



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

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

## Infinity Preferred Insurance Company

NAIC Group Code 0215 0215 NAIC Company Code 10195 Employer's ID Number 34-1785809  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH  
Country of Domicile United States of America

Incorporated/Organized 11/07/1994 Commenced Business 07/01/1995

Statutory Home Office 1400 Provident Tower, One East Fourth Street, Cincinnati, OH, US 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2201 4th Avenue North  
(Street and Number)  
Birmingham, AL, US 35203-3863 205-870-4000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Post Office Box 830189, Birmingham, AL, US 35283-0189  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2201 4th Avenue North  
(Street and Number)  
Birmingham, AL, US 35203-3863 205-870-4000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.infinityauto.com

Statutory Statement Contact Eugene Betz, 312-661-4600  
(Name) (Area Code) (Telephone Number)  
efasstatutoryreporting@kemper.com 904-245-5601  
(E-mail Address) (FAX Number)

### OFFICERS

President Matthew Joseph Varagona Vice President & Treasurer/Controller Timothy John Tuller #  
Secretary Patrick B. Theiler #

### OTHER

### DIRECTORS OR TRUSTEES

Bradley Thomas Camden Timothy John Tuller # Aditya NMI Mahajan  
Michael Anthony Marinaccio Patrick B. Theiler # Duane Allen Sanders  
Matthew Joseph Varagona

State of Alabama SS  
County of Jefferson

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.

Matthew Joseph Varagona  
President

Patrick B Theiler  
Secretary

Timothy John Tuller  
Vice President & Treasurer/Controller

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19.DE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
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5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
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23. Fidelity .....												
24. Surety .....												
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27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19.DC

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
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2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
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5.2 Commercial multiple peril (liability portion)												
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8. Ocean marine												
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15.5 Other accident only												
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15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
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17.3 Excess workers' compensation												
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23. Fidelity												
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26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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12. Earthquake .....												
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27. Boiler and machinery .....												
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30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

19.GA

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
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19.2 Other private passenger auto liability .....												
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23. Fidelity .....												
24. Surety .....												
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27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19.HI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
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17.3 Excess workers' compensation												
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26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
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3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19.1L

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

191A

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 KS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
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5.2 Commercial multiple peril (liability portion)												
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8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 KY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

19.LA

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
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2.3 Federal flood												
2.4 Private crop												
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8. Ocean marine												
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10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
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14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 ME



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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12. Earthquake .....												
13. Group accident and health (b) .....												
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15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
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15.6 Medicare Title XVIII exempt from state taxes or fees .....												
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15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
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17.3 Excess workers' compensation .....												
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24. Surety .....												
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27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19.MD



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
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2.4 Private crop												
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8. Ocean marine												
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11. Medical professional liability												
12. Earthquake												
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15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
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22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
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27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
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3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

19.MI

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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34. Aggregate write-ins for other lines of business .....												
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3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19 MN

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 MS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MO



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.MT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
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14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
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22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

19.NE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
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5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
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14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
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22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
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3. Farmowners multiple peril												
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8. Ocean marine												
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11. Medical professional liability												
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15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
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16. Workers' compensation												
17.1 Other Liability - occurrence												
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27. Boiler and machinery												
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34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.NJ



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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29. International												
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34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NM



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

19.NY

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19 NC

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19/ND

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Company Code 10195

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 OH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

19 OK

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 OR



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....							1	1	60,343	60,343	0	
19.2 Other private passenger auto liability .....							0	0	0	0	0	
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....							(900)	(894)	0			
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....							(900)	(893)	1	60,343	60,343	1
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19.PA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19.RI

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.SC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19.SD

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.TN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
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15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.TX



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 UT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

19.VT

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 VA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
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19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
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21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
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29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

**NONE**

19.WA

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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15.5 Other accident only												
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26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

19.WV

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
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2.5 Private flood												
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4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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8. Ocean marine												
9. Inland marine												
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15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
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22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

NONE

19.W1

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0215

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

19.WY

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0215

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Company Code 10195

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....						1	1	60,343	60,343	0		
19.2 Other private passenger auto liability .....					(.496)	(.496)	0	0	0	1		
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....					(1,300)	(1,288)	0	0	0			
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....					(1,796)	(1,783)	1	60,343	60,343	1		
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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Schedule F - Part 1 - Assumed Reinsurance

**N O N E**

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE F - PART 3**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
31-0943862	22268	Infinity Insurance Company	IN																
0199999		Total Authorized - Affiliates - U.S. Intercompany Pooling																	
0499999		Total Authorized - Affiliates - U.S. Non-Pool																	
0799999		Total Authorized - Affiliates - Other (Non-U.S.)																	
0899999		Total Authorized - Affiliates																	
1499999		Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																	
1899999		Total Unauthorized - Affiliates - U.S. Non-Pool																	
2199999		Total Unauthorized - Affiliates - Other (Non-U.S.)																	
2299999		Total Unauthorized - Affiliates																	
2899999		Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	
3299999		Total Certified - Affiliates - U.S. Non-Pool																	
3599999		Total Certified - Affiliates - Other (Non-U.S.)																	
3699999		Total Certified - Affiliates																	
4299999		Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	
4699999		Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																	
4999999		Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																	
5099999		Total Reciprocal Jurisdiction - Affiliates																	
5699999		Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																	
5799999		Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)																	
5899999		Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	
9999999		Totals																	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
31-0943862	Infinity Insurance Company								XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
0899999	Total Authorized - Affiliates			XXX											XXX		
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX											XXX		
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
2299999	Total Unauthorized - Affiliates			XXX											XXX		
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX											XXX		
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX											XXX		
3699999	Total Certified - Affiliates			XXX											XXX		
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX											XXX		
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX											XXX		
5099999	Total Reciprocal Jurisdiction - Affiliates			XXX											XXX		
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX											XXX		
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX											XXX		
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals			XXX											XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days		42 Total Overdue Cols. 38+39 +40+41										
31-0943862	Infinity Insurance Company																	
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling																	XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool																	XXX
0799999	Total Authorized - Affiliates - Other (Non-U.S.)																	XXX
0899999	Total Authorized - Affiliates																	XXX
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																	XXX
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)																	XXX
2299999	Total Unauthorized - Affiliates																	XXX
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	XXX
3299999	Total Certified - Affiliates - U.S. Non-Pool																	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)																	XXX
3699999	Total Certified - Affiliates																	XXX
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	XXX
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																	XXX
5099999	Total Reciprocal Jurisdiction - Affiliates																	XXX
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																	XXX
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)																	XXX
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX
9999999	Totals																	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
31-0943862	Infinity Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999	Total Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999	Total Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX				XXX	XXX									
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX				XXX	XXX									
3699999	Total Certified - Affiliates			XXX				XXX	XXX									
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX				XXX	XXX									
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5099999	Total Reciprocal Jurisdiction - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX				XXX	XXX									
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX				XXX	XXX									
9999999	Totals			XXX				XXX	XXX									

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
31-0943862	Infinity Insurance Company		XXX	XXX				XXX	XXX	
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling		XXX	XXX				XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
0899999	Total Authorized - Affiliates		XXX	XXX				XXX	XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX				XXX	XXX	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX		XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX		XXX	
2299999	Total Unauthorized - Affiliates				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX		XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
5099999	Total Reciprocal Jurisdiction - Affiliates		XXX	XXX				XXX	XXX	
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX				XXX	XXX	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)									
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)									
9999999	Totals									

Schedule F - Part 4 - Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3

**N O N E**

Schedule F - Part 5 - Interrogatories for Schedule F - Part 3

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	3,057,726		3,057,726
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....			
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	196,001		196,001
6. Net amount recoverable from reinsurers .....			
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	3,253,727		3,253,727
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....			
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	2,859		2,859
11. Unearned premiums (Line 9) .....			
12. Advance premiums (Line 10) .....			
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....			
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....			
19. Total liabilities excluding protected cell business (Line 26) .....	2,859		2,859
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	3,250,868	XXX	3,250,868
22. Totals (Line 38)	3,253,727		3,253,727

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? ..... Yes [ X ] No [ ]

If yes, give full explanation: See Note 26. The Company is a member of an underwriting pool which ultimately cedes 100% to Trinity Universal Insurance Company. ....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**  
(\$000 OMITTED)

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

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

	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
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....									0.1		
3. 2013.....									0.1		
4. 2014.....									0.1		
5. 2015.....									0.1		
6. 2016.....									0.1		
7. 2017.....									0.1		
8. 2018.....									0.1		
9. 2019.....									0.1		
10. 2020.....									0.1		
11. 2021.....									0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company**  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	1	1							XXX
2. 2012.....	750	1	749	516	(1)	22		86		5	625	216
3. 2013.....	834	1	833	548		22	1	93	1	5	661	219
4. 2014.....	838	1	837	547	3	19	1	90		5	652	214
5. 2015.....	829	1	828	565		18	(1)	88		4	672	216
6. 2016.....	835	1	834	564	(1)	15	(1)	89	(1)	4	671	213
7. 2017.....	808	1	807	525	(11)	11	(4)	84	(3)	4	638	200
8. 2018.....	873	88	785	522	23	9	(7)	85	(3)	3	603	200
9. 2019.....	973	973		586	586	6	6	111	111			218
10. 2020.....	1,189	1,189		530	530	2	2	79	79			189
11. 2021.....	1,269	1,269		351	351	1	1					239
12. Totals	XXX	XXX	XXX	5,255	1,481	126	(1)	806	185	30	4,522	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	4	4											
2. 2012.....	5	5											
3. 2013.....			1	1									
4. 2014.....	1	1	3	3									
5. 2015.....			2	2			1	1	1	1			1
6. 2016.....	6	6					2	2	1	1			3
7. 2017.....	1	1	2	2			3	3	(2)	(2)			2
8. 2018.....	15	15	14	14	1	1	4	4	7	7			2
9. 2019.....	27	27	35	35			9	9	24	24			4
10. 2020.....	85	85	45	45	1	1	12	12	17	17			10
11. 2021.....	278	278	283	283	9	9	17	17	63	63			56
12. Totals	422	422	385	385	11	11	48	48	111	111			78

	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
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....	630	5	625	84.0	498.2	83.4			0.1		
3. 2013.....	664	3	661	79.6	278.6	79.4			0.1		
4. 2014.....	660	8	652	78.8	836.0	77.9			0.1		
5. 2015.....	675	3	672	81.5	342.7	81.2			0.1		
6. 2016.....	677	6	671	81.1	646.4	80.5			0.1		
7. 2017.....	624	(14)	638	77.2	(1,404.1)	79.1			0.1		
8. 2018.....	657	54	603	75.3	61.9	76.8			0.1		
9. 2019.....	798	798		82.1	82.1				0.1		
10. 2020.....	770	770		64.7	64.7				0.1		
11. 2021.....	1,002	1,002		79.0	79.0				0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company**  
**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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					
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX	XXX	XXX									XXX	
2. 2012.....	57	5	52	37	2	2			4			41	9
3. 2013.....	67	6	61	41	2	2			6	1	1	46	9
4. 2014.....	80	8	72	58	7	3			6			60	11
5. 2015.....	96	10	86	76	6	4			6	(1)	1	81	14
6. 2016.....	111	7	104	86	6	4			7	(2)	1	93	14
7. 2017.....	123	5	118	77	(8)	3	(2)		7	(2)	1	99	14
8. 2018.....	141	20	121	74	(9)	2	(3)		7	(4)		99	15
9. 2019.....	179	179		80	80	1	1		9	9			16
10. 2020.....	283	283		83	83				9	9			15
11. 2021.....	333	333		50	50								19
12. Totals	XXX	XXX	XXX	662	219	22	(3)		61	10	4	519	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.....	2	2											
2. 2012.....													
3. 2013.....	2	2											
4. 2014.....													
5. 2015.....			1	1									
6. 2016.....	(2)	(2)	(2)	(2)					1	1			
7. 2017.....	6	6	(1)	(1)			1	1	1	1			
8. 2018.....	5	5	(8)	(8)	1	1	1	1	(1)	(1)			
9. 2019.....	35	35	1	1			3	3	(5)	(5)			
10. 2020.....	37	37	17	17			7	7	6	6			1
11. 2021.....	74	74	86	86	1	1	11	11	8	8			6
12. Totals	159	159	94	94	2	2	23	23	10	10			7

	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
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012.....	43	2	41	75.5	40.4	78.8			0.1		
3. 2013.....	51	5	46	75.9	81.4	75.4			0.1		
4. 2014.....	67	7	60	84.2	91.6	83.3			0.1		
5. 2015.....	87	6	81	91.0	64.1	94.2			0.1		
6. 2016.....	94	1	93	84.9	17.2	89.4			0.1		
7. 2017.....	94	(5)	99	76.2	(104.6)	83.9			0.1		
8. 2018.....	80	(19)	99	57.0	(92.8)	81.8			0.1		
9. 2019.....	125	125		69.9	69.9				0.1		
10. 2020.....	159	159		56.2	56.2				0.1		
11. 2021.....	230	230		69.1	69.1				0.1		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company**  
**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

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

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

	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
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....											
3. 2013.....											
4. 2014.....											
5. 2015.....											
6. 2016.....											
7. 2017.....											
8. 2018.....											
9. 2019.....				0.4	0.4						
10. 2020.....											
11. 2021.....	1	1		85.4	85.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company**  
**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

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

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

	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
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....											
3. 2013.....											
4. 2014.....											
5. 2015.....											
6. 2016.....											
7. 2017.....											
8. 2018.....											
9. 2019.....				37.7	37.7						
10. 2020.....											
11. 2021.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
 EARTHQUAKE, BURGLARY AND THEFT)**  
 (\$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 Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2020												XXX
3. 2021												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	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													
2. 2020													
3. 2021													
4. Totals													

	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
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2020											
3. 2021											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**  
(\$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	(3)	(3)	1	1					XXX
2. 2020.....	603	603		354	354	1	1	50	50			162
3. 2021.....	660	660		506	506							205
4. Totals	XXX	XXX	XXX	857	857	2	2	50	50			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		Adjusting and Other Unpaid				
	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.....	6	6					1	1	(4)	(4)			
2. 2020.....	2	2	(3)	(3)			1	1					
3. 2021.....	44	44					2	2	10	10			15
4. Totals	52	52	(3)	(3)			4	4	6	6			15

	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
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2020.....	405	405		67.2	67.2				0.1		
3. 2021.....	563	563		85.3	85.3				0.1		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

**NONE**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 1M - International

**NONE**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**NONE**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**NONE**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 1T - Warranty

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS**

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.....										4	4	4
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											4	4

**SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	136	143	133	134	130	131	131	131	131	131		
2. 2012.....	523	542	543	543	540	538	539	539	539	539		
3. 2013.....	XXX	589	591	577	570	570	569	569	569	569		
4. 2014.....	XXX	XXX	573	575	564	565	562	562	562	562		
5. 2015.....	XXX	XXX	XXX	586	585	584	584	584	584	584		
6. 2016.....	XXX	XXX	XXX	XXX	598	585	581	581	581	581		
7. 2017.....	XXX	XXX	XXX	XXX	XXX	553	551	551	551	551		
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	515	515	515	515		
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	20	13	11	11	11	11	11	11	11	11		
2. 2012.....	42	39	38	38	38	37	37	37	37	37		
3. 2013.....	XXX	53	42	43	42	41	41	41	41	41		
4. 2014.....	XXX	XXX	54	52	54	55	54	54	54	54		
5. 2015.....	XXX	XXX	XXX	68	70	74	74	74	74	74		
6. 2016.....	XXX	XXX	XXX	XXX	79	80	84	84	84	84		
7. 2017.....	XXX	XXX	XXX	XXX	XXX	89	90	90	90	90		
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	88	88	88	88		
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....												
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....												
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

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

NONE

**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

Schedule P - Part 2I - Special Property

**NONE**

Schedule P - Part 2J - Auto Physical Damage

**NONE**

Schedule P - Part 2K - Fidelity/Surety

**NONE**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 2M - International

**NONE**

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**NONE**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**NONE**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 2T - Warranty

**NONE**

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**SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS**

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	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	.000		.1	.1	.1	.2	.4	.4	.4	.4		
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior	.000	.75	.102	.117	.125	.128	.131	.131	.131	.131	.9	
2. 2012	.246	.446	.503	.523	.531	.535	.539	.539	.539	.539	.121	.95
3. 2013	XXX	.272	.478	.531	.550	.558	.569	.569	.569	.569	.123	.96
4. 2014	XXX	XXX	.272	.472	.523	.542	.562	.562	.562	.562	.122	.92
5. 2015	XXX	XXX	XXX	.283	.490	.540	.584	.584	.584	.584	.123	.92
6. 2016	XXX	XXX	XXX	XXX	.291	.485	.581	.581	.581	.581	.119	.91
7. 2017	XXX	XXX	XXX	XXX	XXX	.266	.551	.551	.551	.551	.112	.86
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	.515	.515	.515	.515	.110	.88
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.116	.98
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.91	.88
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.72	.111

**SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior	.000	.7	.9	.10	.11	.11	.11	.11	.11	.11	.2	
2. 2012	.15	.27	.33	.35	.36	.37	.37	.37	.37	.37	.6	.3
3. 2013	XXX	.15	.31	.36	.38	.39	.41	.41	.41	.41	.6	.3
4. 2014	XXX	XXX	.19	.36	.44	.49	.54	.54	.54	.54	.7	.4
5. 2015	XXX	XXX	XXX	.25	.50	.61	.74	.74	.74	.74	.9	.5
6. 2016	XXX	XXX	XXX	XXX	.28	.53	.84	.84	.84	.84	.9	.5
7. 2017	XXX	XXX	XXX	XXX	XXX	.29	.90	.90	.90	.90	.9	.5
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	.88	.88	.88	.88	.10	.5
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.9	.7
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.7	.7
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.7	.6

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000											
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior	.000											
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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**SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

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	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

**SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

**SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	.000											XXX	XXX
2. 2012												XXX	XXX
3. 2013	XXX											XXX	XXX
4. 2014	XXX	XXX										XXX	XXX
5. 2015	XXX	XXX	XXX									XXX	XXX
6. 2016	XXX	XXX	XXX	XXX								XXX	XXX
7. 2017	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

**SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	.000	.1	.1	.1	.1	.1	.1	.1	.1	.1	.1		
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

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**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

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	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000				
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			108	54
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		120	70

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	.000										XXX	XXX
2. 2012											XXX	XXX
3. 2013	XXX										XXX	XXX
4. 2014	XXX	XXX									XXX	XXX
5. 2015	XXX	XXX	XXX								XXX	XXX
6. 2016	XXX	XXX	XXX	XXX							XXX	XXX
7. 2017	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

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**SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS**

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

**SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	53	26	9	6	1	1				
2. 2012.....	142	40	16	10	6	1				
3. 2013.....	XXX	178	54	23	12	5				
4. 2014.....	XXX	XXX	165	49	21	15				
5. 2015.....	XXX	XXX	XXX	168	40	25				
6. 2016.....	XXX	XXX	XXX	XXX	175	46				
7. 2017.....	XXX	XXX	XXX	XXX	XXX	160				
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	.8	2		1						
2. 2012.....	16	2	.1	1	1					
3. 2013.....	XXX	22	2	2	1					
4. 2014.....	XXX	XXX	18	3	2	2				
5. 2015.....	XXX	XXX	XXX	22	3	2				
6. 2016.....	XXX	XXX	XXX	XXX	28	7				
7. 2017.....	XXX	XXX	XXX	XXX	XXX	33				
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....										
2. 2012.....										
3. 2013.....	XXX									
4. 2014.....	XXX	XXX								
5. 2015.....	XXX	XXX	XXX							
6. 2016.....	XXX	XXX	XXX	XXX						
7. 2017.....	XXX	XXX	XXX	XXX	XXX					
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....										
2. 2012.....										
3. 2013.....	XXX									
4. 2014.....	XXX	XXX								
5. 2015.....	XXX	XXX	XXX							
6. 2016.....	XXX	XXX	XXX	XXX						
7. 2017.....	XXX	XXX	XXX	XXX	XXX					
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 4G - Special Liability

**N O N E**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 4I - Special Property

**N O N E**

Schedule P - Part 4J - Auto Physical Damage

**N O N E**

Schedule P - Part 4K - Fidelity/Surety

**N O N E**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 4M - International

**N O N E**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	36	5	2		2					
2. 2012	82	113	118	120	121	121	121	121	121	121
3. 2013	XXX	85	115	121	123	123	123	123	123	123
4. 2014	XXX	XXX	83	114	119	121	121	121	122	122
5. 2015	XXX	XXX	XXX	85	117	122	123	123	123	123
6. 2016	XXX	XXX	XXX	XXX	86	115	119	120	120	119
7. 2017	XXX	XXX	XXX	XXX	XXX	79	107	111	112	112
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	78	105	110	110
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	111	116
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63	91
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	7	3	2	2						
2. 2012	27	6	2	1						
3. 2013	XXX	28	6	3	1	1	1			
4. 2014	XXX	XXX	28	6	2	1	1	1		
5. 2015	XXX	XXX	XXX	29	6	3	2	1	1	1
6. 2016	XXX	XXX	XXX	XXX	27	6	3	2	2	3
7. 2017	XXX	XXX	XXX	XXX	XXX	26	5	2	2	2
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	26	6	3	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	8	4
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	10
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	15	1		1						
2. 2012	200	215	216	216	216	216	216	216	216	216
3. 2013	XXX	204	218	219	219	220	220	219	219	219
4. 2014	XXX	XXX	196	212	213	214	214	214	214	214
5. 2015	XXX	XXX	XXX	201	216	217	217	216	216	216
6. 2016	XXX	XXX	XXX	XXX	200	212	213	213	213	213
7. 2017	XXX	XXX	XXX	XXX	XXX	186	198	199	200	200
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	189	200	201	200
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204	217	218
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	174	189
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	239

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1	1	1							
2. 2012	4	5	5	6	6	6	6	6	6	6
3. 2013	XXX	4	6	6	6	6	6	6	6	6
4. 2014	XXX	XXX	5	7	7	7	7	7	7	7
5. 2015	XXX	XXX	XXX	6	8	9	9	9	9	9
6. 2016	XXX	XXX	XXX	XXX	7	9	9	9	9	9
7. 2017	XXX	XXX	XXX	XXX	XXX	7	9	9	9	9
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	7	9	10	10
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	8	9
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	7
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012	1									
3. 2013	XXX	1								
4. 2014	XXX	XXX	2	1						
5. 2015	XXX	XXX	XXX	2	1					
6. 2016	XXX	XXX	XXX	XXX	2	1				
7. 2017	XXX	XXX	XXX	XXX	XXX	2	1			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2	1		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1	
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1							1		
2. 2012	8	9	9	9	9	9	9	9	9	9
3. 2013	XXX	9	10	10	10	10	10	9	9	9
4. 2014	XXX	XXX	10	11	11	11	11	11	11	11
5. 2015	XXX	XXX	XXX	13	14	14	14	14	14	14
6. 2016	XXX	XXX	XXX	XXX	14	15	15	14	14	14
7. 2017	XXX	XXX	XXX	XXX	XXX	14	15	14	14	14
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	15	15	15	15
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	15
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

**NONE**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**NONE**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**NONE**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**NONE**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**NONE**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**NONE**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**NONE**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**NONE**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**NONE**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**NONE**

Schedule P - Part 5T - Warranty - Section 1

**NONE**

Schedule P - Part 5T - Warranty - Section 2

**NONE**

Schedule P - Part 5T - Warranty - Section 3

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....	57	57	57	57	57	57	57	57	57	57	57
3. 2013.....	XXX	67	67	67	67	67	67	67	67	67	67
4. 2014.....	XXX	XXX	80	80	80	80	80	80	80	80	80
5. 2015.....	XXX	XXX	XXX	96	96	96	96	96	96	96	96
6. 2016.....	XXX	XXX	XXX	XXX	111	111	111	111	111	111	111
7. 2017.....	XXX	XXX	XXX	XXX	XXX	123	123	123	123	123	123
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	141	141	141	141	141
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179	179	179	179
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	283	283	283
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333	333
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333
13. Earned Premiums (Sch P-Pt. 1)	57	67	80	96	111	123	141	179	283	333	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....	5	5	5	5	5	5	5	5	5	5	5
3. 2013.....	XXX	6	6	6	6	6	6	6	6	6	6
4. 2014.....	XXX	XXX	8	8	8	8	8	8	8	8	8
5. 2015.....	XXX	XXX	XXX	10	10	10	10	10	10	10	10
6. 2016.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7	7
7. 2017.....	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5	5
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	20	20	20	20	20
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179	179	179	179
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	283	283	283
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333	333
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333
13. Earned Premiums (Sch P-Pt. 1)	5	6	8	10	7	5	20	179	283	333	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION**  
**(EXCLUDING EXCESS WORKERS' COMPENSATION)**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)											1 XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)											1 XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SCHEDULE P - PART 6M - INTERNATIONAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**NONE**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**NONE**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**NONE**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**NONE**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**NONE**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**NONE**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**NONE**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**NONE**

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 2012 .....		
1.603 2013 .....		
1.604 2014 .....		
1.605 2015 .....		
1.606 2016 .....		
1.607 2017 .....		
1.608 2018 .....		
1.609 2019 .....		
1.610 2020 .....		
1.611 2021 .....		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:  
(in thousands of dollars) 5.1 Fidelity .....  
5.2 Surety .....

6. Claim count information is reported per claim or per claimant (Indicate which) ..... per claimant.....  
If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ X ] No [ ]

7.2 (An extended statement may be attached.)

Effective 12/1/18, the Company's parent, Infinity Insurance Company, entered into a 100% quota share agreement with Trinity Universal Insurance Company, an affiliate. The result is that members of the Infinity Insurance Pool will have no net reserves. For pooling information see Note 26 in the Notes to the Financial Statements. ....

Schedule T - Part 2 - Interstate Compact

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
	Kemper Corporation	.0000	95-425452		0000860748	New York Stock Exchange	Kemper Corporation	DE	UIP					NO	
	Kemper Corporation	.0000	37-1656986				Accelerate Insurance Network, LLC	IL	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.0000	20-8809010				Access Insurance Agency of Arizona, LLC	AZ	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.0000	20-8115603				Access Insurance Agency of Indiana, LLC	IN	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.0000	20-8115668				Access Insurance Agency of Nevada, LLC	NV	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.0000	26-2621251				Access Insurance Agency of South Carolina, LLC	SC	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.0000	26-2621251				Aegon Opportunity Zone Fund Joint Venture 1, LP		NIA	United Insurance Company of America	Ownership	99.368	Kemper Corporation	NO	1
	Kemper Corporation	.0000	26-4133974				Agencia de Seguros de Acceso, LLC	TX	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.10920	77-0475915				Alliance United Insurance Company	CA	IA	Kemper Corporation	Ownership	100.000	Kemper Corporation	YES	
	Kemper Corporation	.00000	77-0472398				Alliance United Insurance Services, LLC	CA	NIA	Alliance United Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	77-0472398				Alpha Property & Casualty Insurance Company							NO	
.0215	Kemper Corporation	.38156	39-1344101					WI	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.10730	36-4335932				American Access Casualty Company	IL	IA	American Access Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	84-4192397				American Access Holdings, LLC	DE	NIA	Cranberry Holdings, Inc.	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	84-4192397				Apex Linen Topco, LLC		NIA	United Insurance Company of America	Ownership	17.500	Kemper Corporation	NO	2
	Kemper Corporation	.00000	84-4192397				Capitol County Mutual Fire Insurance Company							NO	
.0215	Kemper Corporation	.29211	75-0774903					TX	IA	The Reliable Life Insurance Company	Management		Kemper Corporation	NO	3
	Kemper Corporation	.00000	58-0642684							The Reliable Life Insurance Company				NO	
.0215	Kemper Corporation	.37524	75-1636168				Casualty Underwriters, Inc.	GA	NIA	Infinity Property and Casualty Services, Inc.	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	85-4330188				Charter Indemnity Company	TX	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	04-3294619				Cranberry Holdings, Inc.	DE	NIA	Kemper Corporation	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	43-1511864				Direct Response Corporation	DE	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.19852	95-1466743				Family Security Funerals Company	TX	NIA	The Reliable Life Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	36-4448107				Financial Indemnity Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	74-2641866				Illinois Vehicle Insurance Agency, LLC	IL	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.39497	75-1227771				Infinity Agency of Texas	TX	NIA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.11738	34-0927698				Infinity Assurance Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.21792	58-1132392				Infinity Auto Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.13820	43-6030348				Infinity Casualty Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	43-6030348				Infinity County Mutual Insurance Company	TX	IA	Infinity Insurance Company	Management		Kemper Corporation	NO	4
	Kemper Corporation	.00000	20-4363792							Infinity Property and Casualty Corporation				NO	
.0215	Kemper Corporation	.10061	34-1767787				Infinity Financial Centers, LLC	DE	NIA		Ownership	100.000	Kemper Corporation	NO	5
	Kemper Corporation	.00000	58-1293110				Infinity Indemnity Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	58-1293110				Infinity Insurance Agency, Inc.	AL	NIA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.22268	31-0943862							Infinity Property and Casualty Corporation	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.10195	34-1785809				Infinity Insurance Company	IN	LDP		Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	03-0483872				Infinity Preferred Insurance Company	OH	RE	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	03-0483872				Infinity Property and Casualty Corporation	OH	UIP	Kemper Corporation	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	58-1080659				Infinity Property and Casualty Services, Inc.	GA	NIA	Infinity Standard Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.16802	73-0772113				Inc.			Infinity Standard Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.38873	58-1806192				Infinity Safeguard Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.20260	31-1333017				Infinity Security Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.12599	58-1806189				Infinity Select Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	27-3557296				Infinity Standard Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	36-4105161				KAHG LLC	IL	NIA	Kemper Corporation	Ownership	100.000	Kemper Corporation	NO	5
.0215	Kemper Corporation	.39004	91-1119010				Kemper Corporate Services, Inc.	IL	NIA	Kemper Corporation	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	75-1865314				Kemper Financial Indemnity Company	IL	IA	Response Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.10914	36-4230019				Kemper General Agency, Inc.	TX	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	75-2874538				Kemper Independence Insurance Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	34-1852743				Kemper Personal Insurance General Agency, Inc.	TX	NIA	Unitrin Direct Property & Casualty Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	34-1852743				Leader Group, Inc.	OH	NIA	Infinity Auto Insurance Company	Ownership	100.000	Kemper Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
	Kemper Corporation	.0000	75-2280915				Leader Managing General Agency, Inc.	TX	NIA	Infinity Auto Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.0000	98-0426067				Merastar Industries LLC	DE	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	5
.0215	Kemper Corporation	.31968	62-0928337				Merastar Insurance Company	IL	IA	Merastar Industries LLC	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.31178	63-0599704				Mutual Savings Fire Insurance Company	AL	IA	Mutual Savings Life Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.66397	63-0148960				Mutual Savings Life Insurance Company	AL	IA	United Insurance Company of America	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	73-1354019				National Association of Self-Employed Business Owners	OK	NIA	Summerset Marketing Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	75-2538407				NCM Management Corporation	DE	NIA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	36-4442975				Newins Insurance Agency Holdings, LLC	IL	NIA	Cranberry Holdings, Inc.	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	36-4442975				Newins Real Estate Holdings, LLC	IL	NIA	Newins Insurance Agency Holdings, LLC	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.36625	43-1156323				Old Reliable Casualty Company	MO	IA	Company	Ownership	100.000	Kemper Corporation	NO	6
	Kemper Corporation	.00000	73-0661453				PennantPark Senior Secured Loan Fund I, LLC			Trinity Universal Insurance Company	Ownership	12.500	Kemper Corporation	NO	7
.0215	Kemper Corporation	.68462	73-0661453				Reserve National Insurance Company	IL	IA	United Insurance Company of America	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.43044	04-2794993				Response Insurance Company	IL	IA	Direct Response Corporation	Ownership	100.000	Kemper Corporation	YES	
	Kemper Corporation	.20133	61-6027355				Response Worldwide Direct Auto Insurance Company	IL	IA	Warner Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.26050	39-1341441				Response Worldwide Insurance Company	IL	IA	Response Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	73-1288167				Rural American Consumers a National Association	OK	NIA	Summerset Marketing Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	20-3046396				Security One Agency LLC	IL	NIA	Merastar Industries LLC	Ownership	100.000	Kemper Corporation	NO	5
	Kemper Corporation	.00000	73-1281615				Senior Loan Fund JV, I LLC			Trinity Universal Insurance Company	Ownership	50.000	Kemper Corporation	NO	8
	Kemper Corporation	.00000	73-1281615				Summerset Marketing Company	OK	NIA	Reserve National Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000					Sunrun Kronos Owner 2000, LLC			Trinity Universal Insurance Company	Ownership	22.455	Kemper Corporation	NO	9
	Kemper Corporation	.00000					Sunrun Kronos Owner 2000, LLC			United Insurance Company of America	Ownership	7.485	Kemper Corporation	NO	
	Kemper Corporation	.00000	31-1357130				The Infinity Group, Inc.	IN	NIA	Infinity Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.00000	36-6007812				The Kemper Foundation	IL	NIA	Kemper Corporation	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.68357	43-0476110				The Reliable Life Insurance Company	MO	IA	United Insurance Company of America	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.19887	75-0620550				Trinity Universal Insurance Company	TX	IA	Kemper Corporation	Ownership	100.000	Kemper Corporation	YES	
.0215	Kemper Corporation	.12998	72-6019774				Union National Fire Insurance Company	LA	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.69779	72-0340280				Union National Life Insurance Company	LA	IA	United Insurance Company of America	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.11142	23-1614367				United Casualty Insurance Company of America	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.69930	36-1896670				United Insurance Company of America	IL	IA	Kemper Corporation	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.10881	13-3974181				Unitrin Advantage Insurance Company	NY	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.16063	52-1752227				Unitrin Auto and Home Insurance Company	NY	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.29351	74-1084315				Unitrin County Mutual Insurance Company	TX	IA	NCM Management Corporation	Management		Kemper Corporation	NO	10
.0215	Kemper Corporation	.10226	36-4013825				Unitrin Direct Insurance Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.10915	36-4230008				Unitrin Direct Property & Casualty Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.25909	13-5460208				Unitrin Preferred Insurance Company	NY	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.40703	39-1401314				Unitrin Safeguard Insurance Company	WI	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
	Kemper Corporation	.10698	93-1217821				Valley Property & Casualty Insurance Company	OR	IA	Trinity Universal Insurance Company	Ownership	100.000	Kemper Corporation	NO	
.0215	Kemper Corporation	.26085	36-3423817				Warner Insurance Company	IL	IA	Direct Response Corporation	Ownership	100.000	Kemper Corporation	YES	

Asterisk	Explanation
1	Aegon Opportunity Fund Joint Venture 1, LLC, (Aegon) is an affiliate by virtue of United Insurance Company of America (United) having a majority partnership interest in Aegon.
2	Apex Linen Topco, LLC (Apex) is an affiliate by virtue of United having a 17.5% partnership interest in Apex.
3	Capitol County Mutual Fire Insurance Company (NAIC# 29211, domiciled in the state of Texas) is affiliated with The Reliable Life Insurance Company by virtue of a management agreement.
4	Infinity County Mutual Insurance Company (NAIC# 13820, domiciled in the state of Texas) is affiliated with Infinity Insurance Company by virtue of a management agreement.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

Asterisk	Explanation
5 .....	These entities are limited liability companies. Percentages relate to the owner's membership interest in the LLC. ....
6 .....	Old Reliable Casualty Company (NAIC# 36625, domiciled in the state of Missouri) is affiliated by virtue of its ownership by Capitol County Mutual Fire Insurance Company. ....
7 .....	PennantPark Senior Secured Loan Fund I, LLC (PSSL), is an affiliate by virtue of Trinity having 50% control of the board of PSSL, with the other 50% vested in PennantPark Floating Rate Capital, Ltd. ....
8 .....	Senior Loan Fund JV I, LLC (SLFJV) is an affiliate by virtue of Trinity having 50% control of the board of SLFJV, with the other 50% vested in Oaktree Specialty Lending Corp. ....
9 .....	Sunrun Kronos Owner 2020, LLC (Sunrun) is an affiliate by virtue of Trinity having a 22.9% partnership interest in Sunrun. ....
10 .....	Unitrin County Mutual Insurance Company (NAIC# 29351, domiciled in the state of Texas) is affiliated with NCM Management Corp. by virtue of a management agreement. ....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	95-4255452	Kemper Corporation	380,701,915	(126,000,000)			34,448,340				289,150,255	
10920	77-0475915	Alliance United Insurance Company	(69,271,515)				(45,652,197)				(114,923,712)	
00000	77-0472398	Alliance United Insurance Services, LLC	(41,125,000)								(41,125,000)	
10730	36-4335932	American Access Casualty Company	(10,000,000)				(24,868,616)				(34,868,616)	
00000	84-4192397	American Access Casualty Holdings LLC										
00000	03-0483872	Infinity Property and Casualty Corporation					(56,000)				(56,000)	
00000	20-4363792	Infinity Financial Centers, LLC										
22268	31-0943862	Infinity Insurance Company	(10,600,000)				(21,515,409)	(54,555,437)	*		(86,670,846)	328,361,308
00000	74-2641866	Infinity Agency of Texas										
39497	75-1227771	Infinity Assurance Insurance Company					(11,318)		*		(11,318)	
11738	34-0927698	Infinity Auto Insurance Company					(82,801)		*		(82,801)	
00000	75-2280915	Leader Mananging General Agency, Inc.										
00000	34-1852743	Leader Group, Inc.										
21792	58-1132392	Infinity Casualty Insurance Company					(952,731)		*		(952,731)	
00000	58-1293110	Infinity Insurance Agency, Inc.										
10061	34-1767787	Infinity Indemnity Insurance Company					(16,992)		*		(16,992)	
10195	34-1785809	Infinity Preferred Insurance Company					(5,532)		*		(5,532)	
16802	73-0772113	Infinity Safeguard Insurance Company					(12,543)		*		(12,543)	
38873	58-1806192	Infinity Security Insurance Company	(200,000)				(17,833)		*		(217,833)	
20260	31-1333017	Infinity Select Insurance Company	(150,000)				(4,102,950)		*		(4,252,950)	
12599	58-1806189	Infinity Standard Insurance Company	(50,000)				(173,331)		*		(223,331)	
00000	58-1080659	Infinity Property and Casualty Services, Inc.										
00000	58-0642684	Casualty Underwriters, Inc.										
13820	43-6030348	Infinity County Mutual Insurance Company					(8,051,488)	54,555,437	*		46,503,949	328,452,241
00000	31-1357130	The Infinity Group, Inc.										
00000	27-3557296	KAHG LLC	(290,000)								(290,000)	
00000	36-4105161	Kemper Corporate Services, Inc.					208,855,086				208,855,086	
19887	75-0620550	Trinity Universal Insurance Company	(172,191,000)	120,200,000			(16,592,873)	4,999,527			(63,584,345)	(1,809,807,706)
38156	39-1344101	Alpha Property & Casualty Insurance Company		800,000			(2,462,067)				(1,662,067)	76,001,810
00000		Capitala Senior Liquid Loan Fund I, LLC										
37524	75-1636168	Charter Indemnity Company	(750,000)				(339,870)				(1,089,870)	11,449,198
00000	85-4330188	Cranberry Holdings, Inc.	(15,400)								(15,400)	
00000	04-3294619	Direct Response Corporation	(4,140,000)								(4,140,000)	
43044	04-2794993	Response Insurance Company		(2,000,000)			(635,733)				(2,635,733)	3,014,223
39004	91-1119010	Kemper Financial Indemnity Company	(14,000,000)				(220,421)				(14,220,421)	13,734
26050	39-1341441	Response Worldwide Insurance Company		2,000,000			(30,248)				1,969,752	208,382
26085	36-3423817	Warner Insurance Company					(48,670)				(48,670)	126,437
20133	61-6027355	Response Worldwide Direct Auto Insurance Company					(23,687)				(23,687)	26,404
19852	95-1466743	Financial Indemnity Company					(7,162,514)				(7,162,514)	311,854,115
00000	75-1865314	Kemper General Agency, Inc.	(20,000)								(20,000)	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10914	36-4230019	Kemper Independence Insurance Company	(800,000)				(6,143,936)				(6,943,936)	297,399,844
00000	98-0426067	Merastar Industries LLC	100,000								100,000	
31968	62-0928337	Merastar Insurance Company					102,095,280				102,095,280	4,582,231
00000	36-4442975	Newins Insurance Agency Holdings LLC	(12,000,000)								(12,000,000)	
00000	20-3046396	Security One Agency LLC	(1,020,000)								(1,020,000)	
00000	75-2538407	NCM Management Corporation	(679,000)				(70,838)				(749,838)	
29351	74-1084315	Unitrin County Mutual Insurance Company					(2,294,077)				(2,294,077)	68,728,111
00000		Senior Loan Fund JV, I LLC										
12998	72-6019774	Union National Fire Insurance Company	(300,000)				(8,483,212)	2,198,596			(6,584,616)	(900,080)
11142	23-1614367	United Casualty Insurance Company of America		5,000,000			(9,420,622)	(4,848,874)			(9,269,496)	94,284
10881	13-3974181	Unitrin Advantage Insurance Company					(68,277)				(68,277)	402,605
16063	52-1752227	Unitrin Auto and Home Insurance Company					(1,390,400)				(1,390,400)	84,629,449
10226	36-4013825	Unitrin Direct Insurance Company	(300,000)				(407,846)				(707,846)	9,899,331
10915	36-4230008	Unitrin Direct Property & Casualty Company	(342,000)				(257,852)				(599,852)	7,981,176
00000	75-2874538	Kemper Personal Insurance General Agency, Inc.	(8,000)								(8,000)	
25909	13-5460208	Unitrin Preferred Insurance Company	(300,000)				(527,957)				(827,957)	20,278,604
40703	39-1401314	Unitrin Safeguard Insurance Company					(5,996,714)				(5,996,714)	247,433,872
10698	93-1217821	Valley Property & Casualty Insurance Company	(250,000)				(1,488,509)				(1,738,509)	9,045,620
69930	36-1896670	United Insurance Company of America	3,826,792	63,573,208			(111,175,539)	81,871,397			38,095,858	(1,882,980,472)
66397	63-0148960	Mutual Savings Life Insurance Company	(37,697,419)	(37,402,581)			(200,000)	(21,562,299)			(96,862,299)	392,067,205
31178	63-0599704	Mutual Savings Fire Insurance Company	100,000				(2,548,357)	210,195			(2,238,162)	(169,295)
68462	73-0661453	Reserve National Insurance Company	(7,829,373)	(26,170,627)			(50,494,925)	(1,620,183)			(86,115,107)	78,198,515
00000	73-1281615	Summerset Marketing Company										
00000	73-1354019	National Association of Self-Employed Business Owners										
00000	73-1288167	Rural American Consumers a National Association										
68357	43-0476110	The Reliable Life Insurance Company					(8,527,673)	(38,094,728)			(46,622,400)	873,733,994
00000	43-1511864	Family Security Funerals Company										
29211	75-0774903	Capitol County Mutual Fire Insurance Company					79,145	(1,790,003)			(1,710,858)	892,270
36625	43-1156323	Old Reliable Casualty Company					(2,333,817)	(769,442)			(3,103,259)	1,831
69779	72-0340280	Union National Life Insurance Company	(400,000)				(611,479)	(20,594,187)			(21,605,666)	538,980,758
9999999	Control Totals								XXX			

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Alliance United Insurance Company	Kemper Corporation	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Alpha Property & Casualty Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
American Access Casualty Company	American Access Holdings, LLC	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Capitol County Mutual Fire Insurance Company			NO	Kemper Corporation	Kemper Corporation	100.000	NO
Charter Indemnity Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Financial Indemnity Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Assurance Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Auto Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Casualty Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity County Mutual Insurance Company			NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Indemnity Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Insurance Company	Infinity Property and Casualty Corporation	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Preferred Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Safeguard Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Security Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Select Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Infinity Standard Insurance Company	Infinity Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Kemper Financial Indemnity Company	Response Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Kemper Independence Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Merastar Insurance Company	Merastar Industries, LLC	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Mutual Savings Fire Insurance Company	Mutual Savings Life Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Mutual Savings Life Insurance Company	United Insurance Company of America	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Old Reliable Casualty Company	Capitol County Mutual Fire Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Reserve National Insurance Company	United Insurance Company of America	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Response Insurance Company	Direct Response Corporation	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Response Worldwide Direct Auto Insurance Company	Response Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Response Worldwide Insurance Company	Response Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
The Reliable Life Insurance Company	United Insurance Company of America	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Trinity Universal Insurance Company	Kemper Corporation	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Union National Fire Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Union National Life Insurance Company	United Insurance Company of America	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
United Casualty Insurance Company of America	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
United Insurance Company of America	Kemper Corporation	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Unitrin Advantage Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Unitrin Auto and Home Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Unitrin County Mutual Insurance Company			NO	Kemper Corporation	Kemper Corporation	100.000	NO
Unitrin Direct Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Unitrin Direct Property & Casualty Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Unitrin Preferred Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Unitrin Safeguard Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Valley Property & Casualty Insurance Company	Trinity Universal Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO
Warner Insurance Company	Response Insurance Company	100.000	NO	Kemper Corporation	Kemper Corporation	100.000	NO

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |   | Responses |
|---|-----------|
| 1. Will an actuarial opinion be filed by March 1? .....   | YES       |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....                   | YES       |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....                           | YES       |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? ..... | YES       |

**APRIL FILING**

- |  |     |
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| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? ..... | YES |
| 6. Will Management's Discussion and Analysis be filed by April 1? .....                                  | YES |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....                      | YES |

**MAY FILING**

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| 8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? ..... | YES |
|--|-----|

**JUNE FILING**

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| 9. Will an audited financial report be filed by June 1? .....  | YES |
| 10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? ..... | YES |

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

**MARCH FILING**

- |  |     |
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| 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....   | NO  |
| 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? .....   | NO  |
| 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....   | NO  |
| 14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....   | NO  |
| 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....   | NO  |
| 16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....   | NO  |
| 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....  | NO  |
| 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....  | NO  |
| 19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? .....   | YES |
| 20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....   | NO  |
| 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....  | NO  |
| 22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....   | NO  |
| 23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....   | NO  |
| 24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? ..... | NO  |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....       | NO  |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....                     | NO  |
| 27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1? .....                  | NO  |

**APRIL FILING**

- |  |    |
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| 28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....  | NO |
| 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....  | NO |
| 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....  | NO |
| 31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....                                      | NO |
| 32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? ..... | NO |
| 33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....                           | NO |
| 34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....   | NO |
| 35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....   | NO |
| 36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....  | NO |

**AUGUST FILING**

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| 37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? ..... | YES |
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**Explanations:**

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**Bar Codes:**

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| 11. SIS Stockholder Information Supplement [Document Identifier 420]           |  |
| 12. Financial Guaranty Insurance Exhibit [Document Identifier 240]             |  |
| 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] |  |
| 14. Supplement A to Schedule T [Document Identifier 455]                       |  |
| 15. Trusteed Surplus Statement [Document Identifier 490]                       |  |
| 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]   |  |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Infinity Preferred Insurance Company  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

17. Reinsurance Summary Supplemental Filing [Document Identifier 401]



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



20. Reinsurance Attestation Supplement [Document Identifier 399]



21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



22. Bail Bond Supplement [Document Identifier 500]



23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



26. Relief from the Requirements for Audit Committees [Document Identifier 226]



27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]



28. Credit Insurance Experience Exhibit [Document Identifier 230]



29. Long-Term Care Experience Reporting Forms [Document Identifier 306]



30. Accident and Health Policy Experience Exhibit [Document Identifier 210]



31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



33. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]



34. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]



35. Private Flood Insurance Supplement [Document Identifier 560]



36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



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