

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

IOWA AMERICAN INSURANCE COMPANY

NAIC Group Code	0291 (Current)	0291 (Prior)	NAIC Company Code	31577	Employer's ID Number	42-1019089
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		OH
Country of Domicile	United States of America					
Incorporated/Organized	11/15/1973			Commenced Business	02/01/1974	
Statutory Home Office	471 EAST BROAD STREET (Street and Number)			COLUMBUS, OH, US 43215 (City or Town, State, Country and Zip Code)		
Main Administrative Office	471 EAST BROAD STREET (Street and Number)			COLUMBUS, OH, US 43215 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	471 EAST BROAD STREET (Street and Number)			614-225-8211 (Area Code) (Telephone Number)		
	COLUMBUS, OH, US 43215			614-225-8211 (Area Code) (Telephone Number)		
Mail Address	471 EAST BROAD STREET (Street and Number or P.O. Box)			COLUMBUS, OH, US 43215 (City or Town, State, Country and Zip Code)		
Internet Website Address	ENCOVA.COM					
Statutory Statement Contact	AMY E KUHLMAN (Name)			614-225-8285 (Area Code) (Telephone Number)		
	ACCOUNTING@ENCOVA.COM (E-mail Address)			614-225-8330 (FAX Number)		

OFFICERS

PRESIDENT & CHIEF EXECUTIVE OFFICER	THOMAS JOSEPH OBROKTA JR.	TREASURER	JAMES CHRISTOPHER HOWAT
SECRETARY	MARCHELLE ELAINE MOORE		

OTHER

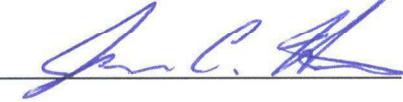
GREGORY ARTHUR BURTON, EXECUTIVE CHAIR	DIRECTORS OR TRUSTEES	JAMES CHRISTOPHER HOWAT
JEFFREY LEIGH BENINTENDI	GRADY BRENDAN CAMPBELL	
THOMAS JOSEPH OBROKTA JR.	MATTHEW CARL WILCOX	

State of OH
County of FRANKLIN 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.


THOMAS JOSEPH OBROKTA JR.
PRESIDENT & CHIEF EXECUTIVE OFFICER


MARCHELLE ELAINE MOORE
SECRETARY


JAMES CHRISTOPHER HOWAT
TREASURER

Subscribed and sworn to before me this
10th day of February 2022

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



Deborah Dailey
Notary Public, State of Ohio
My Commission Expires 11-26-22

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

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) .....	.17,978,805		.17,978,805	.19,492,995
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			.0	.0
2.2 Common stocks .....			.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$, Schedule E - Part 1), cash equivalents (\$ 3,834,495 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	3,834,496		.3,834,496	.1,290,433
6. Contract loans (including \$ premium notes) .....			.0	.0
7. Derivatives (Schedule DB) .....			.0	.0
8. Other invested assets (Schedule BA)	500	500	.0	.0
9. Receivable for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL) .....			.0	.0
11. Aggregate write-ins for invested assets	0	0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	21,813,800	500	.21,813,300	.20,783,428
13. Title plants less \$ charged off (for Title insurers only) .....			.0	.0
14. Investment income due and accrued	126,150		.126,150	.145,038
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	703,708		.703,708	.1,694,810
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) .....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ ..... ) .....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	219,887		.219,887	.0
16.2 Funds held by or deposited with reinsured companies	3,149,918		.3,149,918	.2,597,122
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	-.(72,194)
18.2 Net deferred tax asset	421,701	121,880	.299,821	.356,306
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software .....			.0	.0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates .....			.0	.0
24. Health care (\$) and other amounts receivable .....			.0	.0
25. Aggregate write-ins for other than invested assets	11,540	100	.11,440	.9,139
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	26,446,704	122,480	.26,324,224	.25,513,649
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			.0	.0
28. Total (Lines 26 and 27)	26,446,704	122,480	.26,324,224	.25,513,649
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Misc Other Assets	11,540	100	.11,440	.9,139
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	11,540	100	.11,440	.9,139

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	10,077,557	9,836,434
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	533,118	47,117
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	1,716,688	1,680,475
4. Commissions payable, contingent commissions and other similar charges	248,228	256,164
5. Other expenses (excluding taxes, licenses and fees)	659,701	616,819
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	51,250	68,044
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	18,578	0
7.2 Net deferred tax liability		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 18,184 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	3,055,758	2,989,455
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders	(88)	
12. Ceded reinsurance premiums payable (net of ceding commissions)	184	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	406,893	176,116
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		(25,440)
16. Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 3, Column 78)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	352,070	1,072,144
20. Derivatives	0	0
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	(53,512)	(18,426)
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	17,066,512	16,698,814
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	17,066,512	16,698,814
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	5,000,000	5,000,000
35. Unassigned funds (surplus)	3,257,712	2,814,835
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)	9,257,712	8,814,835
38. TOTALS (Page 2, Line 28, Col. 3)	26,324,224	25,513,649
DETAILS OF WRITE-INS		
2501. Miscellaneous liabilities	(53,512)	(18,426)
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	(53,512)	(18,426)
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	6,507,825	6,440,113
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	3,272,452	3,386,078
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	981,693	967,565
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	2,042,399	2,060,822
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	6,296,544	6,414,465
7. Net income of protected cells.....	211,281	25,648
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7).....	211,281	25,648
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	431,880	495,635
10. Net realized capital gains or (losses) less capital gains tax of \$ 9,124 (Exhibit of Capital Gains (Losses)).....	34,324	42,002
11. Net investment gain (loss) (Lines 9 + 10).....	466,204	537,637
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ 23,230).....	(23,230)	(22,464)
13. Finance and service charges not included in premiums.....	11,341	0
14. Aggregate write-ins for miscellaneous income.....	0	17,445
15. Total other income (Lines 12 through 14).....	(11,889)	(5,019)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	665,596	558,266
17. Dividends to policyholders.....	23,692	7,369
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).....	641,904	550,897
19. Federal and foreign income taxes incurred.....	106,577	102,692
20. Net income (Line 18 minus Line 19)(to Line 22).....	535,327	448,205
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	8,814,836	8,287,083
22. Net income (from Line 20).....	535,327	448,205
23. Net transfers (to) from Protected Cell accounts.....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 4,751.....	(5,812)	(16,893)
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0
26. Change in net deferred income tax.....	(51,734)	56,169
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3).....	162,427	(182,756)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0
31. Cumulative effect of changes in accounting principles.....	0	0
32. Capital changes:		
32.1 Paid in.....	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0
32.3 Transferred to surplus.....	0	0
33. Surplus adjustments:		
33.1 Paid in.....	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0
33.3 Transferred from capital.....	0	0
34. Net remittances from or (to) Home Office.....	0	0
35. Dividends to stockholders.....	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	(197,332)	223,028
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	442,876	527,753
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	9,257,712	8,814,836
DETAILS OF WRITE-INS		
0501.....	0	0
0502.....	0	0
0503.....	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above).....	0	0
1401. Miscellaneous income or expense.....	0	17,445
1402.....	0	0
1403.....	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	17,445
3701. Miscellaneous gains / losses.....	(197,332)	223,028
3702.....	0	0
3703.....	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above).....	(197,332)	223,028

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	7,012,617	5,200,296
2. Net investment income	566,585	(834,224)
3. Miscellaneous income	(11,889)	(5,019)
4. Total (Lines 1 through 3)	7,567,313	4,361,053
5. Benefit and loss related payments	2,765,214	3,078,522
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	2,968,693	1,364,242
8. Dividends paid to policyholders	23,604	17,960
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	195,012	79,541
10. Total (Lines 5 through 9)	5,952,523	4,540,265
11. Net cash from operations (Line 4 minus Line 10)	1,614,790	(179,212)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	4,964,587	3,513,924
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,964,587	3,513,924
13. Cost of investments acquired (long-term only):		
13.1 Bonds	3,522,688	3,985,319
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,522,688	3,985,319
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,441,898	(471,395)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(512,625)	412,834
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(512,625)	412,834
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,544,063	(237,773)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,290,432	1,528,205
19.2 End of period (Line 18 plus Line 19.1)	3,834,495	1,290,432

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

20.0001. Non-Cash Exchanges	134,372
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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	18,992	10,203	9,061	20,133
2. Allied lines	19,616	10,842	10,351	20,107
3. Farmowners multiple peril	21,410	13,166	9,727	24,849
4. Homeowners multiple peril	429,562	244,107	233,993	439,677
5. Commercial multiple peril	1,065,935	470,807	506,356	1,030,386
6. Mortgage guaranty	0	0		0
8. Ocean marine	947	.580	493	1,034
9. Inland marine	114,540	.57,869	.57,060	.115,349
10. Financial guaranty	0	0		0
11.1 Medical professional liability - occurrence	0	0		0
11.2 Medical professional liability - claims-made	0	0		0
12. Earthquake	5,579	.3,186	3,176	.5,589
13. Group accident and health	0	0		0
14. Credit accident and health (group and individual)	0	0		0
15. Other accident and health	0	0		0
16. Workers' compensation	2,912,309	1,333,335	1,388,354	2,857,290
17.1 Other liability - occurrence	287,385	127,312	139,237	.275,460
17.2 Other liability - claims-made	10,915	13,994	13,894	11,015
17.3 Excess workers' compensation	0	0		0
18.1 Products liability - occurrence	1,756	2,304	1,505	2,555
18.2 Products liability - claims-made	0	0		0
19.1, 19.2 Private passenger auto liability	286,487	116,245	107,482	295,250
19.3, 19.4 Commercial auto liability	757,127	354,153	352,849	.758,431
21. Auto physical damage	510,778	223,274	215,022	.519,030
22. Aircraft (all perils)	0	0		0
23. Fidelity	0	1		1
24. Surety	0	0		0
26. Burglary and theft	10,782	5,364	4,948	11,198
27. Boiler and machinery	1,211	1,502	450	2,263
28. Credit	0	0		0
29. International	0	0		0
30. Warranty	0	0		0
31. Reinsurance - nonproportional assumed property	48,440	.322	831	.47,931
32. Reinsurance - nonproportional assumed liability	70,357	.889	968	70,278
33. Reinsurance - nonproportional assumed financial lines	0	0		0
34. Aggregate write-ins for other lines of business	0	0	0	0
35. TOTALS	6,574,128	2,989,455	3,055,758	6,507,825
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
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	9,061				9,061
2. Allied lines	10,351				10,351
3. Farmowners multiple peril	9,727				9,727
4. Homeowners multiple peril	233,993				233,993
5. Commercial multiple peril	506,356				506,356
6. Mortgage guaranty					0
8. Ocean marine	493				493
9. Inland marine	57,060				57,060
10. Financial guaranty					0
11.1 Medical professional liability - occurrence					0
11.2 Medical professional liability - claims-made					0
12. Earthquake	3,176				3,176
13. Group accident and health					0
14. Credit accident and health (group and individual)					0
15. Other accident and health					0
16. Workers' compensation	1,388,354				1,388,354
17.1 Other liability - occurrence	139,237				139,237
17.2 Other liability - claims-made	13,894				13,894
17.3 Excess workers' compensation					0
18.1 Products liability - occurrence	1,505				1,505
18.2 Products liability - claims-made					0
19.1, 19.2 Private passenger auto liability	107,482				107,482
19.3, 19.4 Commercial auto liability	352,849				352,849
21. Auto physical damage	215,022				215,022
22. Aircraft (all perils)					0
23. Fidelity					0
24. Surety					0
26. Burglary and theft	4,948				4,948
27. Boiler and machinery	450				450
28. Credit					0
29. International					0
30. Warranty					0
31. Reinsurance - nonproportional assumed property	831				831
32. Reinsurance - nonproportional assumed liability	968				968
33. Reinsurance - nonproportional assumed financial lines					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0
35. TOTALS	3,055,758	0	0	0	3,055,758
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Line 35 through 37)					3,055,758
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
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	68	18,992	0	68	0	18,992
2. Allied lines	14	19,616	0	14	0	19,616
3. Farmowners multiple peril	0	21,410	0	0	0	21,410
4. Homeowners multiple peril	232	429,562	0	232	0	429,562
5. Commercial multiple peril	0	1,065,935	0	0	0	1,065,935
6. Mortgage guaranty	0	0	0	0	0	0
8. Ocean marine	0	947	0	0	0	947
9. Inland marine	0	114,540	0	0	0	114,540
10. Financial guaranty	0	0	0	0	0	0
11.1 Medical professional liability - occurrence		0	0	0	0	0
11.2 Medical professional liability - claims-made		0	0	0	0	0
12. Earthquake	0	5,579	0	0	0	5,579
13. Group accident and health	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0
15. Other accident and health	0	0	0	0	0	0
16. Workers' compensation	0	2,912,309	940	940	0	2,912,309
17.1 Other liability - occurrence	0	287,385	0	0	0	287,385
17.2 Other liability - claims-made	0	10,915	0	0	0	10,915
17.3 Excess workers' compensation	0	0	0	0	0	0
18.1 Products liability - occurrence		1,756	0	0	0	1,756
18.2 Products liability - claims-made		0	0	0	0	0
19.1, 19.2 Private passenger auto liability	0	286,487	0	0	0	286,487
19.3, 19.4 Commercial auto liability	0	757,127	48,226	48,226	0	757,127
21. Auto physical damage	0	510,778	1,204	1,204	0	510,778
22. Aircraft (all perils)	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0
26. Burglary and theft	0	10,782	0	0	0	10,782
27. Boiler and machinery	0	1,211	0	0	0	1,211
28. Credit	0	0	0	0	0	0
29. International	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property	XXX	48,440	0	0	0	48,440
32. Reinsurance - nonproportional assumed liability	XXX	70,357	0	0	0	70,357
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	314	6,574,128	50,370	50,684	0	6,574,128
DETAILS OF WRITE-INS						
3401.						
3402.						
3403.						
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(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 reported on an annualized basis \$

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	.11	15,712	11	15,712	.7,007	7,902	.14,817	73.6
2. Allied lines	7	10,886	.7	10,886	2,338	1,724	.11,500	57.2
3. Farmowners multiple peril	0	6,256	0	6,256	2,917	1,811	.7,362	29.6
4. Homeowners multiple peril .....	.63	221,430	63	221,430	.84,333	.83,037	.222,726	50.7
5. Commercial multiple peril	207,558	328,047	.207,558	.328,047	.596,397	.374,364	.550,080	53.4
6. Mortgage guaranty	0	0	0	0	0	0	0	0.0
8. Ocean marine	0	343	0	343	.28	.74	.297	28.7
9. Inland marine	0	42,938	0	42,938	13,698	7,487	.49,149	42.6
10. Financial guaranty	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0.0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0.0
12. Earthquake	0	0	0	0	0	0	0	0.0
13. Group accident and health	0	0	0	0	0	0	0	0.0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0.0
15. Other accident and health	0	0	0	0	0	0	0	0.0
16. Workers' compensation	975,624	1,331,946	.996,304	1,311,266	.7,137,577	.7,077,580	.1,371,263	48.0
17.1 Other liability - occurrence	553,300	164,278	.553,300	.164,278	.686,276	.698,297	.152,258	55.3
17.2 Other liability - claims-made	0	2,536	0	2,536	.23,602	.14,397	.11,741	106.6
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0.0
18.1 Products liability - occurrence	55,750	(9,280)	.55,750	(9,280)	.62,496	.63,830	(.10,614)	(415.5)
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability	0	165,717	0	.165,717	.236,913	.239,569	.163,061	55.2
19.3, 19.4 Commercial auto liability	229,781	439,301	.289,726	.379,356	.966,586	.1,003,536	.342,406	45.1
21. Auto physical damage	(814)	300,847	(354)	.300,387	.28,187	.28,791	.299,783	57.8
22. Aircraft (all perils)	0	0	0	0	0	0	0	0.0
23. Fidelity	0	(58)	0	(58)	0	0	(58)	(5,847.0)
24. Surety	0	0	0	0	.300	.300	0	0.0
26. Burglary and theft	0	594	0	.594	.673	.461	.806	7.2
27. Boiler and machinery	0	231	0	.231	.1,579	.300	.1,510	66.7
28. Credit	0	0	0	0	0	0	0	0.0
29. International	0	0	0	0	0	0	0	0.0
30. Warranty	0	0	0	0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property	XXX	.33,555	0	.33,555	.41,695	.43,706	.31,544	65.8
32. Reinsurance - nonproportional assumed liability	XXX	19,938	0	19,938	.184,955	.152,069	.52,824	75.2
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0	0	0.0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35. TOTALS	2,021,281	3,075,214	2,102,366	2,994,129	10,077,557	9,799,235	3,272,452	50.3
DETAILS OF WRITE-INS								
3401.								
3402.								
3403.								
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

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 Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	0	6,505	0	6,505	0	502	0	7,007	.1,109
2. Allied lines	0	1,915	0	1,915	0	423	0	2,338	440
3. Farmowners multiple peril	0	2,126	0	2,126	0	791	0	2,917	.513
4. Homeowners multiple peril	0	68,588	0	68,588	0	15,745	0	84,333	14,302
5. Commercial multiple peril	25,000	296,597	25,000	296,597	625	299,800	625	.596,397	125,895
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	3	0	3	0	0	25	0	.28
9. Inland marine	0	10,696	0	10,696	0	3,002	0	13,698	.2,608
10. Financial guaranty	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0
13. Group accident and health	0	0	0	0	0	0	0	(a) 0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0
15. Other accident and health	0	0	0	0	0	0	0	(a) 0	0
16. Workers' compensation	1,232,170	3,954,843	1,298,590	3,888,423	.384,600	3,294,880	.430,326	.7,137,577	970,157
17.1 Other liability - occurrence	2,738,900	344,330	2,738,900	344,330	1,731,500	341,946	1,731,500	.686,276	258,078
17.2 Other liability - claims-made	0	4,567	0	4,567	0	19,035	0	.23,602	.9,343
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence	0	41,838	0	41,838	0	20,658	0	.62,496	16,703
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability	0	196,545	0	196,545	0	40,368	0	.236,913	.50,385
19.3, 19.4 Commercial auto liability	1,112,100	651,182	1,251,523	.511,759	.151,300	491,868	.188,341	.966,586	255,424
21. Auto physical damage	0	26,093	(11)	26,104	0	0	2,103	20	.28,187
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0
24. Surety	0	300	0	300	0	0	0	300	0
26. Burglary and theft	0	406	0	406	0	0	267	0	.673
27. Boiler and machinery	0	1,579	0	1,579	0	0	0	1,579	0
28. Credit	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property	XXX	34,635	0	34,635	XXX	0	.7,060	.41,695	.1,248
32. Reinsurance - nonproportional assumed liability	XXX	70,893	0	70,893	XXX	0	.114,062	.184,955	.5,048
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	XXX	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35. TOTALS	5,108,170	5,713,641	5,314,002	5,507,809	2,268,025	4,652,535	2,350,812	10,077,557	1,716,688
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

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	177,845	0	0	177,845
1.2 Reinsurance assumed	312,984	0	0	312,984
1.3 Reinsurance ceded	180,240	0	0	180,240
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	310,589	0	0	310,589
2. Commission and brokerage:				
2.1 Direct excluding contingent	0	0	0	0
2.2 Reinsurance assumed, excluding contingent	0	849,670	0	849,670
2.3 Reinsurance ceded, excluding contingent	0	4,105	0	4,105
2.4 Contingent - direct	0	(546)	0	(546)
2.5 Contingent - reinsurance assumed	0	85,513	0	85,513
2.6 Contingent - reinsurance ceded	0	(546)	0	(546)
2.7 Policy and membership fees	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	931,078	0	931,078
3. Allowances to managers and agents	0	0	0	0
4. Advertising	0	18,250	0	18,250
5. Boards, bureaus and associations	33,372	27,917	0	61,289
6. Surveys and underwriting reports	4,310	26,632	0	30,942
7. Audit of assureds' records	273	6,731	0	7,005
8. Salary and related items:				
8.1 Salaries	339,072	445,823	9,844	794,740
8.2 Payroll taxes	22,733	27,861	411	51,005
9. Employee relations and welfare	40,944	33,836	1,883	76,662
10. Insurance	4,936	4,920	0	9,856
11. Directors' fees	5,284	12,010	1,460	18,753
12. Travel and travel items	10,556	68,498	1,260	80,314
13. Rent and rent items	17,685	12,750	14,998	45,433
14. Equipment	5,562	5,144	1,936	12,641
15. Cost or depreciation of EDP equipment and software	123,493	162,454	1,462	287,410
16. Printing and stationery	1,621	2,164	64	3,849
17. Postage, telephone and telegraph, exchange and express	11,074	11,924	6,316	29,313
18. Legal and auditing	6,122	5,817	441	12,380
19. Totals (Lines 3 to 18)	627,038	872,733	40,074	1,539,845
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	0	127,861	0	127,861
20.2 Insurance department licenses and fees	0	36,081	0	36,081
20.3 Gross guaranty association assessments	0	7,009	0	7,009
20.4 All other (excluding federal and foreign income and real estate)	0	40	22,272	22,312
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	170,991	22,272	193,263
21. Real estate expenses	0	0	0	0
22. Real estate taxes	0	0	0	0
23. Reimbursements by uninsured plans	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses	44,066	67,598	3,118	114,782
25. Total expenses incurred	981,693	2,042,399	65,465	(a) 3,089,557
26. Less unpaid expenses - current year	1,716,688	940,905	18,274	2,675,867
27. Add unpaid expenses - prior year	1,680,475	921,719	19,308	2,621,502
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	945,480	2,023,214	66,498	3,035,192
DETAILS OF WRITE-INS				
2401. Consulting Fees	27,139	38,998	373	66,510
2402. Donations and Contributions	8,449	19,127	2,309	29,885
2403. Temporary Staff	1,669	3,496	163	5,328
2498. Summary of remaining write-ins for Line 24 from overflow page	6,809	5,977	273	13,059
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	44,066	67,598	3,118	114,782

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	14,899
1.1 Bonds exempt from U.S. tax	(a)	124,083
1.2 Other bonds (unaffiliated)	(a)	356,566
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
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)	297
7. Derivative instruments	(f)	
8. Other invested assets		1,500
9. Aggregate write-ins for investment income		0
10. Total gross investment income	516,231	497,345
11. Investment expenses	(g)	43,192
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	22,272
13. Interest expense	(h)	
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		65,465
17. Net investment income (Line 10 minus Line 16)		431,880
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	0

(a) Includes \$ 17,435 accrual of discount less \$ 134,286 amortization of premium and less \$ 3,389 paid for accrued interest on purchases.

(b) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued dividends on purchases.

(c) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued interest on purchases.

(d) Includes \$.0 for company's occupancy of its own buildings; and excludes \$.0 interest on encumbrances.

(e) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued interest on purchases.

(f) Includes \$.0 accrual of discount less \$.0 amortization of premium.

(g) Includes \$.0 investment expenses and \$.0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$.0 interest on surplus notes and \$.0 interest on capital notes.

(i) Includes \$.0 depreciation on real estate and \$.0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	17,001	0	17,001	(4,372)	0
1.1 Bonds exempt from U.S. tax		0	0		
1.2 Other bonds (unaffiliated)	26,447	0	26,447	5,482	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans		0	0	0	0
4. Real estate		0	0	0	0
5. Contract loans		0	0	0	0
6. Cash, cash equivalents and short-term investments		0	0	0	0
7. Derivative instruments		0	0	0	0
8. Other invested assets		0	0	(2,170)	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	43,448	0	43,448	(1,061)	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
EXHIBIT OF NON-ADMITTED 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)		0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks		0	0
2.2 Common stocks		0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens		0	0
3.2 Other than first liens		0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company		0	0
4.2 Properties held for the production of income		0	0
4.3 Properties held for sale		0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)		0	0
6. Contract loans		0	0
7. Derivatives (Schedule DB)		0	0
8. Other invested assets (Schedule BA)	500	2,670	2,170
9. Receivables for securities		0	0
10. Securities lending reinvested collateral assets (Schedule DL)		0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	500	2,670	2,170
13. Title plants (for Title insurers only)		0	0
14. Investment income due and accrued		0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection		0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due		0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination		0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers		0	0
16.2 Funds held by or deposited with reinsured companies		0	0
16.3 Other amounts receivable under reinsurance contracts		0	0
17. Amounts receivable relating to uninsured plans		0	0
18.1 Current federal and foreign income tax recoverable and interest thereon		0	0
18.2 Net deferred tax asset	121,880	96,185	(25,695)
19. Guaranty funds receivable or on deposit		0	0
20. Electronic data processing equipment and software		0	0
21. Furniture and equipment, including health care delivery assets		0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates		0	0
23. Receivables from parent, subsidiaries and affiliates		0	0
24. Health care and other amounts receivable		0	0
25. Aggregate write-ins for other than invested assets	100	186,052	185,952
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	122,480	284,907	162,427
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
28. Total (Lines 26 and 27)	122,480	284,907	162,427
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid expenses	100	186,052	185,952
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	100	186,052	185,952

NOTES TO FINANCIAL STATEMENTS

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

This statement has been completed in accordance with the accounting practices and procedures prescribed or permitted by the National Association of Insurance Commissioners (NAIC) and the State of Ohio. A reconciliation of the company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below.

	F/S SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 535,327	\$ 448,205
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 535,327	\$ 448,205
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,257,712	\$ 8,814,835
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 9,257,712	\$ 8,814,835

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

The preparation of financial statements in conformity with Statutory Accounting Principles as described in the NAIC Annual Statement Instructions and the Accounting Policies and Procedures Manual requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

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

- (1) Basis for Short-Term Investments
Short-term investments consist of class 1 money market mutual funds, agencies, and treasury bonds. Short term investments are stated at amortized cost.
- (2) Basis for Bonds and Amortization Schedule
Bonds not back by other loans are stated at amortized cost using the scientific amortization method.
- (3) Basis for Common Stocks
Common Stocks are valued at market. However, investments in stocks of uncombined subsidiaries and affiliates in which the company has an interest of 20% or more are valued using the equity basis.
- (4) Basis for Preferred Stocks
Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32: Investments in Preferred Stock.
- (5) Basis for Mortgage Loans
The Company did not have any mortgage loans.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
Loan-backed securities are stated in accordance with the guidance provided in SSAP No. 43R: Loan-backed and Structured Securities. The retrospective adjustment method is used to value these securities
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
The Company does not have any investments in subsidiaries or affiliates
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
The Company has investments in limited partnerships and limited liability companies. In accordance with SSAP No. 48: Joint Ventures, Partnerships and Limited Liability Companies, the investments are recorded using the equity method of accounting based on the underlying audited U.S. GAAP equity values of the holdings. The company also has partnership investments in low income housing tax credit properties. In accordance with SSAP No. 93: Accounting for Low Income Housing Tax Credit Property Investments, the investments are reported at amortized cost.
- (9) Accounting Policies for Derivatives
The Company does not hold any derivative instruments.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53: Property/Casualty Contracts -Premiums
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
Unpaid loss and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based upon past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates. While management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments reflected in the period determined.
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The Motorists Insurance Group standardized its thresholds for capitalization across all member companies. The Group also implemented updates for software licenses and maintenance agreements that allow amortization over service periods for material transactions.

NOTES TO FINANCIAL STATEMENTS

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
 The Company has no pharmaceutical rebate receivables to report.

D. Going Concern

Management has concluded that there is no substantial doubt about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

Not Applicable

NOTE 3 Business Combinations and Goodwill

Not Applicable

NOTE 4 Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale
 Not Applicable

B. Change in Plan of Sale of Discontinued Operation
 Not Applicable

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal
 Not Applicable

D. Equity Interest Retained in the Discontinued Operation After Disposal
 Not Applicable

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans
 Not Applicable

B. Debt Restructuring
 Not Applicable

C. Reverse Mortgages
 Not Applicable

D. Loan-Backed Securities
 (1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from Broker dealer survey values and internal estimates.
 (2)-(3) Not Applicable

(4) At December 31, 2021, the estimated fair value and gross unrealized losses for loan-backed securities, aggregated 'by length of time the securities have been in a continuous loss position were as follows:

a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ 34,616
2. 12 Months or Longer	\$ -

b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 2,483,420
2. 12 Months or Longer	\$ -

(5) The company performed an analysis of loan-backed securities and determined that exposure to credit risk was not a factor and did not warrant any other-than-temporary impairments.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
 Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
 Not Applicable

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

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

J. Real Estate
 Not Applicable

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

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						6	7		
	Current Year					6				
	1	2	3	4	5					
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)			
a. Subject to contractual obligation for which liability is not shown					\$ -	\$ -	\$ -	\$ -		
b. Collateral held under security lending agreements					\$ -	\$ -	\$ -	\$ -		
c. Subject to repurchase agreements					\$ -	\$ -	\$ -	\$ -		
d. Subject to reverse repurchase agreements					\$ -	\$ -	\$ -	\$ -		
e. Subject to dollar repurchase agreements					\$ -	\$ -	\$ -	\$ -		
f. Subject to dollar reverse repurchase agreements					\$ -	\$ -	\$ -	\$ -		
g. Placed under option contracts					\$ -	\$ -	\$ -	\$ -		
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					\$ -	\$ -	\$ -	\$ -		
i. FHLB capital stock					\$ -	\$ -	\$ -	\$ -		
j. On deposit with states	\$ 3,576,616				\$ 3,576,616	\$ 3,611,065	\$ (34,449)			
k. On deposit with other regulatory bodies					\$ -	\$ -	\$ -	\$ -		
l. Pledged collateral to FHLB (including assets backing funding agreements)					\$ -	\$ -	\$ -	\$ -		
m. Pledged as collateral not captured in other categories					\$ -	\$ -	\$ -	\$ -		
n. Other restricted assets					\$ -	\$ -	\$ -	\$ -		
o. Total Restricted Assets	\$ 3,576,616	\$ -	\$ -	\$ -	\$ 3,576,616	\$ 3,611,065	\$ (34,449)			

(a) Subset of Column 1

(b) Subset of Column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
Restricted Asset Category	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown		\$ -	0.000%	0.000%
b. Collateral held under security lending agreements		\$ -	0.000%	0.000%
c. Subject to repurchase agreements		\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements		\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements		\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements		\$ -	0.000%	0.000%
g. Placed under option contracts		\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$ -	0.000%	0.000%
i. FHLB capital stock		\$ -	0.000%	0.000%
j. On deposit with states	\$ 3,576,616		13.524%	13.587%
k. On deposit with other regulatory bodies		\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories		\$ -	0.000%	0.000%
n. Other restricted assets		\$ -	0.000%	0.000%
o. Total Restricted Assets	\$ -	\$ 3,576,616	13.524%	13.587%

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

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

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not Applicable
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not Applicable
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not Applicable

M. Working Capital Finance Investments
Not ApplicableN. Offsetting and Netting of Assets and Liabilities
Not ApplicableO. 5GI Securities
Not Applicable

NOTES TO FINANCIAL STATEMENTS

P. Short Sales
Not Applicable

Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
1. Number of CUSIPs	1	
2. Aggregate Amount of Investment Income	\$ 5,460	

R. Reporting Entity's Share of Cash Pool by Asset Type
Not Applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

NOTE 7 Investment Income

Not Applicable

NOTE 8 Derivative Instruments

Not Applicable

NOTE 9 Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. The components of the net deferred tax assets/(liabilities)

	2021			2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 451,272	\$ -	\$ 451,272	\$ 480,905	\$ -	\$ 480,905	\$ (29,633)	\$ -	\$ (29,633)
(b) Statutory Valuation Allowance Adjustment									
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 451,272	\$ -	\$ 451,272	\$ 480,905	\$ -	\$ 480,905	\$ (29,633)	\$ -	\$ (29,633)
(d) Deferred Tax Assets Nonadmitted	\$ 121,880	\$ -	\$ 121,880	\$ 96,185	\$ -	\$ 96,185	\$ 25,695	\$ -	\$ 25,695
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 329,392	\$ -	\$ 329,392	\$ 384,720	\$ -	\$ 384,720	\$ (55,328)	\$ -	\$ (55,328)
(f) Deferred Tax Liabilities	\$ 22,268	\$ 7,303	\$ 29,571	\$ 21,344	\$ 7,070	\$ 28,414	\$ 924	\$ 233	\$ 1,157
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 307,124	\$ (7,303)	\$ 299,821	\$ 363,376	\$ (7,070)	\$ 356,306	\$ (56,252)	\$ (233)	\$ (56,485)

2. Admission Calculation Components SSAP No. 101

	2021			2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 226,555	\$ -	\$ 226,555	\$ 185,788	\$ -	\$ 185,788	\$ 40,767	\$ -	\$ 40,767
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)									
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 73,266		\$ 73,266	\$ 170,518	\$ -	\$ 170,518	\$ (97,252)	\$ -	\$ (97,252)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	\$ 73,266		\$ 73,266	\$ 170,518	\$ -	\$ 170,518	\$ (97,252)	\$ -	\$ (97,252)
XXX	XXX	\$ 1,274,304	XXX	XXX	\$ 1,275,295	XXX	XXX	\$ (991)	
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 29,571	\$ -	\$ 29,571	\$ 28,414	\$ -	\$ 28,414	\$ 1,157	\$ -	\$ 1,157
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 329,392	\$ -	\$ 329,392	\$ 384,720	\$ -	\$ 384,720	\$ (55,328)	\$ -	\$ (55,328)

NOTES TO FINANCIAL STATEMENTS

3. Other Admissibility Criteria

	2021	2020
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	896.000%	860.000%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 8,495,360	\$ 8,501,968

4. Impact of Tax Planning Strategies

	2021		2020		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 451,272	\$ -	\$ 480,905	\$ -	\$ (29,633)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies						
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 329,392	\$ -	\$ 384,720	\$ -	\$ (55,328)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies						

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. Deferred Tax Liabilities that are not recognized

Not Applicable

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

1. Current Income Tax
 - (a) Federal
 - (b) Foreign
 - (c) Subtotal
- (d) Federal income tax on net capital gains
- (e) Utilization of capital loss carry-forwards
- (f) Other
- (g) Federal and foreign income taxes incurred

(1) 2021	(2) 2020	(3) (Col. 1 - 2) Change
\$ 119,224	\$ 99,689	\$ 19,535
\$ 119,224	\$ 99,689	\$ 19,535
\$ 9,124	\$ 11,165	\$ (2,041)
\$ (12,647)	\$ 3,003	\$ (15,650)
\$ 115,701	\$ 113,857	\$ 1,844

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 ordinary 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)

(1) 2021	(2) 2020	(3) (Col. 1 - 2) Change
\$ 314,601	\$ 311,670	\$ 2,931
\$ 128,342	\$ 125,557	\$ 2,785
\$ 126	\$ 39,632	\$ (39,506)
\$ 8,203	\$ 4,046	\$ 4,157
\$ 451,272	\$ 480,905	\$ (29,633)
\$ 121,880	\$ 96,185	\$ 25,695
\$ 329,392	\$ 384,720	\$ (55,328)
\$ 329,392	\$ 384,720	\$ (55,328)

NOTES TO FINANCIAL STATEMENTS

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)

(1) 2021	(2) 2020	(3) (Col. 1 - 2) Change
\$ 7,035	\$ 2,284	\$ 4,751
\$ 15,233	\$ 19,060	\$ (3,827)
\$ 22,268	\$ 21,344	\$ 924
\$ 7,303	\$ 7,070	\$ 233
\$ 7,303	\$ 7,070	\$ 233
\$ 29,571	\$ 28,414	\$ 1,157
\$ 299,821	\$ 356,306	\$ (56,485)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate
Among the more significant book to tax adjustments were the following:

	2021	
	Amount	Effective Tax Rate (%)
Provision computed at statutory rate	\$ 135,241	21.0%
Change in nonadmitted assets	\$ 39,506	6.1%
Tax exempt investment income	\$ (19,345)	-3.0%
Other	\$ (9,144)	-1.4%
Total statutory income taxes	\$ 146,258	22.7%
Federal and foreign income taxes incurred	\$ 115,701	18.0%
Realized capital gains (losses) tax	\$ -	%
Change in net deferred income taxes	\$ 30,557	4.7%
Total statutory income taxes	\$ 146,258	22.7%

E. Operating Loss and Tax Carry Forwards and Protective Tax Deposits

(1) At December 31, 2021, the Company did not have any operating loss or tax credit carry forwards.

(2) The following is income tax expense for 2021 and 2020 that is available for recoupment in the event of future net losses:

Year Generated	Ordinary	Capital
2021	\$ 123,456	\$ 4,892
2020	\$ 89,398	\$ 8,810
Totals	\$ 212,854	\$ 13,702

(3) The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

(1) The Company's Federal income tax return is consolidated with the following entities:

AlleghenyPoint Insurance Company
BrickStreet Mutual Insurance Company
Consumers Insurance USA, Inc.
Encova Insurance Agency, Inc
Encova Service Corporation
Iowa Mutual Insurance Company
MCM Insurance Agency Inc of MA
MICO Insurance Company
Motorists Commercial Mutual Insurance Company
Motorists Mutual Insurance Company
NorthStone Insurance Company
Phenix Mutual Fire Insurance Company
PinnaclePoint Insurance Company
SummitPoint Insurance Company
Wilson Mutual Insurance Company

(2) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled annually when the federal income tax return is filed.

G. Federal or Foreign Federal Income Tax Loss Contingencies

As of December 31, 2021, the Company had no unrecognized tax benefits.

H. Repatriation Transition Tax (RTT)

The Company is not subject to the Repatriation Transition Tax.

I. Alternative Minimum Tax (AMT) Credit

Not Applicable

NOTES TO FINANCIAL STATEMENTS

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

A. Nature of the Relationship Involved

Effective January 1, 2021, a mutual holding company structure went into effect. Through this conversion, the Company's parent company and mutual affiliates became stock companies under Encova Holdings, Inc., which is 100% owned by Encova Mutual Insurance Group, Inc.

The Company is a member of an affiliated group of companies and is party to various transactions and agreements with other members of the group. Primarily those transactions are composed of:

- IT and Payroll processing services are provided by a non-insurance member of the group.
- The P&C Companies within the group participate in a pooling arrangement.
- The lead company to the pool provides management services to the other members of the Group. All Companies in the Group are parties to a cost sharing.
- The Various companies have entered into a tax sharing agreement with each company that qualifies to be included in a consolidated return.
- Selected members of the group participated in intercompany loan agreements.

B. Transactions

Not Applicable

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

Not Applicable

D. Amounts Due From or To Related Parties

As of December 31, 2021 and 2020, the Company reported net amounts due from/(due to) affiliates of \$(352,070) and \$(1,072,144) respectively. All amounts were settled within 60 days.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

See Note A

F. Guarantees or Undertakings

The Company had no guarantees or undertakings for the benefit of an affiliate or related party that resulted in a material contingency exposure to the Company or any related parties during the periods reported.

G. Nature of the Control Relationship

As of December 31, 2021, all outstanding shares of the Company were owned by Iowa Mutual Insurance Company, an Iowa-based property/casualty insurer.

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

The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.

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

The Company did not have any investments in subsidiary, controlled, or affiliated entities that exceed 10% of admitted assets during the periods reported.

J. Investments in Impaired SCAs

The Company did not recognize any impairment write-downs for investments in subsidiary, controlled, or affiliated entities during the periods reported.

K. Investment in Foreign Insurance Subsidiary

The Company did not have any investments in foreign insurance subsidiaries during the periods reported.

L. Investment in Downstream Noninsurance Holding Company

The Company did not have any investments in downstream non-insurance holding companies.

M. All SCA Investments

Not Applicable

N. Investment in Insurance SCAs

The Company did not hold any insurance SCA investments that departed from the NAIC statutory accounting practices and procedures.

O. SCA or SSAP 48 Entity Loss Tracking

Not Applicable

NOTE 11 Debt

A. Debt, Including Capital Notes

Not Applicable

B. FHLB (Federal Home Loan Bank) Agreements

Not Applicable

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

A. Defined Benefit Plan

Not Applicable

B. Investment Policies and Strategies

Not Applicable

C. The fair value of each class of plan assets

Not Applicable

D. Basis Used to Determine Expected Long-Term Rate-of-Return on Assets Assumption

Not Applicable

E. Defined Contribution Plan

The Company participates in an Incentive Savings Plan under Section 401(k) of the Internal Revenue Code sponsored by Motorists Mutual Insurance Company covering substantially all of its employees. The Plan matches employee contributions of 5% and 7% of total eligible compensation for 2021 and 2020, respectively. Employer contributions are immediately vested. The Company's share of the contribution to the plan was \$75,101 and \$87,198, respectively. The Company participates in two Non-qualified supplemental retirement plans for selected employees. One plan provides for contributions at the Company's discretion on a yearly basis. The other is composed of a single contribution for selected employees. Employees vest at age 60 or when certain vesting events occur. The Company's share of the expenses is allocated through the cost allocation model.

NOTES TO FINANCIAL STATEMENTS

- F. Multiemployer Plans
Not Applicable
- G. Consolidated/Holding Company Plans
The Company participated in a non-contributory defined pension plan sponsored by Motorists, until Motorists elected to freeze its benefit plans effective December 31, 2017. In addition, the Company shares in certain other post-retirement benefits provided through a plan sponsored by Motorists Mutual. The Company has no legal obligation for benefits under these plans. Motorists Mutual allocates amounts to the Company based on a cost sharing agreement. In 2021 and 2020, the Company was allocated (\$250,730) and \$66,016, respectively, as a portion of the periodic pension costs and post-retirement benefits.
- H. Postemployment Benefits and Compensated Absences
The Company generally has no obligations to current or former employees for benefits after their employment but before their retirement other than for compensation related to earned paid time off. The liability for earned but unused paid time off has been accrued.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
Not Applicable

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

- A. Number of Share and Par or State Value of Each Class
As of December 31, 2021, the Company had 2,000,000 shares authorized and 1,000,000 issued and outstanding, with a par value of \$1.
- B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
Not Applicable
- C. Dividend Restrictions
Not Applicable
- D. Dates and Amounts of Dividends Paid
Not Applicable
- E. Profits that may be Paid as Ordinary Dividends to Stockholders
Not Applicable
- F. Restrictions Places on Unassigned Funds (Surplus)
Not Applicable
- G. Amount of Advances to Surplus not Repaid
Not Applicable
- H. Amount of Stock Held for Special Purposes
Not Applicable
- I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period
Not Applicable
- J. The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is \$35,176.
- K. The Company Issued the Following Surplus Debentures or Similar Obligations
Not Applicable
- L. The Impact of Any Restatement Due to Prior Quasi-Reorganizations is as Follows
Not Applicable
- M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
Not Applicable

NOTE 14 Liabilities, Contingencies and Assessments

- A. Contingent Commitments
Not Applicable
- B. Assessments
 - (1) Nature of Any Assets That Could Have a Material Financial Effect
The Company is subject to guaranty fund and other assessments by the states in which it conducts business. Guaranty fund assessments are accrued upon notification of the insolvency. Other assessments are recognized 1) when assessed by a state, 2) when premiums are written for premium-based assessments, or 3) when losses are incurred for loss based assessments. Incurred assessments are subject to the intercompany pooling arrangement described in Note 26. The company's net paid guaranty fund assessments totaled \$2,735.62 and \$1,127.19 for the years ended December 31, 2021 and 2020, respectively. The company's net accrued liabilities for guaranty funds were \$5,951.09 and \$5,558.24 as of December 31, 2021 and 2020, respectively. Per the accounting practices and procedures prescribed by the company's state of domicile, receivables for premium tax credits are not reflected in the accompanying financial statements.
 - (2) Assessments
Not Applicable
 - (3) Undiscounted and Discounted Guaranty Fund Assessments
Not Applicable
- C. Gain Contingencies
Not Applicable
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits
Not Applicable

NOTES TO FINANCIAL STATEMENTS

E. Product Warranties
(1)-(2) Not Applicable

F. Joint and Several Liabilities
Company input

G. All Other Contingencies
Company input

NOTE 15 Leases

A. Lessee Operating Lease:

- (1) The Company has allocated expenses related to leases of building space, vehicles, and various office equipment. The Company recognized expense for the years ending December 31, 2021 and 2020 of \$2,297 and \$901, respectively.
- (2) a. At December 31, 2021, the minimum aggregate rental commitments are as follows:
Not applicable
- (3) For Sale-Leaseback Transactions
Not applicable

B. Lessor Leases
Not applicable

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not Applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales
Not Applicable

B. Transfer and Servicing of Financial Assets
Not Applicable

C. Wash Sales
Not Applicable

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

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

Not Applicable

NOTE 20 Fair Value Measurements

A. Fair Value Measurements

- (1) Fair Value Measurements at Reporting Date
SSAP No. 100, Fair Value Measurements, clarifies the definition of estimated fair value and establishes a hierarchy for measuring estimated fair value. The hierarchy established by this standard consists of three levels to indicate the quality of the estimated fair value measurements as described below:

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: Unadjusted quoted prices for identical assets or liabilities in active markets that are readily and regularly obtainable.

Level 2 - Significant Other Observable Inputs: Quoted prices in markets that are not active or inputs that are observable either directly or indirectly. These inputs can include quoted prices for similar but not identical assets or liabilities other than quoted prices in Level 1.

Level 3 - Significant Unobservable Inputs: Unobservable inputs that are supported by little or no market activity and are significant to the determination of estimated fair value of assets or liabilities. Unobservable inputs reflect the entity's assumptions about the assumptions that market participants would use in pricing the asset or liability.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Total assets at fair value/NAV	\$ -	\$ -	\$ -	\$ -	\$ -

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

- (2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Not Applicable

- (3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1, 2 or 3. The Company had no transfers into or out of any of the levels during the years ended December 31, 2021 and 2020.

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

Not Applicable

- (5) Fair Value Disclosures

Not Applicable

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

NOTES TO FINANCIAL STATEMENTS

C. Fair Value Level

The following tables reflect the estimated fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding those accounted for under the equity method (subsidiaries, joint ventures and ventures). The estimated fair values are categorized into the three-level fair value hierarchy as described above.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 18,778,588	\$ 17,978,805		\$ 18,778,588			

Bonds

When available, the estimated fair values for bonds, including loan-backed and structured securities, and certain short-term investments are based on quoted prices in active markets that are readily and regularly obtainable. Generally, these investments are classified in Level 1. Generally, these are the most liquid of the Company's securities holdings and valuation of these securities does not involve management's judgment.

When quoted prices in active markets are not available, the determination of estimated fair value is based on market standard valuation methodologies, giving priority to observable inputs. The significant inputs to the market standard valuation methodologies for certain types of securities with reasonable levels of price transparency are inputs that are observable in the market or can be derived principally from or corroborated by observable market data. Generally, these investments are classified as Level 2.

When observable inputs are not available, the market standard valuation methodologies for determining the estimated fair value of certain types of securities that trade infrequently, and therefore have little or no price transparency, rely on inputs that are significant to the estimated fair value that are not observable in the market or cannot be derived principally from or corroborated by observable market data. These unobservable inputs can be based in large part on management's judgement or estimation, and cannot be supported by reference or market activity. Even though these inputs are unobservable, management believes they are consistent with what other market participants would use when pricing such securities and are considered appropriate given the circumstances. Generally, these investment are classified as Level 3.

The estimated fair value of cash approximates carrying value and is classified as Level 1 given the nature of cash.

D. Not Practicable to Estimate Fair Value

Not Applicable

E. NAV Practical Expedient Investments

Not Applicable

NOTE 21 Other Items

A. Unusual or Infrequent Items

Not Applicable

B. Troubled Debt Restructuring: Debtors

Not Applicable

C. Other Disclosures

Not Applicable

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-transferable Tax Credits

Not Applicable

F. Subprime Mortgage Related Risk Exposure

(1) Description of the Subprime-Mortgage-Related Exposure and Related Risk Management Policies

The Company does not engage in subprime residential mortgage lending.

The Company's exposure to subprime lending is limited to investments within the fixed maturity investment portfolio which contains securities collateralized by mortgages that might have characteristics of subprime lending such as adjustable rate mortgages and alternative documentation mortgages. Currently the Company has no exposure to subprime loans within the fixed maturity investment portfolio.

(2) Direct exposure through investments in subprime mortgage loans.

Not Applicable

(3) Direct exposure through other investments.

Not Applicable

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

Not Applicable

G. Insurance-Linked Securities (ILS) Contracts

Not Applicable

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 22 Events Subsequent

The Company did not have any recognized subsequent events for the periods reported.

Subsequent events have been considered through February 24, 2022 for these statutory financial statements which are to be issued on March 1, 2022.

A. Federal Affordable Care Act (YES/NO)?

Yes [] No [X]

		2021	2020
B.	ACA Fee Assessment Payable for the Upcoming Year	\$ -	\$ -
C.	ACA Fee Assessment Paid	\$ -	\$ -
D.	Premium Written Subject to ACA 9010 Assessment	\$ -	\$ -
E.	Total Adjusted Capital Before Surplus Adjustment (Five-Year Historical Line 28)	\$ 9,257,712	\$ 8,814,835
F.	Total Adjusted Capital After Surplus Adjustment (Five-Year Historical Line 28 minus 22B above)	\$ 9,257,712	\$ 8,814,835
G.	Authorized Control Level (Five-Year Historical Line 29)	\$ 1,032,956	\$ 1,024,984

H. Would reporting the ACA assessment as of December 31, 2021 have triggered an RBC action level (YES/NO)?

Yes [] No [X]

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

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

Individual Reinsurers Who Are Members of a Group

Group Code	FEIN	Reinsurer Name	Unsecured Amount
14621	31-4259550	Motorists Mutual Insurance Company	\$ 8,845,101

B. Reinsurance Recoverable in Dispute

Not Applicable

C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 3,045,235	\$ 386,927	\$ 18,184	\$ 974	\$ 3,027,051	\$ 385,953
b. All Other	\$ 28,707	\$ 6,059			\$ 28,707	\$ 6,059
c. Total	\$ 3,073,942	\$ 392,986	\$ 18,184	\$ 974	\$ 3,055,758	\$ 392,012

d. Direct Unearned Premium Reserve

(2) Not Applicable

(3) Not Applicable

D. Uncollectible Reinsurance

Not Applicable

E. Commutation of Reinsurance Reflected in Income and Expenses.

Not Applicable

F. Retroactive Reinsurance

Not Applicable

G. Reinsurance Accounted for as a Deposit

Not Applicable

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

Not Applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not Applicable

K. Reinsurance Credit

Not Applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

F. Risk Sharing Provisions of the Affordable Care Act

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

Yes [] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
Not applicable

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.
Not applicable

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year
Not applicable

(5) ACA Risk Corridors Receivable as of Reporting Date
Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Reserves for the Company's incurred losses and loss adjustment expenses (after intercompany pooling) are attributable to insured events of prior years, which reflect favorable development totaling \$1,503,484. The development can be attributed primarily to the re-estimation of unpaid losses and loss adjustment expenses in the workers' compensation, commercial auto liability, private passenger auto liability, commercial multi perils, auto physical damage, products liability and other lines of business. The changes reflected in these lines were generally the result of recent development trends. There were not any premium adjustments made as a result of this loss and loss adjustment expense development.

NOTE 26 Intercompany Pooling Arrangements

A. Identification of the Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

	NAIC Company Code	Pooling Percentage
Lead Entity and all Affiliated Entities		
Motorists Mutual Insurance Company (Lead Entity)	14621	32.4%
BrickStreet Mutual Insurance Company	12372	48.0%
Motorists Commercial Mutual Insurance Company	13331	10.3%
Consumers Insurance USA, Inc.	10204	2.1%
Iowa Mutual Insurance Company	14338	1.7%
Wilson Mutual Insurance Company	19950	1.7%
Phenix Mutual Fire Insurance Company	23175	1.6%
PinnaclePoint Insurance Company	15137	0.8%
SummitPoint Insurance Company	15136	0.8%
Iowa American Insurance Company	31577	0.6%
MICO Insurance Company	40932	%
NorthStone Insurance Company	13045	%
AlleghenyPoint Insurance Company	13016	%

B. Description of Lines and Types of Business Subject to the Pooling Agreement

The pooling arrangement covered premiums, losses and underwriting expenses for all lines during the year. Related finance and service charge income, agent and premium balance charge-offs, deficiency reserves, and policyholder dividends were also subject to the pooling arrangement.

C. Description of Cessions to Non-Affiliated Reinsurance Subject to Pooling Agreement

As the lead insurer, Motorists Mutual assumed all net premiums, losses, loss adjustment expenses, and underwriting expenses and then ceded each pool participant its share of the pool.

E. Explanation of Discrepancies Between Entries of Pooled Business

There are no discrepancies between any entries regarding pooled business on the assumed and ceded reinsurance schedules of other pooled participants.

F. Description of Intercompany Sharing

Underwriting-related balance sheet items such as premiums receivable, installments, reinsurance assumed premium receivables and loss payables, reinsurance ceded premium payables and loss receivables, general expense receivables and payables, funds held balances, advanced premiums, and outstanding drafts were also pooled.

G. Amounts Due To/From Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

As of December 31, 2021, the lead company reported an aggregate pooling-related balance of \$23,714,417 payable to the other pool participants.

NOTE 27 Structured Settlements

Not Applicable

NOTE 28 Health Care Receivables

Not Applicable

NOTE 29 Participating Policies

Not Applicable

NOTE 30 Premium Deficiency Reserves

As of December 31, 2021 the Company reported no premium deficiency reserves.

(1) Liability carried for premium deficiency reserves	\$ -
(2) Date of the most recent evaluation of this liability	01/21/2022
(3) Was anticipated investment income utilized in the calculation?	Yes [X] No []

NOTE 31 High Deductibles

Not Applicable

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

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 33 Asbestos/Environmental Reserves

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses? Yes. The company had exposure to asbestos losses during the periods reported. Direct exposure arose from the sale of general liability business. The company also had exposure through its unaffiliated reinsurance assumed operations and an intercompany pooling arrangement (reference Note 26). The company estimates the impact of its direct exposure by establishing case reserves on all known losses and by computing IBNR losses based on previous experience. The company relies on case and IBNR reserves established by the Excess Casualty Reinsurance Association and the Mutual Reinsurance Bureau to measure its exposure from unaffiliated reinsurance assumed operations.

(1) Direct

	2017	2018	2019	2020	2021
a. Beginning reserves:	\$ 67,090	\$ 63,433	\$ 54,928	\$ 71,509	\$ 105,781
b. Incurred losses and loss adjustment expense:	\$ 3,116	\$ (4,222)	\$ 20,115	\$ 46,462	\$ (10,462)
c. Calendar year payments for losses and loss adjustment expenses:	\$ 6,773	\$ 4,283	\$ 3,534	\$ 12,190	\$ 42,091
d. Ending reserves:	\$ 63,433	\$ 54,928	\$ 71,509	\$ 105,781	\$ 53,228

(2) Assumed Reinsurance

	2017	2018	2019	2020	2021
a. Beginning reserves:	\$ 13,194	\$ 19,775	\$ 19,153	\$ 18,835	\$ 15,324
b. Incurred losses and loss adjustment expense:	\$ 8,165	\$ (4)	\$ 361	\$ (2,888)	\$ 21
c. Calendar year payments for losses and loss adjustment expenses:	\$ 1,584	\$ 618	\$ 679	\$ 623	\$ 420
d. Ending reserves:	\$ 19,775	\$ 19,153	\$ 18,835	\$ 15,324	\$ 14,925

(3) Net of Ceded Reinsurance

	2017	2018	2019	2020	2021
a. Beginning reserves:	\$ 80,204	\$ 83,054	\$ 73,902	\$ 89,957	\$ 98,606
b. Incurred losses and loss adjustment expense:	\$ 11,199	\$ (4,279)	\$ 20,284	\$ 21,458	\$ (10,444)
c. Calendar year payments for losses and loss adjustment expenses:	\$ 8,349	\$ 4,873	\$ 4,229	\$ 12,809	\$ 31,843
d. Ending reserves:	\$ 83,054	\$ 73,902	\$ 89,957	\$ 98,606	\$ 56,319

B. State the amount of the ending reserves for Bulk + IBNR included in A (Loss & LAE):

(1) Direct Basis:	\$ 31,526
(2) Assumed Reinsurance Basis:	\$ 10,814
(3) Net of Ceded Reinsurance Basis:	\$ 42,278

C. State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk + IBNR):

(1) Direct Basis:	\$ 7,854
(2) Assumed Reinsurance Basis:	\$ 577
(3) Net of Ceded Reinsurance Basis:	\$ 8,400

D. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to environmental losses?

Yes. The Company had exposure to environmental losses during the periods reported. Direct exposure arose from the sale of general liability, commercial autoliability, and homeowners business. The Company also had exposure through its unaffiliated reinsurance assumed operations and an intercompany pooling arrangement (reference Note 26). The Company estimates the impact of its direct exposure by establishing case reserves on all known losses and by computing IBNR losses based on previous experience. The Company relies on case and IBNR reserves established by the Excess Casualty Reinsurance Association and the Mutual Reinsurance Bureau to measure its exposure from unaffiliated reinsurance assumed operations.

(1) Direct

	2017	2018	2019	2020	2021
a. Beginning reserves:	\$ 26,271	\$ 30,190	\$ 23,470	\$ 21,027	\$ 13,709
b. Incurred losses and loss adjustment expense:	\$ 6,272	\$ (3,974)	\$ (1,172)	\$ (4,243)	\$ (5,911)
c. Calendar year payments for losses and loss adjustment expenses:	\$ 2,353	\$ 2,746	\$ 1,271	\$ 3,075	\$ 234
d. Ending reserves:	\$ 30,190	\$ 23,470	\$ 21,027	\$ 13,709	\$ 7,564

(2) Assumed Reinsurance

	2017	2018	2019	2020	2021
a. Beginning reserves:	\$ 1,766	\$ 2,906	\$ 4,228	\$ 3,945	\$ 5,451
b. Incurred losses and loss adjustment expense:	\$ 1,504	\$ 1,641	\$ 8	\$ 1,751	\$ (1,050)
c. Calendar year payments for losses and loss adjustment expenses:	\$ 364	\$ 319	\$ 291	\$ 245	\$ 274
d. Ending reserves:	\$ 2,906	\$ 4,228	\$ 3,945	\$ 5,451	\$ 4,127

(3) Net of Ceded Reinsurance

	2017	2018	2019	2020	2021
a. Beginning reserves:	\$ 27,809	\$ 32,104	\$ 25,768	\$ 23,197	\$ 17,187
b. Incurred losses and loss adjustment expense:	\$ 6,822	\$ (3,317)	\$ (878)	\$ (2,781)	\$ (6,245)
c. Calendar year payments for losses and loss adjustment expenses:	\$ 2,527	\$ 3,019	\$ 1,693	\$ 3,229	\$ 488
d. Ending reserves:	\$ 32,104	\$ 25,768	\$ 23,197	\$ 17,187	\$ 10,454

NOTES TO FINANCIAL STATEMENTS

E. State the amount of the ending reserves for Bulk + IBNR included in D (Loss & LAE):

(1) Direct Basis:	\$ 6,506
(2) Assumed Reinsurance Basis:	\$ 3,360
(3) Net of Ceded Reinsurance Basis:	\$ 8,752

F. State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk + IBNR):

(1) Direct Basis:	\$ 2,128
(2) Assumed Reinsurance Basis:	\$ 917
(3) Net of Ceded Reinsurance Basis:	\$ 2,488

NOTE 34 Subscriber Savings Accounts

Not Applicable

NOTE 35 Multiple Peril Crop Insurance

Not Applicable

NOTE 36 Financial Guaranty Insurance

Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]						
1.2	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.							
1.3	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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]						
1.4	State Regulating?	OHIO						
1.5	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
1.6	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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
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.	12/31/2018						
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2018						
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).	06/03/2020						
3.4	By what department or departments?							
	Ohio Department of Insurance							
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 [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
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?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
	4.12 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
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?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
	4.22 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
	If yes, complete and file the merger history data file with the NAIC.							
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">1 Name of Entity</td> <td style="width: 33.33%; text-align: center;">2 NAIC Company Code</td> <td style="width: 33.33%; text-align: center;">3 State of Domicile</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>			1 Name of Entity	2 NAIC Company Code	3 State of Domicile
1 Name of Entity	2 NAIC Company Code	3 State of Domicile						
.....						
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
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 or government, manager or attorney in fact).							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>			1 Nationality	2 Type of Entity		
1 Nationality	2 Type of Entity							
.....							

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL INTERROGATORIES

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

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

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?

KPMG LLP 191 W. Nationwide Blvd., Suite 500, Columbus OH 43215

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 [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

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 [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the 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?

Derek A. Jones, FCAS, MAAA, Milliman, One Pennsylvania Plaza, 38th Floor, New York, NY 10119, who is a consulting actuary for the Encova Mutual Insurance Group

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 []

Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

Yes [] No []

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).

Yes [] No [X]

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).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL INTERROGATORIES

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 the 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

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 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 the 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)	\$

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 [] No [X]

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 [X]

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.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

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 []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto

25.03 For securities 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 securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$	0
25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$	0
25.093 Total payable for securities lending reported on the liability page. \$	0

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 [X] No []

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
.....

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? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

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 [X] 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
BNY Mellon	500 Grant Street One Mellon Center, Suite #1035, Pittsburgh, PA 15258

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL INTERROGATORIES

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)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

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
NEAM New England Asset Management, Inc.	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 [X] No []

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 Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105900	NEAM New England Asset Management, Inc.	KUR85E5PS4GQFZTFC130	SEC	NO.....

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 #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total	0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	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
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL 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	18,588,800	19,388,585	799,785
31.2 Preferred stocks .....	.0	.0	0
31.3 Totals	18,588,800	19,388,585	799,785

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

The Fair Value of securities is determined using quoted market prices when available, external pricing service, SVO pricing, fair values available from custodians or investment managers .

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:

.....

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:

.....

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 [X]

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 [] No [] N/A [X]

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GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$28,572

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
Insurance Services Office Inc	17,590

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
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
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.	\$	0
1.6	Individual policies:	Most current three years: 1.61 Total premium earned \$ 0 1.62 Total incurred claims \$ 0 1.63 Number of covered lives 0	
		All years prior to most current three years 1.64 Total premium earned \$ 0 1.65 Total incurred claims \$ 0 1.66 Number of covered lives 0	
1.7	Group policies:	Most current three years: 1.71 Total premium earned \$ 0 1.72 Total incurred claims \$ 0 1.73 Number of covered lives 0	
		All years prior to most current three years 1.74 Total premium earned \$ 0 1.75 Total incurred claims \$ 0 1.76 Number of covered lives 0	
2.	Health Test:	1 Current Year 2 Prior Year	
2.1	Premium Numerator	0 2	
2.2	Premium Denominator	6,507,825 6,440,113	
2.3	Premium Ratio (2.1/2.2)	0.000 0.000	
2.4	Reserve Numerator	0 0	
2.5	Reserve Denominator	15,383,121 14,553,481	
2.6	Reserve Ratio (2.4/2.5)	0.000 0.000	
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 Exchanges 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		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

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?
Those Companies that concentrate in the Workers Compensation business, and which the Company has exposure to through the intercompany pooling arrangement, purchase catastrophic reinsurance at levels that are deemed adequate to protect against excessive loss. In addition, losses arising from claims under the federal black lung programs for dates of injury prior to 2016 are subject to ADC arrangement related to black lung claims. In addition, single locations, where excessive concentration of potential losses have been identified, are subject to facultative reinsurance above the layers contained in the catastrophic policies.

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.
The Lead Company in the pooling arrangement performs a concentration of risk study using modeling software to determine the probable maximum insurance loss. The software utilized includes Management Solutions (RMS) RiskLink and AIR Touchstone catastrophe models. Analysis is performed for the perils of hurricane, severe convective storm, winter storm, and earthquake. The PML driver on low return periods (~20 years) is severe convective storm. Starting around the 100 year return period, hurricane becomes the largest driver of the PML. The highest concentration of exposure (total insured value) is in Ohio. Ohio also has the highest gross average annual loss (Gross AAL). 8 of the top 10 counties for exposure are in Ohio. The other two counties are in Kentucky and Rhode Island. 7 of the top 10 counties for Gross AAL are in Ohio. The other counties are in Kentucky, Rhode Island, and South Carolina. The Encova Mutual Insurance Group utilizes Guy Carpenter's CATography tool to analyze and manage property risk. The Group to which this Company is a party through its pooling arrangement works with reinsurer brokers to assist in developing maximum probable losses. Both Property and Casualty exposures are analyzed for probable maximum loss and include various scenarios.

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?
The Company purchases catastrophic reinsurance at levels that are deemed adequate to protect against excessive 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 [X] 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 unreinsured catastrophic loss.

7.1 Has this 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 ratio 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 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 36 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 Yes [] No [X]
(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 Yes [] No [X]
(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 [] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance 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 [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1 Has the 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 which 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 a 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 \$

12.600

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ 12,000

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. 2

14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [X] No []

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
Premiums are allocated to cedant based on experience weighted earned premiums subject to the contract. Reinsurance recoveries are distributed based on each cedant's share of the aggregate losses subject to the contract.

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 [X]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [X] 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:
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that 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 exempt from the statutory provision for unauthorized reinsurance	\$
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 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 [X] No []

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 []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
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)	4,305,145	4,299,385	4,432,949	12,552,322	14,180,452
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	681,572	712,976	826,317	3,744,855	5,437,254
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1,519,297	1,446,969	1,257,113	1,674,350	3,195,021
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	(55)	3,995	4,123	11,596
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	118,797	91,620	80,990	47,931	72,726
6. Total (Line 35)	6,624,812	6,550,895	6,601,363	18,023,581	22,897,049
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)	4,255,979	4,190,344	4,360,869	4,697,051	3,558,769
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	680,286	712,801	842,006	657,351	1,603,761
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1,519,065	1,446,471	1,268,735	742,568	1,975,496
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	(55)	3,995	4,123	11,596
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	118,797	91,620	80,990	47,931	72,726
12. Total (Line 35)	6,574,128	6,441,181	6,556,595	6,149,025	7,222,348
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	211,281	25,647	(131,895)	.76,437	(1,867,434)
14. Net investment gain or (loss) (Line 11)	466,204	537,637	579,139	.512,916	.422,816
15. Total other income (Line 15)	(11,889)	(5,019)	20,579	.10,101	.31,533
16. Dividends to policyholders (Line 17)	23,692	.7,369	16,820	.40,742	.40,304
17. Federal and foreign income taxes incurred (Line 19)	106,577	102,692	60,130	282,798	(503,198)
18. Net income (Line 20)	535,327	448,204	390,873	275,913	(950,191)
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	26,324,224	25,513,649	24,503,832	26,414,419	24,347,731
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	703,708	1,694,810	586,198	560,848	.486,272
20.2 Deferred and not yet due (Line 15.2)	0	0	0	2,693,983	4,561,945
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	17,066,512	16,698,814	16,216,749	18,521,493	.16,782,338
22. Losses (Page 3, Line 1)	10,077,557	9,836,434	9,466,116	.9,273,713	4,938,895
23. Loss adjustment expenses (Page 3, Line 3)	1,716,688	1,680,475	1,651,053	.1,686,131	.1,237,730
24. Unearned premiums (Page 3, Line 9)	.3,055,758	2,989,455	2,988,387	.2,889,093	.3,260,702
25. Capital paid up (Page 3, Lines 30 & 31)	1,000,000	1,000,000	1,000,000	.1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	9,257,712	8,814,835	8,287,083	.7,892,926	7,565,393
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	1,614,790	(179,212)	(1,353,722)	.6,228,671	.816,181
Risk-Based Capital Analysis					
28. Total adjusted capital	9,257,712	8,814,835	8,287,083	.7,892,926	.7,565,393
29. Authorized control level risk-based capital	1,032,956	1,024,984	984,939	.919,427	.978,571
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0					
30. Bonds (Line 1)	82.4	93.8	92.6	93.3	.97.0
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	17.6	6.2	.7.4	.6.8	.3.0
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
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)		0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)		0	0	0	0
46. Affiliated mortgage loans on real estate					
47. All other affiliated	500	2,670	0	1,576	670
48. Total of above Lines 42 to 47	500	2,670	0	1,576	670
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)	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
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)	(5,812)	(16,893)	(32,091)	27,698	19,377
52. Dividends to stockholders (Line 35)	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	442,876	527,752	394,159	327,531	(2,233,789)
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)	3,908,952	4,842,374	5,276,802	4,669,252	7,373,241
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	370,181	341,796	1,466,688	3,043,844	2,796,712
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	763,927	759,216	1,013,688	1,415,896	1,951,476
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	(58)	1,779	1,812	6,100	2,636
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	53,493	56,190	47,548	129,365	50,934
59. Total (Line 35)	5,096,495	6,001,354	7,806,538	9,264,456	12,174,999
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)	2,013,873	1,890,140	2,073,712	(2,243,780)	1,859,918
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	370,516	363,548	499,224	546,955	895,507
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	556,306	704,103	671,568	769,012	1,259,974
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	(58)	1,779	1,812	6,100	2,636
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	53,493	56,190	47,548	129,365	50,934
65. Total (Line 35)	2,994,129	3,015,760	3,293,864	(792,349)	4,068,969
Operating Percentages (Page 4) (Line 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)	50.3	52.6	54.0	54.3	66.3
68. Loss expenses incurred (Line 3)	15.1	15.0	15.1	13.9	17.2
69. Other underwriting expenses incurred (Line 4)	31.4	32.0	33.0	30.6	42.4
70. Net underwriting gain (loss) (Line 8)	3.2	0.4	(2.0)	1.2	(25.9)
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)	31.2	32.1	32.2	32.3	41.9
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	65.4	67.6	69.0	68.2	83.5
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)	71.0	73.1	79.1	77.9	95.5
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)	(1,279)	(643)	(429)	(827)	409
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)	(14.5)	(7.8)	(5.4)	(10.9)	4.2
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(1,830)	(1,059)	(1,421)	(929)	163
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)	(22.1)	(13.4)	(18.8)	(9.5)	1.7

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 No

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
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 (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	90	46	14	0	0	0	4	58	XXX	
2. 2012	5,206	476	4,730	2,887	276	307	48	441	22	57	3,289	XXX	
3. 2013	5,677	587	5,090	3,042	370	339	64	465	27	51	3,385	XXX	
4. 2014	5,987	717	5,270	3,085	339	354	76	457	32	59	3,450	XXX	
5. 2015	5,857	879	4,977	2,896	436	338	71	421	30	52	3,118	XXX	
6. 2016	6,001	718	5,284	2,675	248	309	42	439	32	54	3,102	XXX	
7. 2017	6,133	447	5,686	2,742	153	279	10	490	28	44	3,320	XXX	
8. 2018	5,706	146	5,559	2,526	73	225	2	394	0	44	3,070	XXX	
9. 2019	6,632	174	6,457	2,835	122	241	0	491	0	108	3,444	XXX	
10. 2020	6,640	200	6,440	2,244	51	87	0	698	0	79	2,978	XXX	
11. 2021	6,755	247	6,508	1,320	8	29	0	663	0	46	2,005	XXX	
12. Totals	XXX	XXX	XXX	26,343	2,122	2,521	312	4,959	172	598	31,218	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									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	1,217	323	509	97	18	1	31	13	43	7	0	1,377	XXX			
2. 2012	200	9	122	49	5	0	11	7	6	1	0	278	XXX			
3. 2013	289	13	225	107	9	0	25	16	10	3	0	419	XXX			
4. 2014	265	2	218	106	10	0	28	17	16	4	0	407	XXX			
5. 2015	274	14	225	46	10	0	26	6	18	3	0	483	XXX			
6. 2016	200	17	224	19	5	0	32	5	24	1	0	444	XXX			
7. 2017	312	26	228	2	10	0	36	0	23	0	0	581	XXX			
8. 2018	425	13	321	2	13	0	63	0	42	0	0	849	XXX			
9. 2019	556	1	474	7	25	0	95	0	70	0	0	1,212	XXX			
10. 2020	867	30	850	4	40	0	132	0	137	0	0	1,992	XXX			
11. 2021	1,378	29	1,613	0	69	0	225	0	496	0	0	3,753	XXX			
12. Totals	5,984	476	5,009	439	213	2	704	64	885	20	0	11,794	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
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,306	72
2. 2012	3,980	413	3,567	.76.4	86.8	75.4	0	0	0.0	264	14
3. 2013	4,404	600	3,804	.77.6	102.3	74.7	0	0	0.0	393	25
4. 2014	4,434	577	3,857	.74.1	80.5	73.2	0	0	0.0	374	32
5. 2015	4,208	607	3,601	.71.8	69.0	72.3	0	0	0.0	.439	44
6. 2016	3,909	363	3,545	.65.1	50.7	67.1	0	0	0.0	.389	55
7. 2017	4,119	218	3,901	.67.2	48.8	68.6	0	0	0.0	.512	69
8. 2018	4,009	89	3,920	.70.3	60.7	70.5	0	0	0.0	.732	117
9. 2019	4,786	130	4,656	.72.2	74.8	72.1	0	0	0.0	1,023	189
10. 2020	5,054	85	4,970	.76.1	42.4	77.2	0	0	0.0	1,683	308
11. 2021	5,794	36	5,758	.85.8	14.6	88.5	0	0	0.0	2,962	790
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	10,078	1,717

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.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

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	6,227	5,940	5,603	5,039	4,788	4,302	4,429	4,109	4,041	3,888	(153)	(221)
2. 2012	3,347	3,283	3,195	3,185	3,127	3,093	3,092	3,108	3,136	3,144	8	35
3. 2013	XXX	3,501	3,494	3,464	3,397	3,343	3,289	3,289	3,351	3,358	.7	.69
4. 2014	XXX	XXX	3,555	3,590	3,565	3,509	3,434	3,438	3,495	3,419	(76)	(19)
5. 2015	XXX	XXX	XXX	3,418	3,398	3,361	3,260	3,193	3,176	3,195	19	2
6. 2016	XXX	XXX	XXX	XXX	3,526	3,658	3,419	3,277	3,145	3,115	(30)	(162)
7. 2017	XXX	XXX	XXX	XXX	XXX	4,456	4,006	3,871	3,582	3,416	(166)	(455)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3,866	4,056	3,786	3,484	(302)	(572)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,602	4,589	4,095	(494)	(507)
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,227	4,135	(92)	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,598	XXX	XXX
										12. Totals	(1,279)	(1,830)

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	000	.844	1,410	1,713	1,957	2,133	2,244	2,337	2,489	2,547	XXX	XXX
2. 2012	1,162	1,921	2,269	2,476	2,636	2,721	2,768	2,828	2,853	2,871	XXX	XXX
3. 2013	XXX	1,176	1,947	2,329	2,587	2,732	2,808	2,874	2,913	2,947	XXX	XXX
4. 2014	XXX	XXX	1,277	2,073	2,447	2,714	2,858	2,937	2,989	3,024	XXX	XXX
5. 2015	XXX	XXX	XXX	1,128	1,856	2,248	2,464	2,604	2,669	2,727	XXX	XXX
6. 2016	XXX	XXX	XXX	XXX	1,554	2,388	2,812	3,021	3,122	2,694	XXX	XXX
7. 2017	XXX	XXX	XXX	XXX	XXX	1,789	2,704	3,072	3,250	2,859	XXX	XXX
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,598	2,503	2,942	2,676	XXX	XXX
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	1,744	2,558	2,953	XXX	XXX	XXX
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,423	2,280	XXX	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,342	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)										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	4,021	3,196	2,668	2,035	1,629	1,047	1,070	768	642	430		
2. 2012	1,217	.761	439	358	223	123	66	.52	.78	.77		
3. 2013	XXX	1,305	764	557	374	246	169	124	.139	.127		
4. 2014	XXX	XXX	1,245	848	569	407	.260	.218	.221	.123		
5. 2015	XXX	XXX	XXX	1,321	946	629	449	281	.231	.199		
6. 2016	XXX	XXX	XXX	XXX	1,421	995	688	458	.286	.233		
7. 2017	XXX	XXX	XXX	XXX	XXX	1,938	1,146	.875	.483	.262		
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,615	1,314	.767	.382		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,768	.1,281	.562		
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,502	.978		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,838		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 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. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	L 314	314	0	1,647,827	(1,683,191)	5,439,087		
15. Indiana	IN	N							
16. Iowa	IA	L 0	0	0	215,952	(215,030)	985,266		
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	L 0	0	0	157,502	92,601	951,841		
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	L 0	0	0	0	0	0		
36. Ohio	OH	L 0	0	0	0	0	0		
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	L 0	0	0	0	0	0		
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 0	0	0	0	0	0	0	0
59. Totals		XXX 314	314	0	2,021,281	(1,805,620)	7,376,195	0	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX 0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX 0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 6 R - Registered - Non-domiciled RRGs..... 0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0
 D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile..... 0 N - None of the above - Not allowed to write business in the state 51

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

Premiums are assigned to state based on the following methods:

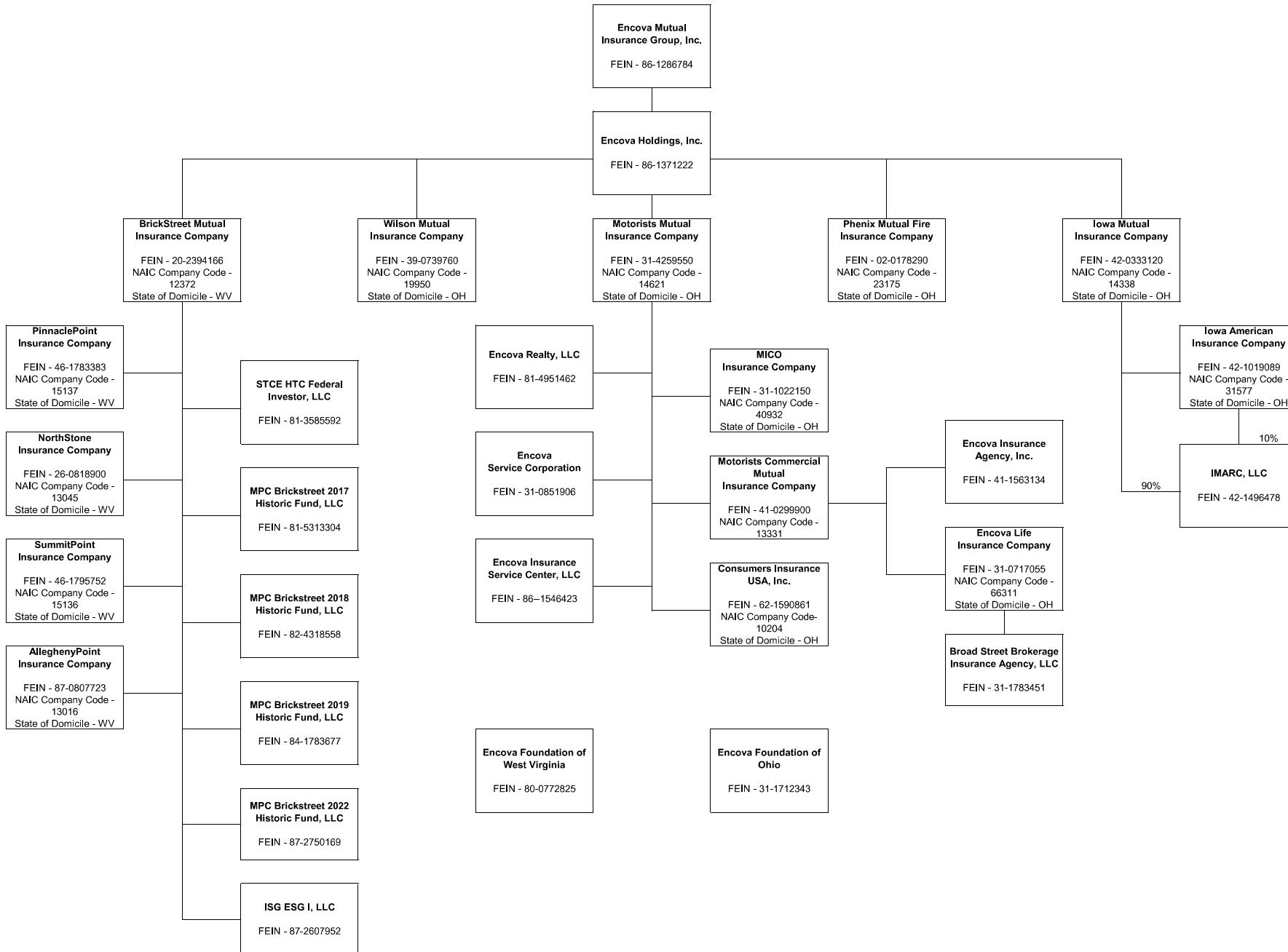
1) the location of the risk for lines 1, 2, 5, 12, 16 and 27

2) the location of the insured's operation for lines 17 and 18

3) the principal garaging location for lines 19 and 21

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE IOWA AMERICAN INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 24

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Misc Expenses	1	5,952	273	6,226
2405. Unalloc Direct Adj Exp	6,808	25	0	6,833
2497. Summary of remaining write-ins for Line 24 from overflow page	6,809	5,977	273	13,059