---|---|---|---|---|
| 58001..... | ...XXX..... | | | | | | |
| 58002..... | ...XXX..... | | | | | | |
| 58003..... | ...XXX..... | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page..... | ...XXX.....0 | | 0 | 0 | 0 | 0 | 0 |
|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

(a) Active Status Count

| | | | |
|--|---|---|----|
| L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... | 1 | R - Registered - Non-domiciled RRGs..... | 0 |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)..... | 0 | Q - Qualified - Qualified or accredited reinsurer..... | 0 |
| D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile..... | 0 | N - None of the above - Not allowed to write business in the state..... | 56 |

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

PART 1 – ORGANIZATIONAL CHART



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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 | 9 | 10 | 11 | 12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 | 15 | 16 Is an SCA Filing Required? (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

4940 Safe Auto Insurance Group, Inc.

Q12

Safe Auto Choice Insurance Company
PART 1 - LOSS EXPERIENCE

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

NONE

DETAILS OF WRITE-INS

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

PART 2 - DIRECT PREMIUMS WRITTEN

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

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

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? | <u>SEE EXPLANATION</u> |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | <u>SEE EXPLANATION</u> |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | <u>SEE EXPLANATION</u> |
| 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | <u>SEE EXPLANATION</u> |

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 filed separately.

Bar Code:

NONE

Statement for March 31, 2020 of the **Safe Auto Choice Insurance Company**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 5,589,321 | 196,068 |
| 2. Cost of bonds and stocks acquired..... | | 5,945,151 |
| 3. Accrual of discount..... | 1,024 | 3,852 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | (1,164) | 3,111 |
| 6. Deduct consideration for bonds and stocks disposed of..... | 228,598 | 555,367 |
| 7. Deduct amortization of premium..... | 1,390 | 3,494 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... | 4,521 | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7-8-9+10)..... | 5,363,714 | 5,589,321 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 5,363,714 | 5,589,321 |

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|--|--|--|--|--|---|--|--|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 5,094,809 | | 225,241 | (503) | 4,869,065 | | | 5,094,809 |
| 2. NAIC 2 (a)..... | 494,513 | | | 138 | 494,651 | | | 494,513 |
| 3. NAIC 3 (a)..... | | | | | 0 | | | |
| 4. NAIC 4 (a)..... | | | | | 0 | | | |
| 5. NAIC 5 (a)..... | | | | | 0 | | | |
| 6. NAIC 6 (a)..... | | | | | 0 | | | |
| 7. Total Bonds..... | 5,589,322 | 0 | 225,241 | (365) | 5,363,716 | 0 | 0 | 5,589,322 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | | | | | 0 | | | |
| 9. NAIC 2..... | | | | | 0 | | | |
| 10. NAIC 3..... | | | | | 0 | | | |
| 11. NAIC 4..... | | | | | 0 | | | |
| 12. NAIC 5..... | | | | | 0 | | | |
| 13. NAIC 6..... | | | | | 0 | | | |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock..... | 5,589,322 | 0 | 225,241 | (365) | 5,363,716 | 0 | 0 | 5,589,322 |

(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.

QS102

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 67,011 | 5,304,076 |
| 2. Cost of cash equivalents acquired..... | 734,360 | 1,180,318 |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | 364 |
| 6. Deduct consideration received on disposals..... | 459,757 | 6,417,747 |
| 7. Deduct amortization of premium..... | | |
| 8. Total foreign exchange change in book/ adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 341,614 | 67,011 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 341,614 | 67,011 |

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

SCHEDULE D - PART 4

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

| 1 CUSIP Identification | 2 Description | 3 F o r eig n Disposal Date | 4 Name of Purchaser | 5 Number of Shares of Stock | 6 Consideration | 7 Par Value | 8 Actual Cost | 9 Prior Year Book/Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Total Foreign Exchange Change in B./A.C.V. (11+12-13) | 17 Book/Adjusted Carrying Value at Disposal Date | 18 Foreign Exchange Gain (Loss) on Disposal | 19 Realized Gain (Loss) on Disposal | 20 Total Gain (Loss) on Disposal Received During Year | 21 Bond Interest / Stock Dividends Received During Year | 22 Stated Contractual Maturity Date | NAIC Designation and Adminis- trative Symbol |
|---------------------------|------------------|---|------------------------|--------------------------------|--------------------|----------------|------------------|--|--|---|---|---------------------------------|--|---|---|--|--|--|--|--|--|
| | | | | | | | | | 11 Unrealized Valuation Increase (Decrease) | 12 Current Year's (Amortization) / Accretion | 13 Current Year's Other-Than-Temporary Impairment Recognized | 14 Total Change in B./A.C.V. | 15 Total Foreign Exchange Change in B./A.C.V. | | | | | | | | |

Bonds - U.S. Special Revenue and Special Assessment

| | | | | | | | | | | | | | | | | | | | | | | | |
|----------|---|---|----------------------------------|---------------|------------------------|-------------|-------------|-------------|-------------|-----------|----------|-----------|-------------|-------------|--------|--------|--------|--------|--------|--------|----------|-------------|----------|
| 196479 | 5L | 9 | COLORADO ST HSG & FIN AUTTH..... | ..03/05/2020. | SINK FUND PAYMENT..... |30,000 |30,000 |30,484 |30,007 |(7) |(7) |(7) |30,000 |0 |0 |0 |0 |0 |0 |0 |88 | 05/01/2032. | 1FE..... |
| 3131XV | QA | 6 | UMBRS - POOL ZM2249..... | ..03/01/2020. | PAYDOWN..... |5,292 |5,292 |5,303 |5,293 |(7) |(7) |0 |5,292 |0 |0 |0 |0 |0 |0 |0 |27 | 12/01/2046. | 1FE..... |
| 3132AC | PV | 6 | UMBRS - POOL ZT0436..... | ..03/01/2020. | PAYDOWN..... |4,185 |4,185 |4,206 |4,185 |(1) |(1) |0 |4,185 |0 |0 |0 |0 |0 |0 |0 |29 | 01/01/2047. | 1FE..... |
| 3138WE | KE | 8 | UMBRS - POOL AS4792..... | ..03/01/2020. | PAYDOWN..... |10,229 |10,229 |10,289 |10,230 |(1) |(1) |(1) |10,229 |0 |0 |0 |0 |0 |0 |0 |53 | 04/01/2045. | 1FE..... |
| 3140J8 | A7 | 8 | UMBRS - POOL BM3629..... | ..03/01/2020. | PAYDOWN..... |10,551 |10,551 |10,574 |10,551 |(4) |(4) |(4) |10,551 |0 |0 |0 |0 |0 |0 |0 |66 | 03/01/2048. | 1FE..... |
| 31418C | G9 | 9 | UMBRS - POOL MA2923..... | ..03/01/2020. | PAYDOWN..... |13,820 |13,820 |13,974 |13,824 |(4) |(4) |(4) |13,820 |0 |0 |0 |0 |0 |0 |0 |84 | 03/01/2037. | 1FE..... |
| 3199999. | Total - Bonds - U.S. Special Revenue and Special Assessments. | | | |74,077 |74,077 |74,830 |74,090 |0 |(12) |0 |(12) |0 |74,077 |0 |0 |0 |0 |0 |0 |347 | XXX | XXX |

Bonds - Industrial and Miscellaneous

| | | | | | | | | | | | | | | | | | | | | | | | |
|----------|---|---|-------------------|---------------|--------------------------------------|--------------|--------------|--------------|--------------|------------|-----------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|----------|
| 20030N | CQ | 2 | COMCAST CORP..... | ..02/21/2020. | SECURITY CALLED BY ISSUER at 103.014 |154,521 |150,000 |151,889 |151,262 |(98) |(98) |(98) |151,164 |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) |6,534 | 10/01/2021. | 1FE..... |
| 3899999. | Total - Bonds - Industrial and Miscellaneous. | | | |154,521 |150,000 |151,889 |151,262 |0 |(98) |0 |(98) |0 |151,164 |0 |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) | XXX | XXX |
| 8399997. | Total - Bonds - Part 4. | | | |228,598 |224,077 |226,719 |225,352 |0 |(110) |0 |(110) |0 |225,241 |0 |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) | XXX | XXX |
| 8399999. | Total - Bonds. | | | |228,598 |224,077 |226,719 |225,352 |0 |(110) |0 |(110) |0 |225,241 |0 |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) | XXX | XXX |
| 9999999. | Total - Bonds, Preferred and Common Stocks. | | | |228,598 | XXX |226,719 |225,352 |0 |(110) |0 |(110) |0 |225,241 |0 |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) |(1,164) | XXX | XXX |

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|-----------|--------------------------|---|--|---|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Open Depositories | | | | | | | | |
| JP MORGAN CHASE..... COLUMBUS, OH..... | | | | | 144,529 | 135,244 | 133,020 | XXX |
| 0199999. Total Open Depositories..... | XXX | XXX |0 |0 | 144,529 | 135,244 | 133,020 | XXX |
| 0399999. Total Cash on Deposit..... | XXX | XXX |0 |0 | 144,529 | 135,244 | 133,020 | XXX |
| 0599999. Total Cash..... | XXX | XXX |0 |0 | 144,529 | 135,244 | 133,020 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 CUSIP | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due & Accrued | 9 Amount Received During Year |
|---|----------------------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|
| Exempt Money Market Mutual Funds as Identified by the SVO | | | | | | | | |
| 31846V 54 2 | FIRST AMER TREASURY OBLIG-Z..... | | 03/13/2020..... | | | 341,614 | | |
| 8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO..... | | | | | | 341,614 | 0 | 0 |
| 8899999. Total - Cash Equivalents | | | | | | 341,614 | 0 | 0 |