



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

Obsidian Insurance Company

NAIC Group Code 4982 0000 NAIC Company Code 35602 Employer's ID Number 31-0926059
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 02/09/1978 Commenced Business 03/01/1978

Statutory Home Office 41 S. HIGH STREET, SUITE 1700, COLUMBUS, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1330 AVENUE OF THE AMERICAS, STE 23A
(Street and Number) NEW YORK, NY, US 10019, 800-684-5428
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1330 AVENUE OF THE AMERICAS, STE 23A, NEW YORK, NY, US 10019
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1330 AVENUE OF THE AMERICAS, STE 23A
(Street and Number) NEW YORK, NY, US 10019, 800-684-5428
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.obsidianspecialty.com

Statutory Statement Contact WENDY DOBRINDT, 646-493-6054
(Name) wdobrindt@obsidianspecialty.com, (Area Code) (Telephone Number)
(E-mail Address) (FAX Number)

OFFICERS

CHIEF EXECUTIVE OFFICER WILLIAM JEWETT CHIEF FINANCIAL OFFICER, TREASURER CRAIG RAPPAPORT
CHIEF LEGAL OFFICER, SECRETARY EMILY CANELO

OTHER

DIRECTORS OR TRUSTEES

WILLIAM JEWETT EMILY CANELO CRAIG RAPPAPORT
J. RYAN CLARK SCOTT NIEHAUS

State of _____ SS: _____
County of _____

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.

WILLIAM JEWETT
CHIEF EXECUTIVE OFFICER

EMILY CANELO
CHIEF LEGAL OFFICER, SECRETARY

CRAIG RAPPAPORT
CHIEF FINANCIAL OFFICER, TREASURER

Subscribed and sworn to before me this
day of _____

a. Is this an original filing?
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

Yes [] No []

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 | 23,003,120 | | 23,003,120 | 27,474,905 |
| 2. Stocks: | | | | 0 |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$ 948,236), cash equivalents (\$ 4,329,430) and short-term investments (\$) | 5,277,666 | | 5,277,666 | 1,895,548 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | | | 0 | 0 |
| 9. Receivables for securities | 0 | | 0 | 150,000 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 756 | 0 | 756 | 756 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 28,281,542 | 0 | 28,281,542 | 29,521,209 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 145,888 | | 145,888 | 149,603 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | 13,193,980 | | 13,193,980 | 963,211 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | (222,684) | | (222,684) | (182,042) |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 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 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 2,395,440 | | 2,395,440 | 0 |
| 24. Health care (\$) and other amounts receivable | | | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 12,500 | 0 | 12,500 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 43,806,666 | 0 | 43,806,666 | 30,451,981 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 43,806,666 | 0 | 43,806,666 | 30,451,981 |
| DETAILS OF WRITE-INS | | | | |
| 1101. Other ST Investment | 756 | | 756 | 756 |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 756 | 0 | 756 | 756 |
| 2501. Receivable | 12,500 | | 12,500 | 0 |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 12,500 | 0 | 12,500 | 0 |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|---|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$ 156,198) | 156,556 | 358 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | 291,659 | 381,000 |
| 3. Loss adjustment expenses | 72,517 | 730 |
| 4. Commissions payable, contingent commissions and other similar charges | 2,295,961 | 182,085 |
| 5. Other expenses (excluding taxes, licenses and fees) | 121,873 | 206,609 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 7,710 | 2,064 |
| 7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)) | 1,738 | 1,738 |
| 7.2 Net deferred tax liability | 0 | |
| 8. Borrowed money \$ and interest thereon \$ | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 783,079 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act) | 1,167,360 | 66,947 |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 10,815,248 | 205,000 |
| 13. Funds held by company under reinsurance treaties | | 0 |
| 14. Amounts withheld or retained by company for account of others | | |
| 15. Remittances and items not allocated | | |
| 16. Provision for reinsurance (including \$ certified) | | 1,000 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | | 1,701,656 |
| 20. Derivatives | 0 | 0 |
| 21. Payable for securities | 1,021,504 | |
| 22. Payable for securities lending | | |
| 23. Liability for amounts held under uninsured plans | | |
| 24. Capital notes \$ and interest thereon \$ | | |
| 25. Aggregate write-ins for liabilities | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 15,952,126 | 2,749,187 |
| 27. Protected cell liabilities | | |
| 28. Total liabilities (Lines 26 and 27) | 15,952,126 | 2,749,187 |
| 29. Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. Common capital stock | 3,591,990 | 3,591,990 |
| 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 | 23,408,012 | 23,408,012 |
| 35. Unassigned funds (surplus) | 854,538 | 702,792 |
| 36. Less treasury stock, at cost: | | |
| 36.1 shares common (value included in Line 30 \$) | | |
| 36.2 shares preferred (value included in Line 31 \$) | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 27,854,540 | 27,702,794 |
| 38. Totals (Page 2, Line 28, Col. 3) | 43,806,666 | 30,451,981 |
| 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 through 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 through 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 through 3203 plus 3298)(Line 32 above) | 0 | 0 |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian 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 \$ 880,947) | 353,197 | 0 | 801 |
| 1.2 Assumed (written \$ 1,502,970) | 352,896 | | 0 |
| 1.3 Ceded (written \$ 955,001) | 377,589 | | 0 |
| 1.4 Net (written \$ 1,428,916) | 328,504 | 0 | 801 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$ 156,197): | | | |
| 2.1 Direct | 181,624 | 0 | 358 |
| 2.2 Assumed | 167,792 | | 0 |
| 2.3 Ceded | 193,219 | | 0 |
| 2.4 Net | 156,197 | 0 | 358 |
| 3. Loss adjustment expenses incurred | 383,290 | 0 | 381,287 |
| 4. Other underwriting expenses incurred | 2,718 | 129,895 | 1,455,048 |
| 5. Aggregate write-ins for underwriting deductions | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5) | 542,205 | 129,895 | 1,836,693 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7) | (213,701) | (129,895) | (1,835,892) |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 212,582 | 385,073 | 814,567 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ | 202,284 | 0 | 1,908,896 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 414,866 | 385,073 | 2,723,463 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$) | 0 | 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) | 201,165 | 255,178 | 887,571 |
| 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) | 201,165 | 255,178 | 887,571 |
| 19. Federal and foreign income taxes incurred | 50,419 | 53,587 | 1,737 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 150,746 | 201,591 | 885,834 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 27,702,794 | 9,511,497 | 9,511,497 |
| 22. Net income (from Line 20) | 150,746 | 201,591 | 885,834 |
| 23. Net transfers (to) from Protected Cell accounts | | | |
| 24. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | | |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 26. Change in net deferred income tax | | 0 | (182,042) |
| 27. Change in nonadmitted assets | | (4,454) | 0 |
| 28. Change in provision for reinsurance | 1,000 | | (1,000) |
| 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 | | 75,488,503 | |
| 32.2 Transferred from surplus (Stock Dividend) | | | |
| 32.3 Transferred to surplus | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | 0 | 0 | 17,488,505 |
| 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 |
| 37. Aggregate write-ins for gains and losses in surplus | 0 | 0 | 0 |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | 151,746 | 75,685,640 | 18,191,297 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 27,854,540 | 85,197,137 | 27,702,794 |
| 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 through 0503 plus 0598)(Line 5 above) | 0 | 0 | 0 |
| 1401. Misc Income | | | 0 |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 |
| 3701. SSAP 72- Surplus reset adjustment to unassigned surplus | | | 0 |
| 3702. SSAP 72- Surplus reset adjustment to gross paid in capital | | | 0 |
| 3703. | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | 0 | 0 | 0 |
| 3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above) | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian 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 | (191,604) | 0 | (690,463) |
| 2. Net investment income | 327,715 | 226,622 | 1,050,773 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 136,111 | 226,622 | 360,310 |
| 5. Benefit and loss related payments | (1) | 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 | (1,631,083) | 39,895 | 1,063,706 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 9,777 | 31,367 | 29,629 |
| 10. Total (Lines 5 through 9) | (1,621,307) | 71,262 | 1,093,335 |
| 11. Net cash from operations (Line 4 minus Line 10) | 1,757,418 | 155,360 | (733,025) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 6,332,414 | 1,048,436 | 55,436,983 |
| 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 | (12,500) | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 1,171,504 | 2,630,655 | 681 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 7,491,418 | 3,685,091 | 55,437,664 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,769,760 | 71,646,492 | 74,152,754 |
| 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 | 0 | 0 | 150,756 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 1,769,760 | 71,646,492 | 74,303,510 |
| 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) | 5,721,658 | (67,961,401) | (18,865,846) |
| 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 | 75,488,503 | 17,488,505 |
| 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) | (4,096,958) | 123,481 | 1,815,766 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (4,096,958) | 75,611,984 | 19,304,271 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 3,382,118 | 7,805,943 | (294,600) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 1,895,548 | 2,190,148 | 2,190,148 |
| 19.2 End of period (Line 18 plus Line 19.1) | 5,277,666 | 9,996,091 | 1,895,548 |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern**A. Accounting Practices**

The accompanying financial statements of Obsidian Insurance Company (OIC or the Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. The State of Ohio requires insurance companies domiciled in the State of Ohio to prepare their statutory financial statement in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) subject to any deviations prescribed or permitted by the Ohio Department of Insurance. The Company has no prescribed or permitted practice exceptions.

| | F/S SSAP # | F/S Page | F/S Line # | 2021 | 2020 |
|-------------------|---------------|-------------|---------------|------|------|
| NET INCOME | | | | | |

(1) State basis (Page 4, Line 20, Columns 1 & 3) XXX XXX XXX \$ 150,746 \$ 885,834

(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 \$ 150,746 \$ 885,834

SURPLUS

(5) State basis (Page 3, Line 37, Columns 1 & 2) XXX XXX XXX \$ 27,854,540 \$ 27,702,794

(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 \$ 27,854,540 \$ 27,702,794

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

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

C. Accounting Policy

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method. Investment grade bonds not backed by other loans are stated at amortized value using the interest method. Non-Investment grade bond with NAIC designation of 3 through 6 are stated at the lower amortized value or fair value.

(6) Basis for Loan-Backed Securities and Adjustment Methodology - Loan-backed securities are stated at either amortized cost or the lower of amortized or fair value. The respective adjustment method is used to value all securities.

D. Going Concern
Not Applicable**NOTE 2 Accounting Changes and Corrections of Errors**

Not Applicable

NOTE 3 Business Combinations and Goodwill

Not Applicable

NOTE 4 Discontinued Operations

Not Applicable

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

H. Repurchase Agreements Transactions Accounted for as a Sale
Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not Applicable

NOTES TO FINANCIAL STATEMENTS

J. Real Estate
Not Applicable

K. Low Income Housing tax Credits (LIHTC)
Not Applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

| Restricted Asset Category | Gross (Admitted & Nonadmitted) Restricted | | | | | 6 | 7 | | |
|--|--|--|---|------------------|-----------------------|---------------------------------|--------------|--|--|
| | Current Year | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | | | | |
| Total General Account (G/A) | G/A Supporting Protected Cell Account Activity (a) | Total Protected Cell Account Restricted Assets | Protected Cell Account Assets Supporting G/A Activity (b) | Total (1 plus 3) | Total From Prior Year | Increase/(Decrease) (5 minus 6) | | | |
| a. Subject to contractual obligation for which liability is not shown | | | | \$ - | | \$ - | | | |
| b. Collateral held under security lending agreements | | | | \$ - | | \$ - | | | |
| c. Subject to repurchase agreements | | | | \$ - | | \$ - | | | |
| d. Subject to reverse repurchase agreements | | | | \$ - | | \$ - | | | |
| e. Subject to dollar repurchase agreements | | | | \$ - | | \$ - | | | |
| f. Subject to dollar reverse repurchase agreements | | | | \$ - | | \$ - | | | |
| g. Placed under option contracts | | | | \$ - | | \$ - | | | |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | | | | \$ - | | \$ - | | | |
| i. FHLB capital stock | | | | \$ - | | \$ - | | | |
| j. On deposit with states | | | | \$ 3,966,837 | | \$ 3,966,837 | | | |
| k. On deposit with other regulatory bodies | | | | | | \$ 4,091,990 | \$ (125,153) | | |
| l. Pledged collateral to FHLB (including assets backing funding agreements) | | | | | | \$ - | | | |
| m. Pledged as collateral not captured in other categories | | | | | | \$ - | | | |
| n. Other restricted assets | | | | | | \$ - | | | |
| o. Total Restricted Assets | \$ 3,966,837 | \$ - | \$ - | \$ - | \$ 3,966,837 | \$ 4,091,990 | \$ (125,153) | | |

(a) Subset of Column 1

(b) Subset of Column 3

| Restricted Asset Category | Current Year | | | |
|--|-------------------------------|---------------------------------------|--|--|
| | 8 | 9 | Percentage | |
| | | | 10 | 11 |
| | Total Non-admitted Restricted | Total Admitted Restricted (5 minus 8) | Gross (Admitted & Non-admitted) Restricted to Total Assets (c) | Admitted Restricted to Total Admitted Assets (d) |
| a. Subject to contractual obligation for which liability is not shown | | \$ - | 0.000% | 0.000% |
| b. Collateral held under security lending agreements | | \$ - | 0.000% | 0.000% |
| c. Subject to repurchase agreements | | \$ - | 0.000% | 0.000% |
| d. Subject to reverse repurchase agreements | | \$ - | 0.000% | 0.000% |
| e. Subject to dollar repurchase agreements | | \$ - | 0.000% | 0.000% |
| f. Subject to dollar reverse repurchase agreements | | \$ - | 0.000% | 0.000% |
| g. Placed under option contracts | | \$ - | 0.000% | 0.000% |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | | \$ - | 0.000% | 0.000% |
| i. FHLB capital stock | | \$ - | 0.000% | 0.000% |
| j. On deposit with states | | \$ 3,966,837 | 9.055% | 9.055% |
| k. On deposit with other regulatory bodies | | \$ - | 0.000% | 0.000% |
| l. Pledged collateral to FHLB (including assets backing funding agreements) | | \$ - | 0.000% | 0.000% |
| m. Pledged as collateral not captured in other categories | | \$ - | 0.000% | 0.000% |
| n. Other restricted assets | | \$ - | 0.000% | 0.000% |
| o. Total Restricted Assets | \$ - | \$ 3,966,837 | 9.055% | 9.055% |

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

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

M. Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset Type

Not Applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 7 Investment Income

Not Applicable

NOTE 8 Derivative Instruments

Not Applicable

NOTE 9 Income Taxes

Not Applicable

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**A. Nature Of Relationship Involved**

Effective September 28, 2020, Obsidian Insurance Holdings, Inc. transferred 100% Obsidian Insurance Company stock to Obsidian Specialty Insurance Company. The result is Obsidian Insurance Company is owned 100% by Obsidian Specialty Insurance Company who is 100% owned by Obsidian Insurance Holdings, Inc.

B. Transactions

The Ohio Department of Insurance approved a dividend of \$58 million to the Company's parent, Obsidian Insurance Holdings, Inc on July 10, 2020 which was subsequently transferred.

C. Transactions with related party who are not reported on Schedule Y

Not Applicable

D. Amounts Due From or To Related Parties

The Company reported \$2,395,440 due from and \$1,701,657 due to affiliates in 2021 and 2020, respectively. These agreements require that intercompany balances be settled within 45 days.

E. Material Management or Services Contracts and Cost-Sharing Arrangement

Effective October 1, 2020, the Company entered into an Administrative Services and Cost Agreement with the Company's affiliates, Obsidian Specialty Insurance Company and Obsidian Insurance Holdings, Inc., to cover administration services and costs for personnel, office space and equipment, and other administrative functions of the insurance company operations,

F. Guarantees or Undertakings

Not Applicable

G. Nature of Control Relationship

Not Applicable

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent

Not Applicable

I. Investments in SCA that Exceed 10% of Admitted Assets

Not Applicable

J. Investments in Impaired SCAs

Not Applicable

K. Investment in Foreign Insurance Subsidiary

Not Applicable

L. Investment in Downstream Noninsurance Holding Company

Not Applicable

M. All SCA Investments

Not Applicable

N. Investment in Insurance SCAs

Not Applicable

O. SCA or SSAP 48 Entity Loss Tracking

Not Applicable

NOTE 11 Debt

Not Applicable

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**A. Defined Benefit Plan**

Not Applicable

B. Description of Investment Policies

Not Applicable

C. The fair value of each class of plan assets

Not Applicable

D. Rate Of Return on Assets Assumptions

Not Applicable

E. Defined Contribution Plan

Not Applicable

F. Multiemployer Plans

Not Applicable

G. Consolidated/Holding Company Plans

The Company participates in a 401(k) savings plan sponsored by Obsidian Insurance Holdings, Inc. (OIH) for substantially all employees of OIH and its affiliates. The Company has no legal obligation for benefits under this plan. The Company is charged for its share of expense for this plan based on its allocated and/or direct salary costs in accordance with the cost sharing agreement. The aggregate total cost of the 401(k) savings plan is \$147,181 since inception.

NOTES TO FINANCIAL STATEMENTS

H. Postemployment Benefits and Compensated Absences
Not Applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
Not Applicable

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. The number of shares of each class of capital stock authorized, issued and outstanding as of the balance sheet date and the par value of each class company input.
The Company has 12,100 shares authorized with a par value of \$900 per share, 3,991 shares issued and outstanding. All shares are Class A shares.

B. The dividend rate, liquidation value and redemption schedule (including prices and dates) of any preferred stock issued. NONE
C. Dividend Restrictions - Without the prior approval of the Ohio Department of Insurance, dividends are subject to Ohio insurance code 3901.34
D. Dated and Amounts of Dividends Paid - August 24, 2020 a \$58 million of extraordinary dividend was paid.
E. Profits that may be Paid as Ordinary Dividends to Stockholders - within the limitations of (C) above there are no restriction placed on the portion of Company profits.
F. Restrictions Placed on Unassigned Funds (Surplus) - None
G. Amounts of Advances to Surplus not Repaid - None
H. Amount of Stock Held for Special Purposes - None
I. Reasons for Changes in Balance of Special Surplus Funds for Prior Period - None
J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0
K. The Company issued the following surplus debentures or similar obligations:
Not Applicable
L. The impact of any restatement due to prior quasi-reorganizations is as follows:

The Company, through approval of the Commissioner of Insurance of the State of Ohio, reset its December 31, 2019 unassigned surplus funds to \$0 via quasi-reorganization pursuant to the provision of SSAP 72. The impact of the restatement due to the quasi-reorganization is as follows:

| | Change in 2019 Gross Paid-in and Contributed Surplus |
|---|--|
| | Change in Year 2019 Surplus |
| Pre Quasi- Reorganization Unassigned Gross Paid In | \$ (9,080,493) |
| Post Quasi- Reorganization Unassigned Gross Paid In | \$ 15,000,000 |
| | \$ 5,919,507 |

M. The effective date of a quasi-reorganization for a period of ten years following the reorganization.
Not Applicable

NOTE 14 Liabilities, Contingencies and Assessments

Not Applicable

NOTE 15 Leases
Not Applicable

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
Not Applicable

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
Not Applicable

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Significant Changes.

NOTE 20 Fair Value Measurements

(1) The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Quoted prices in active markets for identical assets and liabilities: This category is for items measured at fair value on a recurring basis includes exchange - trade stocks. The fair value these stocks is based on quoted prices in active markets.

Level 2 - Significant observable inputs: The estimated fair values for these items are determined by independent pricing services using observable inputs. Others are based on quotes from markets which are not considered actively traded. This category is for items measured at fair value on a recurring basis and may include long term bonds.

Level 3 - Significant unobservable inputs: The estimated fair values for these items may be determined by various parties using methods that are not available to the Company, or that may be unavailable to the general public. This category is for items measured at fair value on a recurring basis may include limited partnerships or other invested assets.

(1) Fair Value Measurements at Reporting Date

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|---|--------------|---------------|-----------|--------------------------|---------------|
| a. Assets at fair value | | | | | |
| Bonds | \$ 407,609 | \$ 23,541,397 | | | \$ 23,949,006 |
| Equivalents | \$ 4,329,430 | | | | \$ 4,329,430 |
| Total assets at fair value/NAV | \$ 4,737,039 | \$ 23,541,397 | \$ - | \$ - | \$ 28,278,436 |

NOTES TO FINANCIAL STATEMENTS

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy - None

(3) Policies when Transfers Between Levels are Recognized - None

(4) Description of Valuation Techniques and Inputs used in Fair Value Measurement

Bonds carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuation as quoted market prices for similar instruments in an active market were utilized. This was accomplished by the use of matrix pricing. Matrix pricing takes quoted prices of bonds with similar features and applies analytic methods to determine the fair value of bonds held. Features that are inputs into the analysis include duration, credit quality, tax status and call and sinking fund features.

Preferred stocks carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because either quoted prices for similar instruments in an active market were utilized via matrix pricing as described above or because quoted markets prices for identical instruments trading in an inactive market were utilized.

Common stocks carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because either quoted markets prices for identical instruments trading in an inactive market were utilized. When an equity instrument is illiquid due to limited trading activity, the use of quoted markets prices for identical instruments was determined by the Company to be the most reliable method to determine fair value.

(5) Fair Value Disclosures - None

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - none

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|---------------|-----------|-----------------------|----------------------------------|
| Bonds | \$ 23,949,006 | \$ 23,003,120 | \$ 407,609 | \$ 23,541,397 | | | |
| Equivalents | \$ 4,329,430 | \$ 4,329,430 | \$ 4,329,430 | | | | |

D. Not Practicable to Estimate Fair Value

Not Applicable

E. NAV Practical Expedient Investments

Not Applicable

NOTE 21 Other Items

No significant changes

NOTE 22 Events Subsequent

Subsequent material events considered through August 12, 2021.

Type II - Nonrecognized Subsequent Events:

| | Current Year | Prior Year |
|--|--------------|------------|
| A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? | No | |
| B. ACA fee assessment payable for the upcoming year | | |
| C. ACA fee assessment paid | | |
| D. Premium written subject to ACA 9010 assessment | | |
| E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 28) | | |
| F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 28 minus 22B above) | \$ - | |
| G. Authorized Control Level (Five-Year Historical Line 29) | | |
| H. Would reporting the ACA assessment as of Dec. 31, 2020 have triggered an RBC action level (YES/NO)? | No | |

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Members of a Group

| Group Code | FEIN | Reinsurer Name | Unsecured Amount |
|------------|------------|--|------------------|
| 10227 | 13-4924125 | Munich Reinsurance America, Inc | \$ 10,759 |
| 34495 | 95-3014772 | The Doctors Company, an International Exchange | \$ 4,341 |
| 39845 | 13-4924125 | Westport Insurance Group | \$ 1,790 |
| 34231 | 14-1584862 | Medical Liability Mutual Ins Co | \$ 1,583 |

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

| Group Code | FEIN | Reinsurer Name | Unsecured Amount |
|------------|------------|--|------------------|
| 10227 | 13-4924125 | Munich Reinsurance America, Inc | XXX |
| Total | | | \$ 10,579 |
| 34495 | 95-3014772 | The Doctors Company, an International Exchange | XXX |
| Total | | | \$ 4,341 |
| 39845 | 13-4924125 | Westport Insurance Group | XXX |
| Total | | | \$ 1,790 |
| 34231 | 14-1584862 | Medical Liability Mutual Ins Co | XXX |
| Total | | | \$ 1,583 |

NOTES TO FINANCIAL STATEMENTS

B. Reinsurance Recoverable in Dispute
Not Applicable

C. Reinsurance Assumed and Ceded
(1)

| | Assumed Reinsurance | | Ceded Reinsurance | | Net | |
|---------------|---------------------|-------------------|-------------------|-------------------|-----------------|-------------------|
| | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity |
| a. Affiliates | \$ 1,217,021 | | \$ 156,493 | | \$ 1,060,528 | \$ - |
| b. All Other | | | \$ 626,586 | \$ 204,450 | \$ (626,586) | \$ (204,450) |
| c. Total | \$ 1,217,021 | \$ - | \$ 783,079 | \$ 204,450 | \$ 433,942 | \$ (204,450) |

d. Direct Unearned Premium Reserve

(2)

| | Direct | Assumed | Ceded | Net |
|---|--------|---------|----------|------------|
| a. Contingent Commission | | | \$ 1,713 | \$ (1,713) |
| b. Sliding Scale Adjustments | | | \$ - | \$ - |
| c. Other Profit Commission Arrangements | | | \$ - | \$ - |
| d. TOTAL | \$ - | \$ - | \$ 1,713 | \$ (1,713) |

(3) The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance
Not Applicable

E. Commutation of Reinsurance Reflected in Income and Expenses.
Not Applicable

F. Retroactive Reinsurance
Not Applicable

G. Reinsurance Accounted for as a Deposit
Not Applicable

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements
Not Applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
Not Applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation
Not Applicable

K. Reinsurance Credit
Not Applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not Applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Direct losses and loss adjustment expenses attributable to insured events of prior years has remained the same; \$746,261,459 as of December 31, 2020 and \$746,261,459 as of June 30, 2021. This is the result of ongoing analysis of recent loss development trends in the lines of business. Original estimates maybe increased and decreased, as additional information becomes known regarding individual claims.

NOTE 26 Intercompany Pooling Arrangements

Effective October 1, 2020, Obsidian Insurance Company (NAIC #35602) and Obsidian Specialty Insurance Company (NAIC #16871) entered a Reinsurance Pooling Agreement, which has been approved by both the Delaware and Ohio Department of Insurance. Under the Reinsurance Pooling Agreement net premium, net losses and net reserves after taking into account all third-party reinsurance of Obsidian Insurance Company are 100% ceded to Obsidian Specialty Insurance Company and Obsidian Insurance Company. As of June 30, 2021, the total amount under the Reinsurance Pooling Agreement due to/from Obsidian Specialty Insurance Company was \$ 2,327,542 and the total amount under the Reinsurance Pooling Agreement due to/from Obsidian Insurance Company was \$ 2,327,542.

NOTE 27 Structured Settlements

Not Applicable

NOTE 28 Health Care Receivables

Not Applicable

NOTE 29 Participating Policies

Not Applicable

NOTE 30 Premium Deficiency Reserves

Not Applicable

NOTE 31 High Deductibles

Not Applicable

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not Applicable

NOTE 33 Asbestos/Environmental Reserves

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 34 Subscriber Savings Accounts

Not Applicable

NOTE 35 Multiple Peril Crop Insurance

Not Applicable

NOTE 36 Financial Guaranty Insurance

Not Applicable

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []

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? If yes, complete and file the merger history data file with the NAIC. Yes [] No [X]

4.2 If yes, provide the name of the 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 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

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 [] 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. 12/31/2020

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. 12/31/2020

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?
Ohio Department of Insurance

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 by 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 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 |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
GENERAL INTERROGATORIES

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).

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: \$ 2,395,440

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:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|--|---|--|
| 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: | \$ | \$ |
| 13. Amount of real estate and mortgages held in short-term investments: | \$ | \$ |
| 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | | |
| 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 | \$ | \$ |
| 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | | |
| 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>] 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 the 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 |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
GENERAL INTERROGATORIES

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 |
|------------------------------|--|
| US BANK, N.A. | 50 S. 16th Street, Suite 2000, Phila, PA 19102 |
| Bank of Oklahoma | One Williams Center, Tulsa, OK 74172 |
| Iberia Wealth Advisors | 2340 Woodcrest Place, Birmingham, AL 35209 |

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 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 |
|---------------------------------|------------------|
| | |

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 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|---|------------------------------------|----------------------|---|
| CRD# 105900 | New England Asset Management, Inc ..... | ..... | SEC | NO..... |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] 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:

- 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 []

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

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 shares were 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 reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- 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 []

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
GENERAL INTERROGATORIES

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 [X] N/A []
 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 Discount 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 |
| | | | TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

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 \$

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date \$

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 []

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

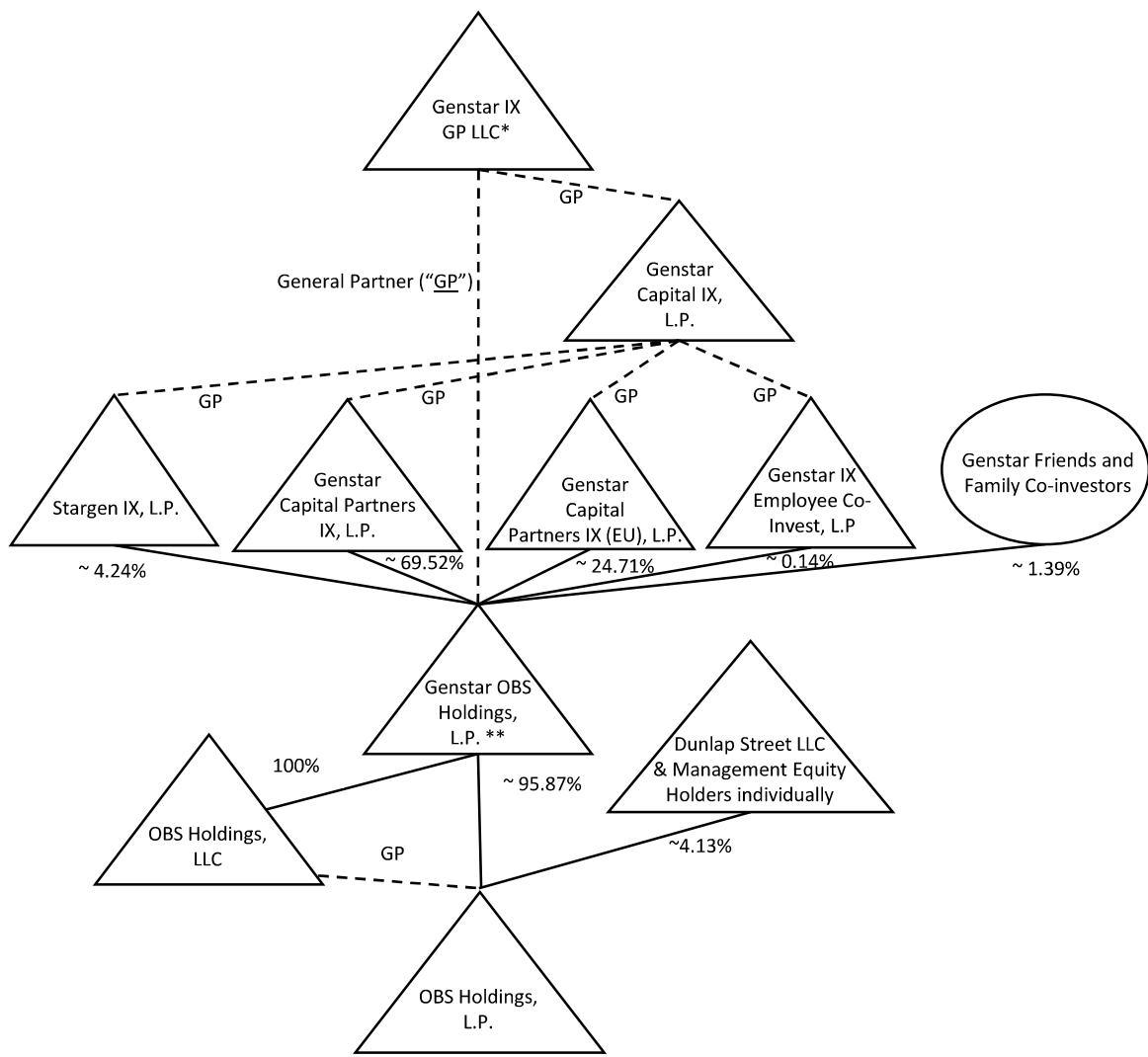
Current Year to Date - Allocated by States and Territories

| 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 | | 0 | 0 | | 0 |
| 2. Alaska | AK | L | | 0 | 0 | | 0 |
| 3. Arizona | AZ | L | | 0 | 0 | | 0 |
| 4. Arkansas | AR | L | 2,796 | 0 | 0 | .642 | 0 |
| 5. California | CA | N | | 0 | 0 | | 0 |
| 6. Colorado | CO | L | | 0 | 0 | | 0 |
| 7. Connecticut | CT | N | | 0 | 0 | | 0 |
| 8. Delaware | DE | L | | 0 | 0 | | 0 |
| 9. District of Columbia | DC | N | | 0 | 0 | | 0 |
| 10. Florida | FL | N | | 0 | 0 | | 0 |
| 11. Georgia | GA | L | | 0 | 0 | | 0 |
| 12. Hawaii | HI | N | | 0 | 0 | | 0 |
| 13. Idaho | ID | L | | 0 | 0 | | 0 |
| 14. Illinois | IL | L | | 0 | 0 | | 0 |
| 15. Indiana | IN | L | 199,506 | 0 | 0 | 3,892,455 | 3,859,384 |
| 16. Iowa | IA | L | | 0 | 0 | | 0 |
| 17. Kansas | KS | L | | 0 | 0 | | 0 |
| 18. Kentucky | KY | L | | 0 | 0 | | 0 |
| 19. Louisiana | LA | L | | 0 | 0 | | 0 |
| 20. Maine | ME | N | | 0 | 0 | | 0 |
| 21. Maryland | MD | L | 35,068 | 0 | 0 | 11,118 | 5,000 |
| 22. Massachusetts | MA | N | | 0 | 0 | | 0 |
| 23. Michigan | MI | L | 41,490 | 0 | 0 | 4,960 | 0 |
| 24. Minnesota | MN | L | | 0 | 0 | | 0 |
| 25. Mississippi | MS | N | | 0 | 0 | | 0 |
| 26. Missouri | MO | L | | 0 | 0 | | 0 |
| 27. Montana | MT | L | | 0 | 0 | | 0 |
| 28. Nebraska | NE | L | | 0 | 0 | | 0 |
| 29. Nevada | NV | L | | 0 | 0 | | 0 |
| 30. New Hampshire | NH | L | | 0 | 0 | | 0 |
| 31. New Jersey | NJ | E | | 0 | 0 | | 0 |
| 32. New Mexico | NM | L | | 0 | 0 | | 0 |
| 33. New York | NY | L | 208,983 | 0 | 0 | .88,663 | 0 |
| 34. North Carolina | NC | N | | 0 | 0 | | 0 |
| 35. North Dakota | ND | L | | 0 | 0 | | 0 |
| 36. Ohio | OH | L | 237,439 | 0 | 0 | 15,270,422 | .15,245,738 |
| 37. Oklahoma | OK | L | | 0 | 0 | | 0 |
| 38. Oregon | OR | L | | 0 | 0 | | 0 |
| 39. Pennsylvania | PA | L | | 0 | 0 | | 0 |
| 40. Rhode Island | RI | N | | 0 | 0 | | 0 |
| 41. South Carolina | SC | N | | 0 | 0 | | 0 |
| 42. South Dakota | SD | L | | 0 | 0 | | 0 |
| 43. Tennessee | TN | L | 155,665 | 0 | 0 | .23,803 | 0 |
| 44. Texas | TX | L | | 0 | 0 | | 0 |
| 45. Utah | UT | L | | 0 | 0 | | 0 |
| 46. Vermont | VT | N | | 0 | 0 | | 0 |
| 47. Virginia | VA | N | | 0 | 0 | | 0 |
| 48. Washington | WA | L | | 0 | 0 | | 0 |
| 49. West Virginia | WV | L | | 0 | 0 | | 0 |
| 50. Wisconsin | WI | L | | 0 | 0 | | 0 |
| 51. Wyoming | WY | L | | 0 | 0 | | 0 |
| 52. American Samoa | AS | N | | 0 | 0 | | 0 |
| 53. Guam | GU | N | | 0 | 0 | | 0 |
| 54. Puerto Rico | PR | N | | 0 | 0 | | 0 |
| 55. U.S. Virgin Islands | VI | N | | 0 | 0 | | 0 |
| 56. Northern Mariana Islands | MP | N | | 0 | 0 | | 0 |
| 57. Canada | CAN | N | | 0 | 0 | | 0 |
| 58. Aggregate Other Alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | XXX | 880,947 | 0 | 0 | 0 | 19,292,063 | 19,110,122 |
| 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 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 |

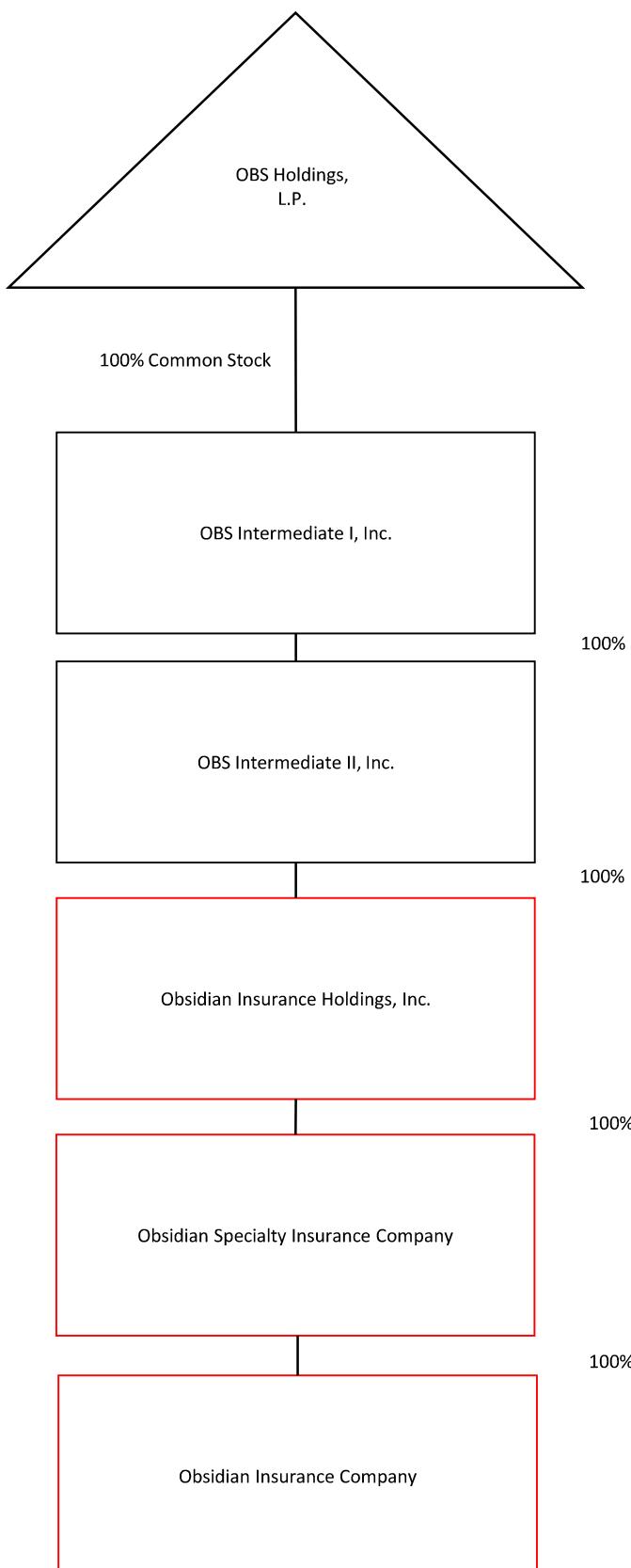
(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 36 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)..... 1 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 20

Obsidian Structure Chart



Obsidian Structure Chart



STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| Asterisk | Explanation |
|----------|-------------|
| | |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company

PART 1 - LOSS EXPERIENCE

| Line 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 | | | 0.0 | 0.0 |
| 2. Allied Lines | | | 0.0 | 0.0 |
| 3. Farmowners multiple peril | | | 0.0 | 0.0 |
| 4. Homeowners multiple peril | | | 0.0 | 0.0 |
| 5. Commercial multiple peril | | | 0.0 | 0.0 |
| 6. Mortgage guaranty | | | 0.0 | 0.0 |
| 8. Ocean marine | | | 0.0 | 0.0 |
| 9. Inland marine | | | 0.0 | 0.0 |
| 10. Financial guaranty | | | 0.0 | 0.0 |
| 11.1 Medical professional liability - occurrence | | | 0.0 | 0.0 |
| 11.2 Medical professional liability - claims-made | | | 0.0 | 0.0 |
| 12. Earthquake | | | 0.0 | 0.0 |
| 13. Group accident and health | | | 0.0 | 0.0 |
| 14. Credit accident and health | | | 0.0 | 0.0 |
| 15. Other accident and health | | | 0.0 | 0.0 |
| 16. Workers' compensation | | | 0.0 | 0.0 |
| 17.1 Other liability - occurrence | | | 0.0 | 0.0 |
| 17.2 Other liability - claims-made | 353,197 | 181,624 | 51.4 | 0.0 |
| 17.3 Excess workers' compensation | | | 0.0 | 0.0 |
| 18.1 Products liability - occurrence | | | 0.0 | 0.0 |
| 18.2 Products liability - claims-made | | | 0.0 | 0.0 |
| 19.1,19.2 Private passenger auto liability | | | 0.0 | 0.0 |
| 19.3,19.4 Commercial auto liability | | | 0.0 | 0.0 |
| 21. Auto physical damage | | | 0.0 | 0.0 |
| 22. Aircraft (all perils) | | | 0.0 | 0.0 |
| 23. Fidelity | | | 0.0 | 0.0 |
| 24. Surety | | | 0.0 | 0.0 |
| 26. Burglary and theft | | | 0.0 | 0.0 |
| 27. Boiler and machinery | | | 0.0 | 0.0 |
| 28. Credit | | | 0.0 | 0.0 |
| 29. International | | | 0.0 | 0.0 |
| 30. Warranty | | | 0.0 | 0.0 |
| 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 | 0.0 | 0.0 |
| 35. Totals | 353,197 | 181,624 | 51.4 | 0.0 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0.0 | 0.0 |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | 0 | 0 | 0.0 | 0.0 |

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
|---|----------------------|------------------------------|---------------------------------|
| | | | |
| 1. Fire | 0 | | 0 |
| 2. Allied Lines | 0 | | 0 |
| 3. Farmowners multiple peril | 0 | | 0 |
| 4. Homeowners multiple peril | 0 | | 0 |
| 5. Commercial multiple peril | 0 | | 0 |
| 6. Mortgage guaranty | 0 | | 0 |
| 8. Ocean marine | 0 | | 0 |
| 9. Inland marine | 0 | | 0 |
| 10. Financial guaranty | 0 | | 0 |
| 11.1 Medical professional liability - occurrence | 0 | | 0 |
| 11.2 Medical professional liability - claims-made | 0 | | 0 |
| 12. Earthquake | 0 | | 0 |
| 13. Group accident and health | 0 | | 0 |
| 14. Credit accident and health | 0 | | 0 |
| 15. Other accident and health | 0 | | 0 |
| 16. Workers' compensation | 0 | | 0 |
| 17.1 Other liability - occurrence | 0 | | 0 |
| 17.2 Other liability - claims-made | 453,889 | 880,947 | 0 |
| 17.3 Excess workers' compensation | 0 | | 0 |
| 18.1 Products liability - occurrence | 0 | | 0 |
| 18.2 Products liability - claims-made | 0 | | 0 |
| 19.1,19.2 Private passenger auto liability | 0 | | 0 |
| 19.3,19.4 Commercial auto liability | 0 | | 0 |
| 21. Auto physical damage | 0 | | 0 |
| 22. Aircraft (all perils) | 0 | | 0 |
| 23. Fidelity | 0 | | 0 |
| 24. Surety | 0 | | 0 |
| 26. Burglary and theft | 0 | | 0 |
| 27. Boiler and machinery | 0 | | 0 |
| 28. Credit | 0 | | 0 |
| 29. International | 0 | | 0 |
| 30. Warranty | 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 | 453,889 | 880,947 | 0 |
| DETAILS OF WRITE-INS | | | |
| 3401. | | | |
| 3402. | | | |
| 3403. | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| Years in Which Losses Occurred | 1 Prior Year-End Known Case Loss and LAE Reserves | 2 Prior Year-End IBNR Loss and LAE Reserves | 3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2) | 4 2021 Loss and LAE Payments on Claims Reported as of Prior Year-End | 5 2021 Loss and LAE Payments on Claims Unreported as of Prior Year-End | 6 Total 2021 Loss and LAE Payments (Cols. 4+5) | 7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End | 8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End | 9 Q.S. Date IBNR Loss and LAE Reserves | 10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9) | 11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1) | 12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2) | 13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12) |
|--|--|--|---|---|---|---|--|---|---|--|--|--|---|
| 1. 2018 + Prior | | | 0 | | | 0 | | | | 0 | 0 | 0 | 0 |
| 2. 2019 | | | 0 | | | 0 | | | | 0 | 0 | 0 | 0 |
| 3. Subtotals 2019 + Prior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2020 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| 5. Subtotals 2020 + Prior | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| 6. 2021 | XXX | XXX | XXX | XXX | 311 | 311 | XXX | | 228 | 228 | XXX | XXX | XXX |
| 7. Totals | 0 | 1 | 1 | 0 | 311 | 311 | 0 | 0 | 229 | 229 | 0 | 0 | 0 |
| 8. Prior Year-End Surplus As Regards Policyholders | | 27,703 | | | | | | | | | 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 As a % of Col. 1 Line 8 |
| | | | | | | | | | | | | | 4. 0.0 |

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? | NO |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | YES |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | YES |

Explanations:

- 1.
- 3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



3. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
OVERFLOW PAGE FOR WRITE-INS

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 | | |
| 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 the end of current period (Lines 1+2+3+4-5+6-7-8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

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 | | |
| 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 paid 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) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

NONE**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 | | |
| 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) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

NONE**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 | 27,474,908 | 7,073,311 |
| 2. Cost of bonds and stocks acquired | 1,769,760 | 74,152,754 |
| 3. Accrual of discount | 7,956 | 9,611 |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | 202,284 | 1,906,341 |
| 6. Deduct consideration for bonds and stocks disposed of | 6,332,414 | 55,436,983 |
| 7. Deduct amortization of premium | 119,374 | 230,126 |
| 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 | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 23,003,120 | 27,474,908 |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 23,003,120 | 27,474,908 |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company

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) | 22,542,835 | 1,270,745 | 2,294,416 | (49,472) | 22,542,835 | 21,469,692 | 0 | 25,948,116 |
| 2. NAIC 2 (a) | 1,533,340 | 0 | 0 | .86 | 1,533,340 | 1,533,426 | 0 | 2,026,755 |
| 3. NAIC 3 (a) | 0 | | | | 0 | 0 | | |
| 4. NAIC 4 (a) | 0 | | | | 0 | 0 | | |
| 5. NAIC 5 (a) | 0 | | | | 0 | 0 | | |
| 6. NAIC 6 (a) | 0 | | | | 0 | 0 | | |
| 7. Total Bonds | 24,076,175 | 1,270,745 | 2,294,416 | (49,386) | 24,076,175 | 23,003,118 | 0 | 27,974,871 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | 0 | | 0 |
| 9. NAIC 2 | 0 | | | | 0 | 0 | | 0 |
| 10. NAIC 3 | 0 | | | | 0 | 0 | | 0 |
| 11. NAIC 4 | 0 | | | | 0 | 0 | | 0 |
| 12. NAIC 5 | 0 | | | | 0 | 0 | | 0 |
| 13. NAIC 6 | 0 | | | | 0 | 0 | | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 24,076,175 | 1,270,745 | 2,294,416 | (49,386) | 24,076,175 | 23,003,118 | 0 | 27,974,871 |

(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 \$21,469,692 ; NAIC 2 \$1,533,427 ; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SI02

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year-to-Date | 5 Paid for Accrued Interest Year-to-Date |
|----------------|--------------------------------------|----------------|------------------|---|---|
| 9199999 Totals | | XXX | | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | |
| 2. Cost of short-term investments acquired | | 550,000 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | 2,563 |
| 6. Deduct consideration received on disposals | | 552,563 |
| 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) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

| | |
|--|--------|
| 1. Part A, Section 1, Column 14..... | ..... |
| 2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance..... | 0 |
| 3. Total (Line 1 plus Line 2)..... |0 |
| 4. Part D, Section 1, Column 6 ..... | ..... |
| 5. Part D, Section 1, Column 7 ..... | ..... |
| 6. Total (Line 3 minus Line 4 minus Line 5)..... |0 |

Fair Value Check

| | |
|--|--------|
| 7. Part A, Section 1, Column 16 ..... | ..... |
| 8. Part B, Section 1, Column 13 ..... | ..... |
| 9. Total (Line 7 plus Line 8)..... |0 |
| 10. Part D, Section 1, Column 9 ..... | ..... |
| 11. Part D, Section 1, Column 10 ..... | ..... |
| 12 Total (Line 9 minus Line 10 minus Line 11)..... |0 |

Potential Exposure Check

| | |
|---|--------|
| 13. Part A, Section 1, Column 21 ..... | ..... |
| 14. Part B, Section 1, Column 20 ..... | ..... |
| 15. Part D, Section 1, Column 12 ..... | ..... |
| 16. Total (Line 13 plus Line 14 minus Line 15)..... |0 |

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 | 506,598 | 576,392 |
| 2. Cost of cash equivalents acquired | 12,402,756 | 135,352,417 |
| 3. Accrual of discount | 40 | 2 |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 8,579,964 | 135,422,213 |
| 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) | 4,329,430 | 506,598 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 4,329,430 | 506,598 |

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 | 8 | 9 | 10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol |
|---|--|--------------|-----------------------|-------------------------------|--------------------------------------|---|-----------|---|--|
| 314180-2V-3 | UMB - POOL MA4387 | | 06/29/2021 | CITIGROUP GLOBAL MARKETS INC. | 1,020,781 | | 1,000,000 | | 722 1.A FE |
| 3199999. Subtotal - Bonds - U.S. Special Revenues | | | | | 1,020,781 | | 1,000,000 | | 722 XXX |
| 58769K-AE-4 | MERCEDES-BENZ AUTO LEASE TRUST 21-B A4 | | 06/22/2021 | J.P. MORGAN SECURITIES LLC | 249,964 | | 250,000 | | 0 1.A FE |
| 3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | 249,964 | | 250,000 | | 0 XXX |
| 8399997. Total - Bonds - Part 3 | | | | | 1,270,745 | | 1,250,000 | | 722 XXX |
| 8399998. Total - Bonds - Part 5 | | | | | XXX | | XXX | | XXX |
| 8399999. Total - Bonds | | | | | 1,270,745 | | 1,250,000 | | 722 XXX |
| 8999997. Total - Preferred Stocks - Part 3 | | | | | 0 | | XXX | | 0 XXX |
| 8999998. Total - Preferred Stocks - Part 5 | | | | | XXX | | XXX | | XXX |
| 8999999. Total - Preferred Stocks | | | | | 0 | | XXX | | 0 XXX |
| 9799997. Total - Common Stocks - Part 3 | | | | | 0 | | XXX | | 0 XXX |
| 9799998. Total - Common Stocks - Part 5 | | | | | XXX | | XXX | | XXX |
| 9799999. Total - Common Stocks | | | | | 0 | | XXX | | 0 XXX |
| 9899999. Total - Preferred and Common Stocks | | | | | 0 | | XXX | | 0 XXX |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 9999999 - Totals | | | | | 1,270,745 | | XXX | | 722 XXX |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | | |
|---|------------------------------------|---------|---------------|---------------------|---------------------------|----------------|-----------|-------------|---|--|--|---|---|---|---|--|----------------------------------|-------------------------------|--|----------------------------------|---|------------|--------|-----|-----|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consid-eration | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/(Decrease) | Current Year's (Amor-tization)/Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in Book/Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book/Adjusted Carrying Value | Book/Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | | | | |
| ..36207J-ZR-7 | GOVERNMENT NATL MTG ASSOC #433752 | | 06/01/2021 | MBS PAYDOWN | | 2,255 | .2,255 | .2,282 | .2,258 | 0 | (.3) | 0 | (.3) | 0 | .2,255 | 0 | 0 | 0 | .56 | 05/15/2028 | 1.A FE | | | | |
| ..36208W-CM-3 | GNMA POOL 462776 | | 06/01/2021 | MBS PAYDOWN | | 228 | .228 | .228 | .228 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 07/15/2028 | 1.A FE | | | |
| ..36209N-CP-5 | GNMA POOL 462728 | | 06/01/2021 | MBS PAYDOWN | | 161 | .161 | .163 | .161 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 05/15/2028 | 1.A FE | | | |
| ..36295Q-VU-1 | GOVERNMENT NATL MTG ASSOC #677527 | | 06/01/2021 | MBS PAYDOWN | | 252 | .252 | .254 | .252 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 11/15/2037 | 1.A FE | | | |
| ..36295Q-ZZ-1 | GNMA POOL 68396 | | 06/01/2021 | MBS PAYDOWN | | 251 | .251 | .254 | .251 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 02/15/2038 | 1.A FE | | | |
| ..36296G-RY-9 | GNMA POOL 690903 | | 06/01/2021 | MBS PAYDOWN | | 236 | .236 | .239 | .237 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 06/15/2038 | 1.A FE | | | |
| ..36296K-MW-9 | GNMA POOL 693473 | | 06/01/2021 | MBS PAYDOWN | | 2,316 | .2,316 | .2,329 | .2,319 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 48 | 06/15/2038 | 1.A FE | | | |
| ..912828-03-7 | UNITED STATES TREASURY NOTE | | 04/01/2021 | PRIOR PERIOD INCOME | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,250 | 03/31/2021 | 1.A FE | | |
| ..912828-IN-6 | UNITED STATES TREASURY NOTE | | 05/31/2021 | VARIOUS | 1,500,000 | 1,500,000 | 1,519,810 | 1,502,037 | 0 | (2,037) | 0 | (2,037) | 0 | 0 | 1,500,000 | 0 | 0 | 0 | 0 | 15,000 | 05/31/2021 | 1.A FE | | | |
| 0599999. Subtotal - Bonds - U.S. Governments | | | | | | | | | | 1,505,699 | 1,505,699 | 1,525,559 | 1,507,743 | 0 | (2,042) | 0 | (2,042) | 0 | 1,505,699 | 0 | 0 | 0 | 21,383 | XXX | XXX |
| ..3133AA-LF-7 | UMBs - POOL QB3926 | | 06/01/2021 | MBS PAYDOWN | | 11,569 | .11,569 | .11,967 | .11,580 | 0 | (11) | 0 | (11) | 0 | 0 | 0 | 0 | 0 | 0 | .94 | 10/01/2050 | 1.A FE | | | |
| ..3133KG-P4-4 | UMBs - POOL RA1343 | | 06/01/2021 | MBS PAYDOWN | | 252,149 | .252,149 | .264,717 | .254,411 | 0 | (2,263) | 0 | (2,263) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,941 | 09/01/2049 | 1.A FE | | |
| ..31346Y-XK-4 | UMBs - POOL QA5182 | | 06/01/2021 | MBS PAYDOWN | | 173,034 | .173,034 | .182,497 | .174,504 | 0 | (1,470) | 0 | (1,470) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,102 | 12/01/2049 | 1.A FE | | |
| ..31371K-ZA-2 | FEDERAL NATIONAL MTG ASSOC #254637 | | 06/01/2021 | MBS PAYDOWN | | 3,773 | .3,773 | 4,064 | .3,801 | 0 | (28) | 0 | (28) | 0 | 0 | 0 | 0 | 0 | 0 | .87 | 02/01/2033 | 1.A FE | | | |
| ..31384V-V3-3 | UMBs - POOL 535334 | | 06/01/2021 | MBS PAYDOWN | | 220 | .220 | .227 | .220 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 06/01/2030 | 1.A FE | | | |
| ..31391S-M6-4 | FEDERAL NATIONAL MTG ASSOC #675481 | | 06/01/2021 | MBS PAYDOWN | | 21 | .21 | .22 | .22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 02/01/2033 | 1.A FE | | | |
| ..31400W-SII-1 | UMBs - POOL 699933 | | 06/01/2021 | MBS PAYDOWN | | 3,239 | .3,239 | .3,262 | .3,240 | 0 | (1) | 0 | (1) | 0 | 0 | 0 | 0 | 0 | 0 | .75 | 04/01/2033 | 1.A FE | | | |
| ..31406U-K3-1 | UMBs - POOL 820314 | | 06/01/2021 | MBS PAYDOWN | | 837 | .837 | .824 | .837 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | .17 | 08/01/2035 | 1.A FE | | | |
| ..3140KA-PE-8 | UMBs - POOL BP3184 | | 06/01/2021 | MBS PAYDOWN | | 164,389 | .164,389 | .174,253 | .165,592 | 0 | (1,203) | 0 | (1,203) | 0 | 0 | 0 | 0 | 0 | 0 | 1,813 | 03/01/2050 | 1.A FE | | | |
| ..3140QB-S7-4 | UMBs - POOL CA4141 | | 06/01/2021 | MBS PAYDOWN | | 89,369 | .89,369 | .94,717 | .90,135 | 0 | (766) | 0 | (766) | 0 | 0 | 0 | 0 | 0 | 0 | 1,060 | 09/01/2049 | 1.A FE | | | |
| ..31411W-4N-4 | UMBs - POOL 917129 | | 06/01/2021 | MBS PAYDOWN | | 1,246 | .1,246 | .1,228 | .1,245 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | .31 | 06/01/2037 | 1.A FE | | | |
| ..31414S-YU-1 | UMBs - POOL 975123 | | 06/01/2021 | MBS PAYDOWN | | 35 | .35 | .35 | .35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | .1 | 05/01/2038 | 1.A FE | | | |
| ..31418D-NA-6 | UMBs - POOL MA3984 | | 06/01/2021 | MBS PAYDOWN | | 88,836 | .88,836 | .92,361 | .89,641 | 0 | (805) | 0 | (805) | 0 | 0 | 0 | 0 | 0 | 0 | 671 | 04/01/2035 | 1.A FE | | | |
| 3199999. Subtotal - Bonds - U.S. Special Revenues | | | | | | | | | | 788,717 | 788,717 | 830,174 | 795,263 | 0 | (6,546) | 0 | (6,546) | 0 | 788,717 | 0 | 0 | 0 | 8,899 | XXX | XXX |
| 8399997. Total - Bonds - Part 4 | | | | | | | | | | 2,294,416 | 2,294,416 | 2,355,733 | 2,303,006 | 0 | (8,588) | 0 | (8,588) | 0 | 2,294,416 | 0 | 0 | 0 | 30,282 | XXX | XXX |
| 8399998. Total - Bonds - Part 5 | | | | | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 8399999. Total - Bonds | | | | | | | | | | 2,294,416 | 2,294,416 | 2,355,733 | 2,303,006 | 0 | (8,588) | 0 | (8,588) | 0 | 2,294,416 | 0 | 0 | 0 | 30,282 | XXX | XXX |
| 8999997. Total - Preferred Stocks - Part 4 | | | | | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 8999998. Total - Preferred Stocks - Part 5 | | | | | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 8999999. Total - Preferred Stocks | | | | | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9799997. Total - Common Stocks - Part 4 | | | | | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9799998. Total - Common Stocks - Part 5 | | | | | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 9799999. Total - Common Stocks | | | | | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9899999. Total - Preferred and Common Stocks | | | | | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9999999 - Totals | | | | | | | | | | 2,294,416 | XXX | 2,355,733 | 2,303,006 | 0 | (8,588) | 0 | (8,588) | 0 | 2,294,416 | 0 | 0 | 0 | 30,282 | XXX | XXX |

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

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 | |
| TD Bank | | | | | 1,309,662 | 1,179,581 | 661,817 | XXX |
| US Bank | | | | | 291,941 | 289,067 | 286,419 | XXX |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 0 | 0 | 1,601,603 | 1,468,648 | 948,236 | XXX |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX | XXX | | | | | | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | 1,601,603 | 1,468,648 | 948,236 | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| 0599999. Total - Cash | XXX | XXX | 0 | 0 | 1,601,603 | 1,468,648 | 948,236 | XXX |

STATEMENT AS OF JUNE 30, 2021 OF THE Obsidian Insurance Company
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 and Accrued | 9 Amount Received During Year |
|---|-----------------------------------|-----------|--------------------|-----------------------|--------------------|--------------------------------------|--|-------------------------------------|
| 0599999. Total - U.S. Government Bonds | | | | | | 0 | 0 | 0 |
| 1099999. Total - All Other Government Bonds | | | | | | 0 | 0 | 0 |
| 1799999. Total - U.S. States, Territories and Possessions Bonds | | | | | | 0 | 0 | 0 |
| 2499999. Total - U.S. Political Subdivisions Bonds | | | | | | 0 | 0 | 0 |
| 3199999. Total - U.S. Special Revenues Bonds | | | | | | 0 | 0 | 0 |
| 3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | | | 0 | 0 | 0 |
| 4899999. Total - Hybrid Securities | | | | | | 0 | 0 | 0 |
| 5599999. Total - Parent, Subsidiaries and Affiliates Bonds | | | | | | 0 | 0 | 0 |
| 6099999. Subtotal - SVO Identified Funds | | | | | | 0 | 0 | 0 |
| 6599999. Subtotal - Unaffiliated Bank Loans | | | | | | 0 | 0 | 0 |
| 7699999. Total - Issuer Obligations | | | | | | 0 | 0 | 0 |
| 7799999. Total - Residential Mortgage-Backed Securities | | | | | | 0 | 0 | 0 |
| 7899999. Total - Commercial Mortgage-Backed Securities | | | | | | 0 | 0 | 0 |
| 7999999. Total - Other Loan-Backed and Structured Securities | | | | | | 0 | 0 | 0 |
| 8099999. Total - SVO Identified Funds | | | | | | 0 | 0 | 0 |
| 8199999. Total - Affiliated Bank Loans | | | | | | 0 | 0 | 0 |
| 8299999. Total - Unaffiliated Bank Loans | | | | | | 0 | 0 | 0 |
| 8399999. Total Bonds | | | | | | 0 | 0 | 0 |
| 31846V-54-2 | FIRST AMER TREASURY OBLIG-Z | | .06/15/2021 | .000 | | .4,329,430 | .0 | .0 |
| 8599999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO | | | | | | 4,329,430 | 0 | 0 |
| 9999999 - Total Cash Equivalents | | | | | | 4,329,430 | 0 | 0 |



3 5 6 0 2 2 0 2 1 4 5 5 0 0 1 0 2

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2021 OF THE Obsidian Insurance Company

Designate the type of health care providers reported on this page:
Physicians, including surgeons and osteopaths

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| States, etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|--|------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|----------------------|--------------------|--|
| | | | 3 Amount | 4 No. of Claims | | 6 Amount Reported | 7 No. of Claims | |
| 1. Alabama | AL | | | | | | | |
| 2. Alaska | AK | | | | | | | |
| 3. Arizona | AZ | | | | | | | |
| 4. Arkansas | AR | | | | | | | |
| 5. California | CA | | | | | | | |
| 6. Colorado | CO | | | | | | | |
| 7. Connecticut | CT | | | | | | | |
| 8. Delaware | DE | | | | | | | |
| 9. District of Columbia | DC | | | | | | | |
| 10. Florida | FL | | | | | | | |
| 11. Georgia | GA | | | | | | | |
| 12. Hawaii | HI | | | | | | | |
| 13. Idaho | ID | | | | | | | |
| 14. Illinois | IL | | | | | | | |
| 15. Indiana | IN | | | | | | | 2 3,859,384 |
| 16. Iowa | IA | | | | | | | |
| 17. Kansas | KS | | | | | | | |
| 18. Kentucky | KY | | | | | | | |
| 19. Louisiana | LA | | | | | | | |
| 20. Maine | ME | | | | | | | |
| 21. Maryland | MD | | | | | | | |
| 22. Massachusetts | MA | | | | | | | |
| 23. Michigan | MI | | | | | | | |
| 24. Minnesota | MN | | | | | | | |
| 25. Mississippi | MS | | | | | | | |
| 26. Missouri | MO | | | | | | | |
| 27. Montana | MT | | | | | | | |
| 28. Nebraska | NE | | | | | | | |
| 29. Nevada | NV | | | | | | | |
| 30. New Hampshire | NH | | | | | | | |
| 31. New Jersey | NJ | | | | | | | |
| 32. New Mexico | NM | | | | | | | |
| 33. New York | NY | | | | | | | |
| 34. North Carolina | NC | | | | | | | |
| 35. North Dakota | ND | | | | | | | |
| 36. Ohio | OH | | | | | 12,475,000 | 4 .413,864 | |
| 37. Oklahoma | OK | | | | | | | |
| 38. Oregon | OR | | | | | | | |
| 39. Pennsylvania | PA | | | | | | | |
| 40. Rhode Island | RI | | | | | | | |
| 41. South Carolina | SC | | | | | | | |
| 42. South Dakota | SD | | | | | | | |
| 43. Tennessee | TN | | | | | | | |
| 44. Texas | TX | | | | | | | |
| 45. Utah | UT | | | | | | | |
| 46. Vermont | VT | | | | | | | |
| 47. Virginia | VA | | | | | | | |
| 48. Washington | WA | | | | | | | |
| 49. West Virginia | WV | | | | | | | |
| 50. Wisconsin | WI | | | | | | | |
| 51. Wyoming | WY | | | | | | | |
| 52. American Samoa | AS | | | | | | | |
| 53. Guam | GU | | | | | | | |
| 54. Puerto Rico | PR | | | | | | | |
| 55. U.S. Virgin Islands | VI | | | | | | | |
| 56. Northern Mariana Islands | MP | | | | | | | |
| 57. Canada | CAN | | | | | | | |
| 58. Aggregate Other Aliens | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 12,475,000 | 6 | 4,273,248 |
| DETAILS OF WRITE-INS | | | | | | | | |
| 58001. | | | | | | | | |
| 58002. | | | | | | | | |
| 58003. | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



3 5 6 0 2 2 0 2 1 4 5 5 0 0 1 0 2

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2021 OF THE Obsidian Insurance Company

Designate the type of health care providers reported on this page:
Hospitals

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| States, etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|--|------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|----------------------|--------------------|--|
| | | | 3 Amount | 4 No. of Claims | | 6 Amount Reported | 7 No. of Claims | |
| 1. Alabama | AL | | | | | | | |
| 2. Alaska | AK | | | | | | | |
| 3. Arizona | AZ | | | | | | | |
| 4. Arkansas | AR | | | | | | | |
| 5. California | CA | | | | | | | |
| 6. Colorado | CO | | | | | | | |
| 7. Connecticut | CT | | | | | | | |
| 8. Delaware | DE | | | | | | | |
| 9. District of Columbia | DC | | | | | | | |
| 10. Florida | FL | | | | | | | |
| 11. Georgia | GA | | | | | | | |
| 12. Hawaii | HI | | | | | | | |
| 13. Idaho | ID | | | | | | | |
| 14. Illinois | IL | | | | | | | |
| 15. Indiana | IN | | | | | | | |
| 16. Iowa | IA | | | | | | | |
| 17. Kansas | KS | | | | | | | |
| 18. Kentucky | KY | | | | | | | |
| 19. Louisiana | LA | | | | | | | |
| 20. Maine | ME | | | | | | | |
| 21. Maryland | MD | | | | | 5,005,000 | 2 | 5,000,000 |
| 22. Massachusetts | MA | | | | | | | |
| 23. Michigan | MI | | | | | | | |
| 24. Minnesota | MN | | | | | | | |
| 25. Mississippi | MS | | | | | | | |
| 26. Missouri | MO | | | | | | | |
| 27. Montana | MT | | | | | | | |
| 28. Nebraska | NE | | | | | | | |
| 29. Nevada | NV | | | | | | | |
| 30. New Hampshire | NH | | | | | | | |
| 31. New Jersey | NJ | | | | | | | |
| 32. New Mexico | NM | | | | | | | |
| 33. New York | NY | | | | | | | |
| 34. North Carolina | NC | | | | | | | |
| 35. North Dakota | ND | | | | | | | |
| 36. Ohio | OH | | | | | 2,230,000 | 4 | 126,874 |
| 37. Oklahoma | OK | | | | | | | |
| 38. Oregon | OR | | | | | | | |
| 39. Pennsylvania | PA | | | | | | | |
| 40. Rhode Island | RI | | | | | | | |
| 41. South Carolina | SC | | | | | | | |
| 42. South Dakota | SD | | | | | | | |
| 43. Tennessee | TN | | | | | | | |
| 44. Texas | TX | | | | | | | |
| 45. Utah | UT | | | | | | | |
| 46. Vermont | VT | | | | | | | |
| 47. Virginia | VA | | | | | | | |
| 48. Washington | WA | | | | | | | |
| 49. West Virginia | WV | | | | | | | |
| 50. Wisconsin | WI | | | | | | | |
| 51. Wyoming | WY | | | | | | | |
| 52. American Samoa | AS | | | | | | | |
| 53. Guam | GU | | | | | | | |
| 54. Puerto Rico | PR | | | | | | | |
| 55. U.S. Virgin Islands | VI | | | | | | | |
| 56. Northern Mariana Islands | MP | | | | | | | |
| 57. Canada | CAN | | | | | | | |
| 58. Aggregate Other Aliens | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 7,235,000 | 6 | 5,126,874 |
| DETAILS OF WRITE-INS | | | | | | | | |
| 58001. | | | | | | | | |
| 58002. | | | | | | | | |
| 58003. | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2021 OF THE Obsidian Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended JUNE 30, 2021

NAIC Group Code 4982

NAIC Company Code 35602

Company Name Obsidian Insurance Company

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

| 1 Direct Written Premium | 2 Direct Earned Premium | 3 Direct Losses Incurred |
|--------------------------------|-------------------------------|--------------------------------|
| \$ 133,032 | \$ 72,870 | \$ 26,597 |

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No [X]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No []

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: \$

2.32 Amount estimated using reasonable assumptions: \$

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. \$