



## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

### ELEMENT INS CO

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 16867 Employer's ID Number 84-3656054

Organized under the Laws of West Chester State of Domicile or Port of Entry OH

Country of Domicile USA

Incorporated/Organized November 11, 2019 Commenced Business September 15, 2020

Statutory Home Office 6449 Allen Rd, West Chester, Ohio, USA 45069 (Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 6449 Allen Rd, West Chester, Ohio, USA 45069 (Street and Number, City or Town, State, Country and Zip Code) 513-755-5780 (Area Code) (Telephone Number)

Mail Address PO Box 62357, Cincinnati, Ohio, USA 45262 (Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6449 Allen Rd, West Chester, Ohio, USA 45069 (Street and Number, City or Town, State, Country and Zip Code) 513-755-5780 (Area Code) (Telephone Number)

Internet Website Address elementcoverage.com

Statutory Statement Contact Steven J Murry (Name) 513-755-5780 (Area Code) (Telephone Number) (Extension) smurry@elementcoverage.com (E-Mail Address) (Fax Number)

## OFFICERS

Matthew Joseph Brands (Chief Executive Officer)  
Alison Brands Rice (Chief Financial Officer)  
Steven Joseph Murry (Chief Operating Officer)

## OTHER OFFICERS

## DIRECTORS OR TRUSTEES

Matthew Joseph Brands  
Alison Brands Rice  
Steven Joseph Murry  
Scott Michael Boehm  
Alfred Theodore Brands

State of Ohio  
County of Butler } ss

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.

Subscribed and sworn to before me this

2-22-2022

Matthew Joseph Brands  
Chief Executive Officer

Alison Brands Rice  
Chief Financial Officer

Steven Joseph Murry  
Chief Operating Officer

a. Is this an original filing? Yes (X) No ( )

b. If no: 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

2-22-2022  
Commission expires 8-16-22

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....				
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....	1,549,854		1,549,854	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ..... 1,188,519 , Schedule E-Part 1) , cash equivalents (\$ ..... 37 , Schedule E-Part 2) and short-term investments (\$ ..... , Schedule DA) .....	1,188,556		1,188,556	2,596,363
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,738,410		2,738,410	2,596,363
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	188,293		188,293	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other-than-invested assets .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,926,703		2,926,703	2,596,363
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	2,926,703		2,926,703	2,596,363
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....		
4. Commissions payable, contingent commissions and other similar charges .....	18,829	
5. Other expenses (excluding taxes, licenses and fees) .....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7. 7.1 Current federal and foreign income taxes (including \$ ..... 211 on realized capital gains (losses)) .....	30,090	
7.2 Net deferred tax liability .....		
8. Borrowed money \$ ..... and interest thereon \$ .....		103,333
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ ..... and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....	173,143	
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....		
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....		
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 3 Column 78) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....		
20. Derivatives .....		
21. Payable for securities .....		
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 .....		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	222,062	103,333
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	222,062	103,333
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	1,000,000	1,000,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	1,602,000	1,502,000
35. Unassigned funds (surplus) .....	102,970	(8,970)
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) (Page 4, Line 39) .....	2,704,970	2,493,030
38. Totals (Page 2, Line 28, Col. 3) .....	2,927,032	2,596,363
DETAILS OF WRITE-INS		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....		
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above) .....		

## STATEMENT OF INCOME

		1 Current Year	2 Prior Year
	UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)		136,787	
DEDUCTIONS			
2. Losses incurred (Part 2, Line 35, Column 7)			
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)			
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)		51,894	9,149
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)		51,894	9,149
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		84,893	(9,149)
	INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)		24,455	179
10. Net realized capital gains (losses) less capital gains tax of \$ 211 (Exhibit of Capital Gains (Losses))		795	
11. Net investment gain (loss) (Lines 9 plus 10)		25,250	179
	OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ , amount charged off \$ )			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income		3,333	
15. Total other income (Lines 12 through 14)		3,333	
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8+11+15)		113,476	(8,970)
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)		113,476	(8,970)
19. Federal and foreign income taxes incurred		23,874	
20. Net income (Line 18 minus Line 19) (to Line 22)		89,602	(8,970)
	CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		2,493,030	
22. Net income (from Line 20)		89,602	(8,970)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 5,882		22,127	
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)			
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			1,000,000
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in		100,000	1,502,000
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 (Page 3, Line 36.1 and Line 36.2, Column 2 minus Column 1)			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)		211,729	2,493,030
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)		2,704,759	2,493,030
	DETAILS OF WRITE-INS		
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Line 0501 through Line 0503 plus Line 0598) (Line 5 above)			
1401. Forgiveness of Loan Interest		3,333	
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)		3,333	
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Line 3701 through Line 3703 plus Line 3798) (Line 37 above)			

## CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	121,637	
2. Net investment income .....	24,455	179
3. Miscellaneous income .....		
4. Total (Lines 1 through 3) .....	146,092	179
5. Benefit and loss related payments .....		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	33,065	9,149
7. Commissions, expenses paid and aggregate write-ins for deductions .....		
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		
10. Total (Lines 5 through 9) .....	33,065	9,149
11. Net cash from operations (Line 4 minus Line 10) .....	113,027	(8,970)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	242,736	
12.2 Stocks .....		
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7 Miscellaneous proceeds .....		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	242,736	
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	1,763,576	
13.2 Stocks .....		
13.3 Mortgage loans .....		
13.4 Real estate .....		
13.5 Other invested assets .....		
13.6 Miscellaneous applications .....		
13.7 Total investments acquired (Line 13.1 through Line 13.6) .....	1,763,576	
14. Net increase (decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(1,520,840)	
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....		
16.2 Capital and paid in surplus, less treasury stock .....	100,000	2,502,000
16.3 Borrowed funds .....	(100,000)	103,333
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5 Dividends to stockholders .....		
16.6 Other cash provided (applied) .....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6) .....	2,605,333	
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Lines 11 plus 15 plus 17) .....	(1,407,813)	2,596,363
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	2,596,363	
19.2 End of year (Line 18 plus Line 19.1) .....	1,188,550	2,596,363

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

20.0001 Forgiveness of Loan Interest .....	3,333	
20.0002 .....		
20.0003 .....		
20.0004 .....		
20.0005 .....		
20.0006 .....		
20.0007 .....		
20.0008 .....		
20.0009 .....		
20.0010 .....		

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Col. 6, Part 1B	2 Unearned Premiums December 31 Prior Year-per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year-per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1+2-3)
1. Fire .....				
2. Allied lines .....				
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5. Commercial multiple peril .....				
6. Mortgage guaranty .....				
8. Ocean marine .....				
9. Inland marine .....	6,941		5,556	1,385
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....				
11.2 Medical professional liability - claims-made .....				
12. Earthquake .....				
13. Group accident and health .....				
14. Credit accident and health (group and individual) .....				
15. Other accident and health .....				
16. Workers' compensation .....				
17.1 Other liability - occurrence .....				
17.2 Other liability - claims-made .....				
17.3 Excess workers' compensation .....				
18.1 Products liability - occurrence .....				
18.2 Products liability - claims-made .....				
19.1, 19.2 Private passenger auto liability .....	302,989		167,587	135,402
19.3, 19.4 Commercial auto liability .....				
21. Auto physical damage .....				
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....				
27. Boiler and machinery .....				
28. Credit .....				
29. International .....				
30. Warranty .....				
31. Reinsurance - nonproportional Assumed Property .....				
32. Reinsurance - nonproportional Assumed Liability .....				
33. Reinsurance - nonproportional Assumed Financial Lines .....				
34. Aggregate write-ins for other lines of business .....				
35. TOTALS .....	309,930		173,143	136,787
DETAILS OF WRITE-INS				
3401. ....				
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....				

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 1A-RECAPITULATION OF ALL PREMIUMS**

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....					
2. Allied lines.....					
3. Farmowners multiple peril.....					
4. Homeowners multiple peril.....					
5. Commercial multiple peril.....					
6. Mortgage guaranty.....					
8. Ocean marine.....					
9. Inland marine.....	5,556				5,556
10. Financial guaranty.....					
11.1 Medical professional liability - occurrence.....					
11.2 Medical professional liability - claims-made.....					
12. Earthquake.....					
13. Group accident and health.....					
14. Credit accident and health (group and individual).....					
15. Other accident and health.....					
16. Workers' compensation.....					
17.1 Other liability - occurrence.....					
17.2 Other liability - claims-made.....					
17.3 Excess workers' compensation.....					
18.1 Products liability - occurrence.....					
18.2 Products liability - claims-made.....					
19.1, 19.2 Private passenger auto liability.....					
19.3, 19.4 Commercial auto liability.....					
21. Auto physical damage.....	167,587				167,587
22. Aircraft (all perils).....					
23. Fidelity.....					
24. Surety.....					
26. Burglary and theft.....					
27. Boiler and machinery.....					
28. Credit.....					
29. International.....					
30. Warranty.....					
31. Reinsurance - Nonproportional Assumed Property.....					
32. Reinsurance - Nonproportional Assumed Liability.....					
33. Reinsurance - Nonproportional Assumed Financial Lines.....					
34. Aggregate write-ins for other lines of business.....					
35. TOTALS.....	173,143				173,143
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					
38. Balance (Sum of Lines 35 through 37).....					173,143
<b>DETAILS OF WRITE-INS</b>					
3401.....					
3402.....					
3403.....					
3498. Summary of remaining write-ins for Line 34 from overflow page.....					
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....					

(a) State here basis of computation used in each case.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1B-PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....						
2. Allied lines .....						
3. Farmowners multiple peril .....						
4. Homeowners multiple peril .....						
5. Commercial multiple peril .....						
6. Mortgage guaranty .....						
8. Ocean marine .....						
9. Inland marine .....		6,941				6,941
10. Financial guaranty .....						
11.1 Medical professional liability - occurrence .....						
11.2 Medical professional liability - claims-made .....						
12. Earthquake .....						
13. Group accident and health .....						
14. Credit accident and health (group and individual) .....						
15. Other accident and health .....						
16. Workers' compensation .....						
17.1 Other liability - occurrence .....						
17.2 Other liability - claims-made .....						
17.3 Excess workers' compensation .....						
18.1 Products liability - occurrence .....						
18.2 Products liability - claims-made .....						
19.1, 19.2 Private passenger auto liability .....						
19.3, 19.4 Commercial auto liability .....		302,989				302,989
21. Auto physical damage .....						
22. Aircraft (all perils) .....						
23. Fidelity .....						
24. Surety .....						
26. Burglary and theft .....						
27. Boiler and machinery .....						
28. Credit .....						
29. International .....						
30. Warranty .....						
31. Reinsurance - nonproportional assumed property .....	XXX					
32. Reinsurance - nonproportional assumed liability .....	XXX					
33. Reinsurance - nonproportional assumed financial lines .....	XXX					
34. Aggregate write-ins for other lines of business .....						
35. TOTALS .....	309,930					309,930
DETAILS OF WRITE-INS						
3401. ....						
3402. ....						
3403. ....						
3498. Summary of remaining write-ins for Line 34 from overflow page .....						
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....						

(a) Does the company's direct premiums written include premiums recorded on an installment basis? ..... Yes ( ) No ( )

If yes: 1. The amount of such installment premiums \$ .....

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$ .....

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4+5-6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1+2-3)				
1. Fire .....								
2. Allied lines .....								
3. Farmowners multiple peril .....								
4. Homeowners multiple peril .....								
5. Commercial multiple peril .....								
6. Mortgage guaranty .....								
8. Ocean marine .....								
9. Inland marine .....								
10. Financial guaranty .....								
11.1 Medical professional liability - occurrence .....								
11.2 Medical professional liability - claims-made .....								
12. Earthquake .....								
13. Group accident and health .....								
14. Credit accident and health (group and individual) .....								
15. Other accident and health .....								
16. Workers' compensation .....								
17.1 Other liability - occurrence .....								
17.2 Other liability - claims-made .....								
17.3 Excess workers' compensation .....								
18.1 Products liability - occurrence .....								
18.2 Products liability - claims-made .....								
19.1, 19.2 Private passenger auto liability .....								
19.3, 19.4 Commercial auto liability .....								
21. Auto physical damage .....								
22. Aircraft (all perils) .....								
23. Fidelity .....								
24. Surety .....								
26. Burglary and theft .....								
27. Boiler and machinery .....								
28. Credit .....								
29. International .....								
30. Warranty .....								
31. Reinsurance - nonproportional assumed property .....		XXX						
32. Reinsurance - nonproportional assumed liability .....		XXX						
33. Reinsurance - nonproportional assumed financial lines .....		XXX						
34. Aggregate write-ins for other lines of business .....								
35. TOTALS .....								
DETAILS OF WRITE-INS								
3401. ....								
3402. ....								
3403. ....								
3498. Summary of remaining write-ins for Line 34 from overflow page .....								
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) .....								

NONE

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred But Not Reported (Cols. 1+2-3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire .....									
2. Allied lines .....									
3. Farmowners multiple peril .....									
4. Homeowners multiple peril .....									
5. Commercial multiple peril .....									
6. Mortgage guaranty .....									
8. Ocean marine .....									
9. Inland marine .....									
10. Financial guaranty .....									
11.1 Medical professional liability - occurrence .....									
11.2 Medical professional liability - claims-made .....									
12. Earthquake .....									
13. Group accident and health .....								(a)	
14. Credit accident and health (group and individual) .....								(a)	
15. Other accident and health .....									
16. Workers' compensation .....									
17.1 Other liability - occurrence .....									
17.2 Other liability - claims-made .....									
17.3 Excess workers' compensation .....									
18.1 Products liability - occurrence .....									
18.2 Products liability - claims-made .....									
19.1, 19.2 Private passenger auto liability .....									
19.3, 19.4 Commercial auto liability .....									
21. Auto physical damage .....									
22. Aircraft (all perils) .....									
23. Fidelity .....									
24. Surety .....									
26. Burglary and theft .....									
27. Boiler and machinery .....									
28. Credit .....									
29. International .....									
30. Warranty .....									
31. Reinsurance - nonproportional Assumed Property .....	XXX								
32. Reinsurance - nonproportional Assumed Liability .....	XXX								
33. Reinsurance - nonproportional Assumed Financial Lines .....	XXX								
34. Aggregate write-ins for other lines of business .....									
35. TOTALS .....									
DETAILS OF WRITE-INS									
3401. ....									
3402. ....									
3403. ....									
3498. Summary of remaining write-ins for Line 34 from overflow page .....									
3499. Totals (Lines 3401 through 3403+3498) (Line 34 above) .....									

NONE

(a) Including \$ ..... for present value of life indemnity claims.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....				
1.2 Reinsurance assumed .....				
1.3 Reinsurance ceded .....				
1.4 Net claim adjustment services (1.1+1.2-1.3) .....				
2. Commission and brokerage:				
2.1 Direct excluding contingent .....		30,993		30,993
2.2 Reinsurance assumed excluding contingent .....				
2.3 Reinsurance ceded excluding contingent .....				
2.4 Contingent - direct .....				
2.5 Contingent - reinsurance assumed .....				
2.6 Contingent - reinsurance ceded .....				
2.7 Policy and membership fees .....				
2.8 Net commission and brokerage (2.1+2.2-2.3+2.4+ 2.5-2.6+2.7) .....		30,993		30,993
3. Allowances to manager and agents .....				
4. Advertising .....				
5. Boards, bureaus and associations .....				
6. Surveys and underwriting reports .....				
7. Audit of assureds' records .....				
8. Salary and related items:				
8.1 Salaries .....		6,000		6,000
8.2 Payroll taxes .....				
9. Employee relations and welfare .....				
10. Insurance .....				
11. Directors' fees .....				
12. Travel and travel items .....		6,000		6,000
13. Rent and rent items .....				
14. Equipment .....		6,305		6,305
15. Cost or depreciation of EDP equipment and software .....				
16. Printing and stationery .....		422		422
17. Postage, telephone and telegraph, exchange and express .....				
18. Legal and auditing .....				
19. Totals (Lines 3 to 18) .....		18,727		18,727
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		250		250
20.2 Insurance department licenses and fees .....		1,398		1,398
20.3 Gross guaranty association assessments .....				
20.4 All other (excluding federal and foreign income and real estate) .....				
20.5 Total taxes, licenses and fees (20.1+20.2+20.3+20.4) .....		1,648		1,648
21. Real estate expenses .....				
22. Real estate taxes .....				
23. Reimbursements by uninsured plans .....		526		526
24. Aggregate write-ins for miscellaneous expenses .....				
25. Total expenses incurred .....		51,894		51,894
26. Less unpaid expenses - current year .....				
27. Add unpaid expenses - prior year .....				
28. Amounts receivable relating to uninsured plans, prior year .....				
29. Amounts receivable relating to uninsured plans, current year .....				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) .....		51,894		51,894
DETAILS OF WRITE-INS				
2401. Professional fees .....		500		500
2402. Bank fees .....		26		26
2403 .....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....				
2499. Totals (Lines 2401 through 2403 plus Line 2498) (Line 24 above) .....		526		526

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1. U.S. Government bonds . . . . .	(a)		
1.1 Bonds exempt from U.S. tax . . . . .	(a)		
1.2 Other bonds (unaffiliated) . . . . .	(a)		
1.3 Bonds of affiliates . . . . .	(a)		
2.1 Preferred stocks (unaffiliated) . . . . .	(b)		
2.11 Preferred stocks of affiliates . . . . .	(b)		
2.2 Common stocks (unaffiliated) . . . . .		20,873	20,873
2.21 Common stocks of affiliates . . . . .			
3. Mortgage loans . . . . .	(c)		
4. Real estate . . . . .	(d)		
5. Contract loans . . . . .			
6. Cash, cash equivalents and short-term investments . . . . .	(e)	3,584	3,584
7. Derivative instruments . . . . .	(f)		
8. Other invested assets . . . . .			
9. Aggregate write-ins for investment income . . . . .			
10. Total gross investment income . . . . .		24,457	24,457
11. Investment expenses . . . . .	(g)		
12. Investment taxes, licenses and fees, excluding federal income taxes . . . . .	(g)		
13. Interest expense . . . . .	(h)		
14. Depreciation on real estate and other invested assets . . . . .	(i)		
15. Aggregate write-ins for deductions from investment income . . . . .			
16. Total deductions (Lines 11 through 15) . . . . .			
17. Net investment income (Line 10 minus Line 16) . . . . .			24,457
<b>DETAILS OF WRITE-INS</b>			
0901. . . . .			
0902. . . . .			
0903. . . . .			
0998. Summary of remaining write-ins for Line 9 from overflow page . . . . .			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) . . . . .			
1501. . . . .			
1502. . . . .			
1503. . . . .			
1598. Summary of remaining write-ins for Line 15 from overflow page . . . . .			
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) . . . . .			

- (a) Includes \$ . . . . . accrual of discount less \$ . . . . . amortization of premium and less \$ . . . . . paid for accrued interest on purchases.  
 (b) Includes \$ . . . . . accrual of discount less \$ . . . . . amortization of premium and less \$ . . . . . paid for accrued dividends on purchases.  
 (c) Includes \$ . . . . . accrual of discount less \$ . . . . . amortization of premium and less \$ . . . . . paid for accrued interest on purchases.  
 (d) Includes \$ . . . . . for company's occupancy of its own buildings; and excludes \$ . . . . . interest on encumbrances.  
 (e) Includes \$ . . . . . accrual of discount less \$ . . . . . amortization of premium and less \$ . . . . . paid for accrued interest on purchases.
- (f) Includes \$ . . . . . accrual of discount less \$ . . . . . amortization of premium.  
 (g) Includes \$ . . . . . investment expenses and \$ . . . . . investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ . . . . . interest on surplus notes and \$ . . . . . interest on capital notes.  
 (i) Includes \$ . . . . . depreciation on real estate and \$ . . . . . depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds . . . . .					
1.1 Bonds exempt from U.S. tax . . . . .					
1.2 Other bonds (unaffiliated) . . . . .					
1.3 Bonds of affiliates . . . . .					
2.1 Preferred stocks (unaffiliated) . . . . .					
2.11 Preferred stocks of affiliates . . . . .					
2.2 Common stocks (unaffiliated) . . . . .					
2.21 Common stocks of affiliates . . . . .					
3. Mortgage loans . . . . .					
4. Real estate . . . . .					
5. Contract loans . . . . .					
6. Cash, cash equivalents and short-term investments . . . . .					
7. Derivative instruments . . . . .					
8. Other invested assets . . . . .					
9. Aggregate write-ins for capital gains (losses) . . . . .					
10. Total capital gains (losses) . . . . .	1,006		1,006	28,009	
11. Investment expenses . . . . .					
12. Investment taxes, licenses and fees, excluding federal income taxes . . . . .					
13. Interest expense . . . . .					
14. Depreciation on real estate and other invested assets . . . . .					
15. Aggregate write-ins for deductions from investment income . . . . .					
16. Total deductions (Lines 11 through 15) . . . . .					
17. Net investment income (Line 10 minus Line 16) . . . . .					
<b>DETAILS OF WRITE-INS</b>					
0901. . . . .					
0902. . . . .					
0903. . . . .					
0998. Summary of remaining write-ins for Line 9 from overflow page . . . . .					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) . . . . .					

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule E) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other-than-invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27) .....			
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....			

# NONE

**NOTES TO FINANCIAL STATEMENTS****Note #1****A. Accounting Practices**

This statement has been completed in accordance with the *Accounting Practices and Procedures Manual*, and all transactions detailed in this statement comply with the NAIC SAP the best of the preparer's knowledge and ability.

State Prescribed Practices	SSAP #	F/S Page	F/S Line #	2021	2020
01A01- Net Income, State Basis (Page 4, Line 20, Columns 1 & 2)				89,602	(8,970)
NONE	xxx	XXX	XXX		
NONE	xxx	XXX	XXX		
01A04- Net Income, NAIC SAP (1-2-3=4)				89,602	(8,970)
01A05- Surplus, State Basis (Page 3, Line 37, Columns 1 & 2)				2,704,970	2,493,030
NONE	xxx	XXX	XXX		
NONE	xxx	XXX	XXX		
01A08- Surplus, NAIC (5-6-7=8)				2,704,970	2,493,030

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

The preparation of this financial statement is in conformity with the *Annual Statement Instructions and Accounting Practices and Procedures Manual* and requires the use of management's estimates and the reported amounts of revenue and expenses during the period. Actual Results could differ from the estimates.

**C. Accounting Policy**

Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written should the need arise. Such reserves are computed by pro rata methods for direct business.

All expenses incurred in connection with acquiring new insurance business, included such acquisition costs as sales commissions, are charged to operations as incurred.

Common Stocks are reported at market based upon the market price as reported by our broker/dealer Vanguard at the close of business at the end of the reported period.

**D. No going concerns.**

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #2

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #3

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #4

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #5

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #6

None

## **NOTES TO FINANCIAL STATEMENTS**

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### **Note #7**

No investment income was excluded or not admitted assets, as all investment income due was collected and accrued by the end of the reporting period.

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #8

None

**ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO**  
**NOTES TO FINANCIAL STATEMENTS**

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**Note #9**

A. No deferred tax assets or liabilities.

B. No deferred tax assets or liabilities are not being recognized.

C. Current income taxes incurred consist of the following major components:

C. Current income taxes incurred consist of the following major components:

	(1) End of Reporting Period	(2) End of Prior Year	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal .....	23,874		23,874
(b) Foreign .....	23,874		23,874
(c) Subtotal .....			
(d) Federal income tax on net capital gains .....			
(e) Utilization of capital loss carry-forwards .....			
(f) Other .....	23,874		23,874
(g) Federal and foreign income taxes incurred .....			
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses .....			
(2) Unearned premium reserve .....			
(3) Policyholder reserves .....			
(4) Investments .....			
(5) Deferred acquisition costs .....			
(6) Policyholder dividends accrual .....			
(7) Fixed assets .....			
(8) Compensation and benefits accrual .....			
(9) Pension accrual .....			
(10) Receivables - nonadmitted .....			
(11) Net operating loss carry-forward .....			
(12) Tax credit carry-forward .....			
(13) Other (including items < 5% of total ordinary tax assets) .....			
(99) Subtotal .....			
(b) Statutory valuation allowance adjustment .....			
(c) Nonadmitted .....			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) .....			
(e) Capital:			
(1) Investments .....			
(2) Net capital loss carry-forward .....			
(3) Real estate .....			
(4) Other (including items < 5% of total capital tax assets) .....			
(99) Subtotal .....			
(f) Statutory valuation allowance adjustment .....			
(g) Nonadmitted .....			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g) .....			
(i) Admitted deferred tax assets (2d + 2h) .....			
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments .....			
(2) Fixed assets .....			
(3) Deferred and uncollected premium .....			
(4) Policyholder reserves .....			
(5) Other (including items < 5% of total ordinary tax liabilities) .....			
(99) Subtotal .....			
(b) Capital:			
(1) Investments .....			
(2) Real estate .....			
(3) Other (including items < 5% of total capital tax liabilities) .....			
(99) Subtotal .....			
(c) Deferred tax liabilities (3a99 + 3b99) .....			
4. Net deferred tax assets/liabilities (2i - 3c) .....			

D. No significant book to tax adjustments were made.

E. None

F. None

G. None

**NOTES TO FINANCIAL STATEMENTS**

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H. None

I. None

**NOTES TO FINANCIAL STATEMENTS**

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**Note #10**

The Reporting Entity, Element Insurance Company, does business with Brands Insurance Agency, Inc, a commonly owned entity, as detailed in Schedule Y of this statement. The Reporting Entity pays sales commission and labor reimbursement to Brands Insurance Agency, Inc in accordance to executed agreements approved by the State of Ohio Department of Insurance.

## **NOTES TO FINANCIAL STATEMENTS**

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### Note #11

The company does not have any outstanding debt obligations. The two notes issued to the Company from the owners, Alison Brands Rice and Matthew J Brands, were forgiven on February 4th, 2021, erasing any liability of the principal and accrued interest on the loans.

The company does not have any reverse repurchase agreements.

**NOTES TO FINANCIAL STATEMENTS**

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Note #12

None

## **NOTES TO FINANCIAL STATEMENTS**

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### Note #13

A. Element Insurance Company has 1,000 shares authorized, 1,000 shares issued, and 0 shares outstanding. All shares are Class A shares.

B. None

C. None

D. None

E. None

F. None

G. N/A

H. None

I. N/A

J. The Unassigned Funds (Surplus) represented by cumulative unrealized gains, minus Capital Gains tax that would be incurred as the gains become realized, is \$22,127.

K. None

L. N/A

M. N/A

## **NOTES TO FINANCIAL STATEMENTS**

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### Note #14

A. Matthew Brands has a Future Funding Agreement in place to Element Insurance Company in which Matthew Brands will issue debt up to \$100,000 to Element to meet any pressing obligations. The debt will accrue interest at 5% interest per year, calculated per annum.

Alison Brands Rice has a Future Funding Agreement in place to Element Insurance Company in which Alison Brands Rice will issue debt up to \$100,000 to Element to meet any pressing obligations. The debt will accrue interest at 5% interest per year, calculated per annum.

B. None

C. None

D. None

E. None

F. None

G. None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #15

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #16

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #17

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #18

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #19

All premiums written by the Company are done so through the affiliated company Brands Insurance Agency, Inc, an independent Insurance Broker and Agent.

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/ Produced By
Total Brands Insurance Agency, Inc PO Box 62267 Cincinnati, OH 45262..... 1999999 - Total.....	31-1403760	Y.....	Property and Casualty.....	B, P, U.....	309,930 309,930

\* Authority Codes Sample Listing:

C - Claims Payment

CA - Claims Adjustment

R - Reinsurance Ceding

B - Binding Authority

P - Premium Collection

U - Underwriting

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #20

None.

## **NOTES TO FINANCIAL STATEMENTS**

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### Note #21

#### A. Unusual or Infrequent Items

On February 4, 2021, a \$50,000 note from Matthew J Brands to the Company was forgiven in full, including the principal and any accrued interest.

On February 4, 2021, a \$50,000 note from Alison Brands Rice to Company was forgiven in full, including the principal and any accrued interest.

The net result of these items is an increase in Surplus of \$100,000.

B None

C None

D None

E None

F None

G None

H None

## **NOTES TO FINANCIAL STATEMENTS**

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### Note #22

Subsequent events have been considered through 02/21/2022 for the statutory statement issued on 02/22/2022.

No events have occurred that meet the criteria of a Type I or Type II event.

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #23

None

## **NOTES TO FINANCIAL STATEMENTS**

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### Note #24

Element Insurance Company does not write any insurance policies that participate in retrospective rating.

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #25

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #26

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #27

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #28

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #29

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #30

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #31

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #32

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #33

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #34

None

ANNUAL STATEMENT FOR THE YEAR 2021 FOR ELEMENT INS CO  
**NOTES TO FINANCIAL STATEMENTS**

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Note #35

None

**NOTES TO FINANCIAL STATEMENTS**

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Note #36

None

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

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ( )

If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes (X) No ( ) N/A ( )

1.3 State Regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes ( ) No (X)

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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

3.2 State the as of date of 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.

3.3 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).

3.4 By what department or departments?

3.5 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)

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ( ) No ( ) N/A (X)

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?  
4.12 renewals?Yes ( ) No (X)  
Yes ( ) No (X)

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?  
4.22 renewals?Yes (X) No ( )  
Yes (X) No ( )

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ( ) No (X)

If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of entity, the 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
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6.1 Has the 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)

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes ( ) No (X)

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
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8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes ( ) No (X)

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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
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8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes ( ) No (X)

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes ( ) No (X) N/A ( )

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
We are exempt from Annual Audit requirements

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

- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes (X)  No ( )
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
Our policy count and total premium fall within the exemption guidelines and we have an exemption approval from the State of Ohio
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  Yes (X)  No ( )
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
Our policy count and total premium fall within the exemption guidelines and we have an exemption approval from the State of Ohio
- 10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws?  Yes (X)  No ( ) N/A ( )
- 10.6 If the response to 10.5 is no or n/a, please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
We are exempted from needing a statement of actuarial opinion by the State of Ohio due to our policy count and total premium.
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  Yes ( )  No (X)
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  Yes ( )  No ( )
- 13.3 Have there been any changes made to any of the trust indentures during the year?  Yes ( )  No ( )
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?  Yes ( )  No ( ) N/A ( )
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes (X)  No ( )
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?  Yes ( )  No (X)
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes ( )  No (X)
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?  Yes ( )  No (X)
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
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**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?  Yes (X)  No ( )
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?  Yes (X)  No ( )
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person?  Yes (X)  No ( )

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Yes ( )  No (X)

- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |          |
|---|----------|
| 20.11 To directors or other officers              | \$ ..... |
| 20.12 To stockholders not officers                | \$ ..... |
| 20.13 Trustees, supreme or grand (Fraternal only) | \$ ..... |
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |          |
|---|----------|
| 20.21 To directors or other officers              | \$ ..... |
| 20.22 To stockholders not officers                | \$ ..... |
| 20.23 Trustees, supreme or grand (Fraternal only) | \$ ..... |

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes ( ) No (X)21.2 If yes, state the amount thereof at December 31 of the current year:  

21.21 Rented from others	\$ .....
21.22 Borrowed from others	\$ .....
21.23 Leased from others	\$ .....
21.24 Other	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ( ) No (X)22.2 If answer is yes:  

22.21 Amount paid as losses or risk adjustment	\$ .....
22.22 Amount paid as expenses	\$ .....
22.23 Other amounts paid	\$ .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes (X) No ( )23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ .....24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes ( ) No ( )

24.2 If the response to 24.1 is yes, identify the third party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
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**INVESTMENT**25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes (X) No ( )

25.02 If no, give full and complete information relating thereto:

25.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ .....25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ .....25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes ( ) No ( ) N/A (X)25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ( ) No ( ) N/A (X)25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes ( ) No ( ) N/A (X)

25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....25.093 Total payable for securities lending reported on the liability page \$ .....26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03) Yes ( ) No (X)26.2 If yes, state the amount thereof at December 31 of the current year:  

26.21 Subject to repurchase agreements	\$ .....
26.22 Subject to reverse repurchase agreements	\$ .....
26.23 Subject to dollar repurchase agreements	\$ .....
26.24 Subject to reverse dollar repurchase agreements	\$ .....
26.25 Placed under option agreements	\$ .....
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ .....
26.27 FHLB Capital Stock	\$ .....
26.28 On deposit with states	\$ .....
26.29 On deposit with other regulatory bodies	\$ .....
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ .....
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ .....
26.32 Other	\$ .....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
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**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?  Yes ( )  No (X)
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.  Yes ( )  No ( )  N/A (X)
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?  Yes ( )  No ( )
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:  
 27.41 Special accounting provision of SSAP No. 108  Yes ( )  No ( )  
 27.42 Permitted accounting practice  Yes ( )  No ( )  
 27.43 Other accounting guidance  Yes ( )  No ( )
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following  Yes ( )  No ( )  
 - The reporting entity has obtained explicit approval from the domiciliary state.  
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM 21.  
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM 21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.  
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM 21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?  Yes ( )  No (X)

- 28.2 If yes, state the amount thereof at December 31 of the current year. \$ .....

29. 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 ( )

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
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29.02 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)
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- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?  Yes ( )  No ( )

- 29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
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- 29.05 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
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Steven J Murry - has access to investment accounts ..... I .....  
Vanguard (Broker) - No decision making authority ..... U .....

- 29.0597 For those firms/individuals listed in the table for Question 29.05, 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 (X)

- 29.0598 For firms/individuals unaffiliated with the reporting entity (i. e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?  Yes (X)  No ( )

- 29.06 For those firms or individuals listed in the table for 29.05 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 Identified (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
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- 30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?  Yes ( )  No (X)

- 30.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
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- 30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from question 30.2)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
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**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	\$ .....	\$ .....	\$ .....
31.2 Preferred stocks .....	\$ .....	\$ .....	\$ .....
30.3 Totals .....	\$ .....	\$ .....	\$ .....

- 31.4 Describe the sources or methods utilized in determining the fair values:  
0

- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes (X) No ( )

- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes (X) No ( )

- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
0

- 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ( )

- 33.2 If no, list exceptions:  
0

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes ( ) No (X)

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes ( ) No (X)

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

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current 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.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes ( ) No ( )

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes (X) No ( ) N/A ( )

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

38.1 Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any? \$ .....

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

39.1 Amount of payments for legal expenses, if any? \$ .....

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

**GENERAL INTERROGATORIES****PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes ( ) No (X)	
1.2	If yes, indicate premium earned on U.S. business only.	\$ .....	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ .....	
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ .....	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ .....	
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$ .....	
1.62	Total incurred claims	\$ .....	
1.63	Number of covered lives	\$ .....	
	All years prior to most current three years:		
1.64	Total premium earned	\$ .....	
1.65	Total incurred claims	\$ .....	
1.66	Number of covered lives	\$ .....	
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$ .....	
1.72	Total incurred claims	\$ .....	
1.73	Number of covered lives	\$ .....	
	All years prior to most current three years:		
1.74	Total premium earned	\$ .....	
1.75	Total incurred claims	\$ .....	
1.76	Number of covered lives	\$ .....	
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ .....	\$ .....
2.2	Premium Denominator	\$ .....	\$ .....
2.3	Premium Ratio (2.1/2.2)	\$ .....	\$ .....
2.4	Reserve Numerator	\$ .....	\$ .....
2.5	Reserve Denominator	\$ .....	\$ .....
2.6	Reserve Ratio (2.4/2.5)	\$ .....	\$ .....
3.1	Did the reporting entity issue participating policies during the calendar year?	Yes ( ) No (X)	
3.2	If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:		
3.21	Participating policies	\$ .....	
3.22	Non-participating policies	\$ .....	
4.	For Mutual reporting entities and Reciprocal Exchange only:		
4.1	Does the reporting entity issue assessable policies?	Yes ( ) No ( )	
4.2	Does the reporting entity issue non-assessable policies?	Yes ( ) No ( )	
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?	% .....	
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$ .....	
5.	For Reciprocal Exchanges only:		
5.1	Does the exchange appoint local agents?	Yes ( ) No ( )	
5.2	If yes, is the commission paid:		
5.21	Out of Attorney's-in-fact compensation	Yes ( ) No ( ) N/A ( )	
5.22	As a direct expense of the exchange	Yes ( ) No ( ) N/A ( )	
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?		
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?	Yes ( ) No ( )	
5.5	If yes, give full information.		
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?	N/A	
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:		
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes ( ) No ( )	
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss.		

**GENERAL INTERROGATORIES****PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

- 7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?  Yes ( )  No (X)
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?  Yes ( )  No ( )
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?  Yes ( )  No (X)
- 8.2 If yes, give full information.
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
- (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
  - (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
  - (c) Aggregate stop loss reinsurance coverage;
  - (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
  - (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
  - (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.
- Yes ( )  No (X)
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of the prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
  - (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.
- Yes ( )  No (X)
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
  - (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
  - (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
  - (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?
- Yes ( )  No (X)
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
- (a) The entity does not utilize reinsurance; or
  - (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
  - (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.
- Yes (X)  No ( )  
 Yes ( )  No ( )  
 Yes ( )  No ( )
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?  Yes ( )  No ( ) N/A (X)
- 11.1 Has this reporting entity guaranteed policies issued by any other entity and now in force?  Yes ( )  No (X)
- 11.2 If yes, give full information.
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- |   |          |
|---|----------|
| 12.11 Unpaid losses   | \$ ..... |
| 12.12 Unpaid underwriting expenses (including loss adjustment expenses) | \$ ..... |
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds:  \$ .....
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?  Yes ( )  No (X) N/A ( )
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- |            |         |
|------------|---------|
| 12.41 From | ..... % |
| 12.42 To   | ..... % |
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by the reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?  Yes ( )  No (X)
- 12.6 If yes, state the amount thereof at December 31 of the current year:
- |                                  |          |
|----------------------------------|----------|
| 12.61 Letters of Credit          | \$ ..... |
| 12.62 Collateral and other funds | \$ ..... |
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):  \$ ..... 1,347,625
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?  Yes ( )  No (X)
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.  .....

**GENERAL INTERROGATORIES****PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes ( ) No (X)

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes ( ) No ( )

14.4 If the answer to 14.3 is no, are the methods described in 14.2 entirely contained in written agreements? Yes ( ) No ( )

14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes ( ) No (X)

15.2 If yes, give full information.

16.1 Does the reporting entity write any warranty business? Yes ( ) No (X)

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	..... \$	..... \$	..... \$	..... \$	..... \$
16.12 Products	..... \$	..... \$	..... \$	..... \$	..... \$
16.13 Automobile	..... \$	..... \$	..... \$	..... \$	..... \$
16.14 Other*	..... \$	..... \$	..... \$	..... \$	..... \$

\* Disclose type of coverage:

Other\*

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 is exempt from the statutory provision for unauthorized reinsurance? .... Yes ( ) No (X)

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance.

Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	..... \$
17.12 Unfunded portion of Interrogatory 17.11	..... \$
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	..... \$
17.14 Case reserves portion of Interrogatory 17.11	..... \$
17.15 Incurred but not reported portion of Interrogatory 17.11	..... \$
17.16 Unearned premium portion of Interrogatory 17.11	..... \$
17.17 Contingent commission portion of Interrogatory 17.11	..... \$

18.1 Do you act as a custodian for health savings accounts? Yes ( ) No (X)

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

18.3 Do you act as an administrator for health savings accounts? Yes ( ) No (X)

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

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes ( ) No (X)

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

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2021	2 2020	3 2019	4 2018	5 2017
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	309,930				
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)					
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	309,930				
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	309,930				
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Line 31, 32 & 33)					
12. Total (Line 35)	309,930				
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	84,893	(9,149)			
14. Net investment gain (loss) (Line 11)	25,250	179			
15. Total other income (Line 15)	3,333				
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	23,874				
18. Net income (Line 20)	89,602	(8,970)			
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	2,926,703	2,596,363			
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	188,293				
20.2 Deferred and not yet due (Line 15.2)					
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	222,062	103,333			
22. Losses (Page 3, Line 1)					
23. Loss adjustment expenses (Page 3, Line 3)					
24. Unearned premiums (Page 3, Line 9)	173,143				
25. Capital paid up (Page 3, Lines 30 & 31)	1,000,000	1,000,000			
26. Surplus as regards policyholders (Page 3, Line 37)	2,704,970	2,493,030			
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	113,027	(8,970)			
Risk-Based Capital Analysis					
28. Total adjusted capital	2,704,970	2,493,030			
29. Authorized control level risk-based capital	239,705	4,012			
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)					
31. Stocks (Line 2.1 & Line 2.2)	56.6				
32. Mortgage loans on real estate (Lines 3.1 & 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	43.4	100.0			
35. Contact loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

## FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2021	2 2020	3 2019	4 2018	5 2017
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24) .....	22,127				
52. Dividends to stockholders (Line 35) .....					
53. Change in surplus as regards policyholders for the year (Line 38) .....	211,729	2,493,030			
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....					
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
58. Nonproportional reinsurance lines (Lines 31, 32, & 33) .....					
59. Total (Line 35) .....					
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
64. Nonproportional reinsurance lines (Lines 31, 32, & 33) .....					
65. Total (Line 35) .....					
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....					
68. Loss expenses incurred (Line 3) .....					
69. Other underwriting expenses incurred (Line 4) .....	37.9				
70. Net underwriting gain (loss) (Line 8) .....	62.1				
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4+5-15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	15.7				
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2+3 divided by Page 4, Line 1 x 100.0) .....					
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	11.5				
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2 - Summary, Line 12, Col. 11) .....					
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....					
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....					
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....					

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger  
in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?  Yes (X)  No ( )  
If no, please explain:

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES****SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
2. 2012	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
3. 2013	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
4. 2014	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
5. 2015	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
6. 2016	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
7. 2017	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
8. 2018	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
9. 2019	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
10. 2020	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
11. 2021	136	.....	136	.....	.....	.....	.....	.....	.....	.....	.....	XXX	
12. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2012	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2013	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 2014	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2015	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. 2016	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
7. 2017	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
8. 2018	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
9. 2019	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. 2020	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. 2021	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount			Net Balance Sheet Reserves After Discount		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....	
2. 2012	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. 2013	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. 2014	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5. 2015	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6. 2016	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7. 2017	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8. 2018	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9. 2019	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10. 2020	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11. 2021	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....	

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1.

The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2013 .....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2014 .....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2015 .....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
6. 2016 .....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
7. 2017 .....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
8. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9. 2019 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
10. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX
11. 2021 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX
12. Totals										.....	.....	.....

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021		
1. Prior .....	0 0 0	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
2. 2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
3. 2013 .....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
4. 2014 .....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
5. 2015 .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
6. 2016 .....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
7. 2017 .....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	XXX	XXX
8. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	XXX	XXX
9. 2019 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX
10. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
11. 2021 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2013 .....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2014 .....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
5. 2015 .....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
6. 2016 .....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
7. 2017 .....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
8. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
9. 2019 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
10. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
11. 2021 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....

## SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. Dist. Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	L	309,930	136,787					
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U. S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate other alien	OT	XXX							
59. Totals		XXX	309,930	136,787					
DETAILS OF WRITE-INS									
58001		XXX							
58002		XXX							
58003		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX							
58999. Totals (Lines 58001 through 58003+58998) (Line 58 above)		XXX							

(a) Active Status Counts:

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

(b) Explanation of basis of allocation of premiums by states, etc.

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

**PART 1 - ORGANIZATIONAL CHART**

Matthew J Brands  
CEO  
50% Owner

Brands Insurance Agency, Inc  
Corporation in Ohio

Transportation Marketing  
Services  
LLC in Ohio

Element Insurance Company  
Corporation in Ohio

Alison Brands Rice  
CFO  
50% Owner

Midwest Freight Exchange  
LLC in Ohio

Commercial Premium Finance  
Corporation in Ohio

West Chester Permit, LLC  
LLC in Ohio