



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

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

National Interstate Insurance Company of Hawaii, Inc

NAIC Group Code 0084 (Current) 0084 (Prior) NAIC Company Code 11051 Employer's ID Number 99-0345306

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

Incorporated/Organized 09/20/1999 Commenced Business 07/28/2000

Statutory Home Office 3250 Interstate Drive, Richfield, OH, US 44286
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3250 Interstate Drive, Richfield, OH, US 44286
(Street and Number) (City or Town, State, Country and Zip Code)
330-659-8900 (Area Code) (Telephone Number)

Mail Address 3250 Interstate Drive, Richfield, OH, US 44286
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3250 Interstate Drive, Richfield, OH, US 44286
(Street and Number) (City or Town, State, Country and Zip Code)
330-659-8900 (Area Code) (Telephone Number)

Internet Website Address www.natl.com

Statutory Statement Contact Leah Marie Blazek, 330-659-8900-5498
(Name) (Area Code) (Telephone Number)
Leah.Blazek@natl.com, 330-659-8904
(E-mail Address) (FAX Number)

OFFICERS

President Anthony Joseph Mercurio, Senior VP, Chief Financial Officer, & Treasurer Julie Ann McGraw
Secretary Matthew David Felvus, VP, Chief Investment Officer, & Assistant Treasurer Gary Norman Monda

OTHER

Stephen Edward Winborn, Senior Vice President, George Olaf Skuggen, Senior Vice President, Shawn Vincent Los #, Executive Vice President
Scott Edward Noerr, Vice President, Chief Information Officer, Anthony Gerald Prinzo #, Vice President, Magdalena Franziska Kulik Grossman, Chief Compliance Officer
Jeannine Eileen Novak #, Vice President, Howard Kim Baird, Assistant Treasurer, Robert Jude Zbacnik, Assistant Treasurer
Stephen Charles Beraha, Assistant Secretary, Collen Frances Shepherd #, Vice President

DIRECTORS OR TRUSTEES

Michelle Ann Gillis, Gary John Gruber, Anthony Joseph Mercurio
Michael Eugene Sullivan Jr., David Lawrence Thompson Jr., David John Witzgall

State of Ohio SS
County of Summit

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.

Shawn Vincent Los (effective 2/7/2022) President, Matthew David Felvus Secretary, Julie Ann McGraw Senior VP, Chief Financial Officer, & Treasurer

Subscribed and sworn to before me this 18th day of February 2022
a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.AL



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19AK



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.AZ



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 AR



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 CA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 CO



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 CT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.DC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.FL



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 GA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Company Code 11051

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 \$ 25

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 HI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

191D



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 JL



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 IN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

191A



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 KS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 KY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 ME



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MD



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Company Code 11051

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 lines 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 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MO



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NIE



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Company Code 11051

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	0	290	0	0	0	60	100	0	11	18	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	131	0	0	0	22	61	0	13	35	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	34,768	60,566	0	12,226	0	5,876	11,589	0	852	1,609	3,454	737
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,971,519	2,189,021	0	1,100,053	1,374,260	1,305,593	9,111,849	382,391	106,751	700,139	110,118	60,547
17.1 Other Liability - occurrence	1,886,611	1,808,877	0	819,743	313,484	1,179,575	2,950,430	2,891	168,714	641,436	159,663	39,975
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	(58,772)	32,664	0	(8,745)	3,703	0	0
19.3 Commercial auto no-fault (personal injury protection)	105,270	112,914	0	36,826	35,018	41,553	6,535	3,874	3,881	7	6,482	2,231
19.4 Other commercial auto liability	9,103,350	9,453,582	0	3,166,945	9,292,441	22,840,037	30,969,227	908,218	5,430,979	6,616,255	505,714	234,422
21.1 Private passenger auto physical damage	0	0	0	0	0	29,329	6,881	0	1,185	302	0	0
21.2 Commercial auto physical damage	841,539	857,345	0	272,998	374,073	393,361	291,506	17,273	26,392	30,618	69,853	17,831
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	15	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	13,943,057	14,482,740	0	5,408,791	11,389,276	25,736,635	43,380,840	1,314,647	5,730,032	7,994,122	855,284	355,742
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NJ



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
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19 NM



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
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19 NY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19ND



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

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(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 OH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 OK



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 OR



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.PA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.RI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 SC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 SD



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.TN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.TX



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

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(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 UT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Company Code 11051

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, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 VT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 VA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19/WA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

191WV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Company Code 11051

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 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.WI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Company Code 11051

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, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

191WV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Company Code 11051

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 \$ 25

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 GT

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-1607395	32620	National Interstate Insurance Company	OH	10,716	0	6,226	6,226	25	0	4,858	0	0	0	0
0199999. Affiliates - U.S. Intercompany Pooling				10,716	0	6,226	6,226	25	0	4,858	0	0	0	0
0499999. Total - U.S. Non-Pool				0	0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)				0	0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates				10,716	0	6,226	6,226	25	0	4,858	0	0	0	0
AA-9992114	00000	NCCI Michigan Pool	MI	25	0	82	82	0	0	4	2	0	0	0
AA-9992118	00000	National Workers Compensation Reinsurance Pool	NY	84	0	1,397	1,397	0	0	67	24	0	0	0
AA-9991124	00000	Michigan Automobile Ins Placement Facility	MI	522	0	215	215	0	0	216	(21)	0	0	0
AA-9991134	00000	New Jersey Commercial Automobile Ins Procedure	NJ	364	0	754	754	0	0	156	77	0	0	0
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				995	0	2,448	2,448	0	0	443	82	0	0	0
1299999. Total - Pools and Associations				995	0	2,448	2,448	0	0	443	82	0	0	0
9999999 Totals				11,711	0	8,674	8,674	25	0	5,301	82	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company 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			
34-1607395	32620	National Interstate Insurance Company	OH		24,829	0	0	12,644	907	16,693	6,557	10,114	0	46,915	0	0	0	46,915	0	
0199999		Total Authorized - Affiliates - U.S. Intercompany Pooling			24,829	0	0	12,644	907	16,693	6,557	10,114	0	46,915	0	0	0	46,915	0	
31-0501234	16691	Great American Insurance Company	OH		421	1	0	62	2	740	129	143	0	1,077	0	55	0	1,022	0	
0399999		Total Authorized - Affiliates - U.S. Non-Pool - Other			421	1	0	62	2	740	129	143	0	1,077	0	55	0	1,022	0	
0499999		Total Authorized - Affiliates - U.S. Non-Pool			421	1	0	62	2	740	129	143	0	1,077	0	55	0	1,022	0	
0799999		Total Authorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999		Total Authorized - Affiliates			25,250	1	0	12,706	909	17,433	6,686	10,257	0	47,992	0	55	0	47,937	0	
38-3207001	10166	Accident Fund Insurance Company of America	MI		14	0	0	0	0	5	0	6	0	11	0	11	0	0	0	
06-1182357	22730	Allied World Insurance Company	NH		52	0	0	0	0	111	18	17	0	146	0	9	0	137	0	
06-1430254	10348	Arch Reinsurance Company	DE		242	0	0	15	0	265	48	122	0	450	0	21	0	429	0	
51-0434766	20370	Axis Reinsurance Company	NY		110	0	0	0	0	388	61	44	0	493	0	33	0	460	0	
47-0574325	32603	Berkley Insurance Company	DE		6	0	0	0	0	119	23	2	0	144	0	0	0	144	0	
39-0712210	18767	Church Mutual Insurance Company, Stock Insurer	WI		9	0	0	0	0	7	0	5	0	12	0	8	0	4	0	
31-0542366	10677	The Cincinnati Insurance Company	OH		231	0	0	0	0	198	31	98	0	327	0	34	0	293	0	
42-0234980	21415	Employers Mutual Casualty Company	IA		0	0	18	1	5	0	0	0	0	24	0	0	0	24	0	
35-2293075	11551	Endurance Assurance Corporation	DE		120	0	0	0	0	115	18	89	0	222	0	0	0	222	0	
22-2005057	26921	Everest Reinsurance Company	DE		731	0	30	0	0	949	155	260	0	1,394	0	83	0	1,311	0	
05-0316605	21482	Factory Mutual Insurance Company	RI		10	0	0	0	0	0	0	4	0	4	0	1	0	3	0	
43-1898350	11054	Fletcher Reinsurance Company	MO		0	35	11	1,246	47	309	42	0	0	1,690	0	0	0	1,690	0	
13-2673100	22039	General Reinsurance Corporation	DE		606	0	47	0	0	1,738	306	211	0	2,302	0	77	0	2,225	0	
13-5129825	22292	Hanover Insurance Company	NH		0	0	0	0	0	2	0	0	0	2	0	0	0	2	0	
95-2769232	27847	Insurance Company of the West	CA		209	0	15	0	0	119	22	90	0	246	0	26	0	220	0	
04-1543470	23043	Liberty Mutual Insurance Co.	MA		0	0	118	0	0	38	7	59	0	104	0	17	0	87	0	
06-1481194	10829	Markel Global Reinsurance Company	DE		24	0	0	0	0	30	3	15	0	48	0	7	0	41	0	
36-3101262	38970	Markel Insurance Company	IL		5	0	0	0	0	42	8	0	0	50	0	0	0	50	0	
31-1169435	23612	Midwest Employers Casualty Company	DE		0	0	0	0	0	2	0	0	0	2	0	0	0	2	0	
13-4924125	10227	Munich Reinsurance America Inc.	DE		1,215	0	1,204	80	2,926	493	321	0	5,024	0	104	0	4,920	0		
47-0355979	20087	National Indemnity Company	NE		17	0	0	0	0	122	25	11	0	158	0	0	0	158	0	
31-4177100	23787	Nationwide Mutual Insurance Company	OH		268	0	15	0	0	178	31	109	0	333	0	37	0	296	0	
13-3138390	42307	Navigators Insurance Company	NY		29	0	0	0	0	72	12	9	0	93	0	5	0	88	0	
47-0698507	23680	Odyssey Reinsurance Company	CT		408	0	31	0	452	85	184	0	752	0	43	0	709	0		
13-3031176	38636	Partner Reinsurance Company of the US	NY		1	0	106	4	76	12	0	0	198	0	0	0	198	0		
52-1952955	10357	Renaissance Reinsurance U.S. Inc.	MD		558	7	2	470	54	1,185	182	196	0	2,096	0	68	0	2,028	0	
43-0727872	15105	Safety National Casualty Corporation	MO		15	13	3	1,193	41	225	16	9	0	1,500	0	16	0	1,484	0	
75-1444207	30058	Scor Reinsurance Company	NY		36	0	25	1	36	50	7	11	0	94	0	6	0	88	0	
13-1675535	25364	Swiss Reinsurance America Corporation	NY		208	8	2	425	63	1,342	266	105	0	2,211	0	(1)	0	2,212	0	
13-2918573	42439	TOA Reinsurance Company of America	DE		1	0	0	0	0	143	21	0	0	164	0	0	0	164	0	
13-5616275	19453	Transatlantic Reinsurance Company	NY		0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	
42-0644327	13021	United Fire and Casualty Co.	IA		7	0	0	0	0	2	0	3	0	5	0	5	0	0	0	
85-0165753	25011	Wesco Insurance Company	DE		0	0	0	0	0	5	0	0	0	5	0	0	0	5	0	
13-1290712	20583	XL Reinsurance America Inc.	NY		442	0	30	0	330	54	173	0	587	0	41	0	546	0		
0999999		Total Authorized - Other U.S. Unaffiliated Insurers			5,692	63	18	4,870	291	11,551	1,946	2,153	0	20,892	0	651	0	20,241	0	
AA-9991159	00000	Michigan Catastrophic Claims Association	MI		449	0	0	0	0	0	0	56	0	56	0	(72)	0	128	0	
1099999		Total Authorized - Pools - Mandatory Pools			449	0	0	0	0	0	0	56	0	56	0	(72)	0	128	0	
AA-1120337	00000	Aspen Insurance UK Ltd	GBR		135	0	0	0	0	248	43	39	0	330	0	20	0	310	0	
AA-3194130	00000	Endurance Specialty Insurance Ltd	BMU		1	0	0	0	0	4	0	0	0	4	0	1	0	3	0	
AA-1340125	00000	Hannover Rückversicherung AG	DEU		266	12	3	176	8	1,334	196	110	0	1,839	0	47	0	1,792	0	
AA-1126033	00000	Lloyd's of London Syndicate #0033	GBR		0	0	0	0	0	3	0	0	0	3	0	0	0	3	0	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company 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			
AA-1126566	00000	Lloyd's of London Syndicate #0566	GBR		100	0	0	0	0	97	14	40	0	151	0	0	0	151	0	
AA-1126609	00000	Lloyd's of London Syndicate #0609	GBR		0	0	0	0	0	4	1	0	0	5	0	0	0	5	0	
AA-1126623	00000	Lloyd's of London Syndicate #0623	GBR		1	0	0	0	0	2	0	0	0	2	0	0	0	2	0	
AA-1126727	00000	Lloyd's of London Syndicate #0727	GBR		1	0	0	0	0	2	0	0	0	2	0	0	0	2	0	
AA-1126780	00000	Lloyd's of London Syndicate #0780	GBR		0	0	0	0	0	3	0	0	0	3	0	0	0	3	0	
AA-1127084	00000	Lloyd's of London Syndicate #1084	GBR		0	0	0	0	0	12	1	0	0	13	0	0	0	13	0	
AA-1127414	00000	Lloyd's of London Syndicate #1414	GBR		14	0	0	0	0	23	4	2	0	29	0	0	0	29	0	
AA-1120102	00000	Lloyd's of London Syndicate #1458	GBR		9	0	0	0	0	18	3	0	0	21	0	0	0	21	0	
AA-1120198	00000	Lloyd's of London Syndicate #1618	GBR		4	0	0	0	0	4	1	0	0	5	0	0	0	5	0	
AA-1120156	00000	Lloyd's of London Syndicate #1686	GBR		5	0	0	0	0	8	1	0	0	9	0	0	0	9	0	
AA-1128001	00000	Lloyd's of London Syndicate #2001	GBR		8	0	0	0	0	20	3	0	0	23	0	1	0	22	0	
AA-1128003	00000	Lloyd's of London Syndicate #2003	GBR		0	0	0	0	0	11	2	0	0	13	0	0	0	13	0	
AA-1128623	00000	Lloyd's of London Syndicate #2623	GBR		5	0	0	0	0	9	1	0	0	10	0	0	0	10	0	
AA-1128987	00000	Lloyd's of London Syndicate #2987	GBR		14	0	0	0	0	29	3	3	0	35	0	6	0	29	0	
AA-1129000	00000	Lloyd's of London Syndicate #3000	GBR		5	0	0	0	0	15	1	3	0	19	0	5	0	14	0	
AA-1126004	00000	Lloyd's of London Syndicate #4444	GBR		2	0	0	0	0	4	1	0	0	5	0	0	0	5	0	
AA-1126006	00000	Lloyd's of London Syndicate #4472	GBR		10	0	0	0	0	21	3	1	0	25	0	1	0	24	0	
AA-3190829	00000	Markel Bermuda Ltd	BMU		0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	
AA-3190870	00000	Validus Reinsurance Ltd	BMU		0	0	0	0	0	13	6	0	0	19	0	0	0	19	0	
1299999		Total Authorized - Other Non-U.S. Insurers			580	12	3	176	8	1,885	284	198	0	2,566	0	81	0	2,485	0	
1499999		Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			31,971	76	21	17,752	1,208	30,869	8,916	12,664	0	71,506	0	715	0	70,791	0	
1899999		Total Unauthorized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-3770227	00000	Hudson Indemnity Ltd	CYM		5,239	0	0	2,959	360	5,815	792	2,107	0	12,033	0	0	0	12,033	22,883	
2099999		Total Unauthorized - Affiliates - Other (Non-U.S.) - Other			5,239	0	0	2,959	360	5,815	792	2,107	0	12,033	0	0	0	12,033	22,883	
2199999		Total Unauthorized - Affiliates - Other (Non-U.S.)			5,239	0	0	2,959	360	5,815	792	2,107	0	12,033	0	0	0	12,033	22,883	
2299999		Total Unauthorized - Affiliates			5,239	0	0	2,959	360	5,815	792	2,107	0	12,033	0	0	0	12,033	22,883	
88-0510281	12303	Nations Builders Insurance Company	DC		0	0	0	0	10	0	0	0	0	10	0	0	0	10	0	
2399999		Total Unauthorized - Other U.S. Unaffiliated Insurers			0	0	0	0	10	0	0	0	0	10	0	0	0	10	0	
AA-1120191	00000	Convex Insurance UK Limited	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-3770505	00000	Gibraltar	CYM		234	10	3	104	14	44	8	105	0	288	0	127	0	161	0	
AA-3191190	00000	Hamilton Re Ltd.	BMU		148	0	0	0	0	47	8	74	0	129	0	21	0	108	0	
AA-1460019	00000	MS Amlin AG	CHE		4	0	0	0	0	9	1	0	0	10	0	0	0	10	0	
AA-3770238	00000	The Preferred Energy Group Ltd	CYM		0	0	0	0	0	5	1	0	0	6	0	0	0	6	0	
AA-1460023	00000	RenaissanceRe Europe AG SiriusPoint Bermuda Insurance Company	CHE		0	0	0	0	0	67	11	0	0	78	0	0	0	78	0	
AA-3191321	00000	Limited	BMU		0	0	0	0	0	16	3	0	0	19	0	0	0	19	0	
AA-3770159	00000	TRAX Insurance Ltd	CYM		1,219	39	10	588	63	545	96	92	0	1,433	0	267	0	1,166	0	
AA-3770000	00000	Wheels Insurance Ltd	CYM		2,796	54	14	1,598	93	1,485	262	1,109	0	4,615	0	1,071	0	3,544	0	
AA-3191315	00000	XL Bermuda Limited	BMU		0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	
2699999		Total Unauthorized - Other Non-U.S. Insurers			4,402	103	27	2,290	170	2,219	390	1,380	0	6,579	0	1,486	0	5,093	0	
2899999		Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			9,641	103	27	5,249	540	8,034	1,182	3,487	0	18,622	0	1,486	0	17,136	22,883	
3299999		Total Certified - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599999		Total Certified - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3699999		Total Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CR-1460023	00000	RenaissanceRe Europe AG	CHE		0	0	0	0	0	9	2	0	0	11	0	0	0	11	0	
4099999		Total Certified - Other Non-U.S. Insurers			0	0	0	0	0	9	2	0	0	11	0	0	0	11	0	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					0	0	0	0	0	9	2	0	0	11	0	0	0	11	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					41,612	179	48	23,001	1,748	38,912	10,100	16,151	0	90,139	0	2,201	0	87,938	22,883
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					41,612	179	48	23,001	1,748	38,912	10,100	16,151	0	90,139	0	2,201	0	87,938	22,883

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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)
34-1607395	National Interstate Insurance Company	0	0		0	46,915	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling	0	0	XXX	0	46,915	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
31-0501234	Great American Insurance Company	0	0		0	1,022	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	1,022	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	1,022	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
0899999	Total Authorized - Affiliates	0	0	XXX	0	55	47,937	0	0	0	0	0	0	0	XXX	0	
38-3207001	Accident Fund Insurance Company of America	0	0		0	11	0	11	13	11	2	0	0	2	3	0	
06-1182357	Allied World Insurance Company	0	0		0	9	137	146	175	9	166	0	166	4	9	9	
06-1430254	Arch Reinsurance Company	0	0		0	21	429	450	540	21	519	0	519	3	0	25	
51-0434766	Axis Reinsurance Company	0	0		0	33	460	493	592	33	559	0	559	3	0	27	
47-0574325	Berkley Insurance Company	0	0		0	0	144	144	173	0	173	0	173	3	0	8	
39-0712210	Church Mutual Insurance Company, Stock Insurer	0	0		0	8	4	12	14	8	6	0	6	3	0	0	
31-0542366	The Cincinnati Insurance Company	0	0		0	34	293	327	392	34	358	0	358	3	0	17	
42-0234980	Employers Mutual Casualty Company	0	0		0	0	24	24	29	0	29	0	29	3	0	1	
35-2293075	Endurance Assurance Corporation	0	0		0	0	222	222	266	0	266	0	266	3	0	13	
22-2005057	Everest Reinsurance Company	0	0		0	83	1,311	1,394	1,673	83	1,590	0	1,590	3	0	76	
05-0316605	Factory Mutual Insurance Company	0	0		0	1	3	4	5	1	4	0	4	3	0	0	
43-1898350	Fletcher Reinsurance Company	0	0		1,690	1,690	0	1,690	2,028	0	2,028	1,690	338	6	85	47	
13-2673100	General Reinsurance Corporation	0	0		0	77	2,225	2,302	2,762	77	2,685	0	2,685	2	0	110	
13-5129825	Hanover Insurance Company	0	0		0	0	2	2	2	0	2	0	2	3	0	0	
95-2769232	Insurance Company of the West	0	0		0	26	220	246	295	26	269	0	269	3	0	13	
04-1543470	Liberty Mutual Insurance Co.	0	0		0	17	87	104	125	17	108	0	108	3	0	5	
06-1481194	Markel Global Reinsurance Company	0	0		0	7	41	48	58	7	51	0	51	3	0	2	
36-3101262	Markel Insurance Company	0	0		0	0	50	50	60	0	60	0	60	3	0	3	
31-1169435	Midwest Employers Casualty Company	0	0		0	0	2	2	2	0	2	0	2	3	0	0	
13-4924125	Munich Reinsurance America Inc.	0	0		0	104	4,920	5,024	6,029	104	5,925	0	5,925	2	0	243	
47-0355979	National Indemnity Company	0	0		0	0	158	158	190	0	190	0	190	2	0	8	
31-4177100	Nationwide Mutual Insurance Company	0	0		0	37	296	333	400	37	363	0	363	3	0	17	
13-3138390	Navigators Insurance Company	0	0		0	5	88	93	112	5	107	0	107	3	0	5	
47-0698507	Odyssey Reinsurance Company	0	0		0	43	709	752	902	43	859	0	859	4	0	46	
13-3031176	Partner Reinsurance Company of the US	0	0		0	0	198	198	238	0	238	0	238	3	0	11	
52-1952955	Renaissance Reinsurance U.S. Inc.	0	0		0	68	2,028	2,096	2,515	68	2,447	0	2,447	3	0	117	
43-0727872	Safety National Casualty Corporation	0	0		0	16	1,484	1,500	1,800	16	1,784	0	1,784	3	0	86	
75-1444207	Scor Reinsurance Company	0	0		0	6	88	94	113	6	107	0	107	2	0	4	
13-1675535	Swiss Reinsurance America Corporation	0	0		0	(1)	2,212	2,211	2,653	(1)	2,654	0	2,654	2	0	109	
13-2918573	TOA Reinsurance Company of America	0	0		0	0	164	164	197	0	197	0	197	3	0	9	
13-5616275	Transatlantic Reinsurance Company	0	0		0	0	1	1	1	0	1	0	1	3	0	0	
42-0644327	United Fire and Casualty Co.	0	0		0	5	0	5	6	5	1	0	1	3	0	0	
85-0165753	Wesco Insurance Company	0	0		0	0	5	5	6	0	6	0	6	4	0	0	
13-1290712	XL Reinsurance America Inc.	0	0		0	41	546	587	704	41	663	0	663	2	0	27	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	0	0	XXX	1,690	2,341	18,551	20,892	25,070	651	24,419	1,690	22,729	XXX	85	1,042	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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)
AA-9991159	Michigan Catastrophic Claims Association	0	0		0	(72)	128	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999	Total Authorized - Pools - Mandatory Pools	0	0	XXX	0	(72)	128	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337	Aspen Insurance UK Ltd	0	0		0	20	310	0	330	396	20	376	0	376	4.	0	20
AA-3194130	Endurance Specialty Insurance Ltd	0	0		0	1	3	0	4	5	1	4	0	4	3.	0	0
AA-1340125	Hannover Rückversicherung AG	0	0		0	47	1,792	0	1,839	2,207	47	2,160	0	2,160	2.	0	89
AA-1126033	Lloyd's of London Syndicate #0033	0	0		0	0	3	0	3	4	0	4	0	4	3.	0	0
AA-1126566	Lloyd's of London Syndicate #0566	0	0		0	0	151	0	151	181	0	181	0	181	3.	0	9
AA-1126609	Lloyd's of London Syndicate #0609	0	0		0	0	5	0	5	6	0	6	0	6	3.	0	0
AA-1126623	Lloyd's of London Syndicate #0623	0	0		0	0	2	0	2	2	0	2	0	2	3.	0	0
AA-1126727	Lloyd's of London Syndicate #0727	0	0		0	0	2	0	2	2	0	2	0	2	3.	0	0
AA-1126780	Lloyd's of London Syndicate #0780	0	0		0	0	3	0	3	4	0	4	0	4	3.	0	0
AA-1127084	Lloyd's of London Syndicate #1084	0	0		0	0	13	0	13	16	0	16	0	16	3.	0	1
AA-1127414	Lloyd's of London Syndicate #1414	0	0		0	0	29	0	29	35	0	35	0	35	3.	0	2
AA-1120102	Lloyd's of London Syndicate #1458	0	0		0	0	21	0	21	25	0	25	0	25	3.	0	1
AA-1120198	Lloyd's of London Syndicate #1618	0	0		0	0	5	0	5	6	0	6	0	6	3.	0	0
AA-1120156	Lloyd's of London Syndicate #1686	0	0		0	0	9	0	9	11	0	11	0	11	3.	0	1
AA-1128001	Lloyd's of London Syndicate #2001	0	0		0	1	22	0	23	28	1	27	0	27	3.	0	1
AA-1128003	Lloyd's of London Syndicate #2003	0	0		0	0	13	0	13	16	0	16	0	16	3.	0	1
AA-1128623	Lloyd's of London Syndicate #2623	0	0		0	0	10	0	10	12	0	12	0	12	3.	0	1
AA-1128987	Lloyd's of London Syndicate #2987	0	0		0	6	29	0	35	42	6	36	0	36	3.	0	2
AA-1129000	Lloyd's of London Syndicate #3000	0	0		0	5	14	0	19	23	5	18	0	18	3.	0	1
AA-1126004	Lloyd's of London Syndicate #4444	0	0		0	0	5	0	5	6	0	6	0	6	3.	0	0
AA-1126006	Lloyd's of London Syndicate #4472	0	0		0	1	24	0	25	30	1	29	0	29	3.	0	1
AA-3190829	Markel Bermuda Ltd	0	0		0	0	1	0	1	1	0	1	0	1	3.	0	0
AA-3190870	Validus Reinsurance Ltd	0	0		0	0	19	0	19	23	0	23	0	23	3.	0	1
1299999	Total Authorized - Other Non-U.S. Insurers	0	0	XXX	0	81	2,485	0	2,566	3,079	81	2,998	0	2,998	XXX	0	131
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	1,690	2,405	69,101	0	23,458	28,150	732	27,418	1,690	25,728	XXX	85	1,172
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3770227	Hudson Indemnity Ltd	0	0		0	12,033	0	0	12,033	14,440	14,440	0	0	0	6.	0	0
2099999	Total Unauthorized - Affiliates - Other (Non-U.S.) - Other	0	0	XXX	0	12,033	0	0	12,033	14,440	14,440	0	0	0	XXX	0	0
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	12,033	0	0	12,033	14,440	14,440	0	0	0	XXX	0	0
2299999	Total Unauthorized - Affiliates	0	0	XXX	0	12,033	0	0	12,033	14,440	14,440	0	0	0	XXX	0	0
88-0510281	Nations Builders Insurance Company	0	0		10	10	0	0	10	12	0	12	10	2	6.	1	0
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers	0	0	XXX	10	10	0	0	10	12	0	12	10	2	XXX	1	0
AA-1120191	Convex Insurance UK Limited	0	0		0	0	0	0	0	0	0	0	0	0	4.	0	0
AA-3770505	Gibraltar	0	0		161	288	0	0	288	346	127	219	161	58	6.	8	8
AA-3191190	Hamilton Re Ltd.	0	0		105	126	3	3	126	151	21	130	105	25	4.	5	1
AA-1460019	MS Amlin AG	0	0		10	10	0	0	10	12	0	12	10	2	3.	0	0
AA-3770238	The Preferred Energy Group Ltd	0	0		6	6	0	0	6	7	0	7	6	1	6.	0	0
AA-1460023	RenaissanceRe Europe AG	0	0		78	78	0	0	78	94	0	94	78	16	3.	4	1
AA-3191321	SiriusPoint Bermuda Insurance Company Limited	0	0		19	19	0	0	19	23	0	23	19	4	4.	1	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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)
AA-3770159	TRAX Insurance Ltd	0	0		1,166	1,433	0	0	1,433	1,720	267	1,453	1,166	287	6	58	40
AA-3770000	Wheels Insurance Ltd	0	0		3,544	4,615	0	0	4,615	5,538	1,071	4,467	3,544	923	6	177	129
AA-3191315	XL Bermuda Limited	0	21	0001	0	1	0	0	1	1	0	1	1	2		0	0
2699999	Total Unauthorized - Other Non-U.S. Insurers	0	21	XXX	5,089	6,576	3	3	6,576	7,891	1,486	6,405	5,090	1,315	XXX	254	180
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	21	XXX	5,099	18,619	3	3	18,619	22,343	15,926	6,417	5,100	1,317	XXX	255	180
3299999	Total Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999	Total Certified - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
CR-1460023	RenaissanceRe Europe AG	0	0		11	11	0	0	11	13	0	13	11	2	3	1	0
4099999	Total Certified - Other Non-U.S. Insurers	0	0	XXX	11	11	0	0	11	13	0	13	11	2	XXX	1	0
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	11	11	0	0	11	13	0	13	11	2	XXX	1	0
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999	Total Reciprocal Jurisdiction - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	21	XXX	6,800	21,035	69,104	3	42,088	50,506	16,658	33,848	6,801	27,047	XXX	340	1,353
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals	0	21	XXX	6,800	21,035	69,104	3	42,088	50,506	16,658	33,848	6,801	27,047	XXX	340	1,353

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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 in Dispute 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	38 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											
34-1607395	National Interstate Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
31-0501234	Great American Insurance Company	0	1	0	0	0	1	0	0	1	0	100.0	0.0	0.0	0.0	YES	0
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	1	0	0	0	1	0	0	1	0	0	0.0	0.0	0.0	XXX	0
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	1	0	0	0	1	0	0	1	0	100.0	0.0	0.0	0.0	XXX	0
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999	Total Authorized - Affiliates	0	1	0	0	0	1	0	0	1	0	100.0	0.0	0.0	0.0	XXX	0
38-3207001	Accident Fund Insurance Company of America	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
06-1182357	Allied World Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
06-1430254	Arch Reinsurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
51-0434766	Axis Reinsurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
47-0574325	Berkley Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
39-0712210	Church Mutual Insurance Company, Stock Insurer	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
31-0542366	The Cincinnati Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
42-0234980	Employers Mutual Casualty Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
35-2293075	Endurance Assurance Corporation	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
22-2005057	Everest Reinsurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
05-0316605	Factory Mutual Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
43-1898350	Fletcher Reinsurance Company	13	33	0	0	0	33	46	0	46	0	71.7	0.0	0.0	0.0	YES	0
13-2673100	General Reinsurance Corporation	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
13-5129825	Hanover Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
95-2769232	Insurance Company of the West	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
04-1543470	Liberty Mutual Insurance Co.	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
06-1481194	Markel Global Reinsurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
36-3101262	Markel Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
31-1169435	Midwest Employers Casualty Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
13-4924125	Munich Reinsurance America Inc.	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
47-0355979	National Indemnity Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
31-4177100	Nationwide Mutual Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
13-3138390	Navigators Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
47-0698507	Odyssey Reinsurance Compan	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
13-3031176	Partner Reinsurance Company of the US	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
52-1952955	Renaissance Reinsurance U.S. Inc.	9	0	0	0	0	9	0	0	9	0	0.0	0.0	0.0	0.0	YES	0
43-0727872	Safety National Casualty Corporation	6	10	0	0	0	10	16	0	16	0	62.5	0.0	0.0	0.0	YES	0
75-1444207	Scor Reinsurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
13-1675535	Swiss Reinsurance America Corporation	10	0	0	0	0	10	0	0	10	0	0.0	0.0	0.0	0.0	YES	0
13-2918573	TOA Reinsurance Company of America	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
13-5616275	Transatlantic Reinsurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
42-0644327	United Fire and Casualty Co.	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
85-0165753	Wesco Insurance Company	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
13-1290712	XL Reinsurance America Inc.	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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 in Dispute 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										
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		38	43	0	0	0	43	81	0	0	81	0	0	53.1	0.0	0.0	XXX	0
AA-9991159. Michigan Catastrophic Claims Association		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
1099999. Total Authorized - Pools - Mandatory Pools		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
AA-1120337. Aspen Insurance UK Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3194130. Endurance Specialty Insurance Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1340125. Hannover Rückversicherung AG		15	0	0	0	0	0	15	0	0	15	0	0	0.0	0.0	0.0	YES	0
AA-1126033. Lloyd's of London Syndicate #0033		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126566. Lloyd's of London Syndicate #0566		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126609. Lloyd's of London Syndicate #0609		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126623. Lloyd's of London Syndicate #0623		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126727. Lloyd's of London Syndicate #0727		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126780. Lloyd's of London Syndicate #0780		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1127084. Lloyd's of London Syndicate #1084		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1127414. Lloyd's of London Syndicate #1414		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1120102. Lloyd's of London Syndicate #1458		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1120198. Lloyd's of London Syndicate #1618		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1120156. Lloyd's of London Syndicate #1686		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128001. Lloyd's of London Syndicate #2001		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128003. Lloyd's of London Syndicate #2003		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128623. Lloyd's of London Syndicate #2623		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128987. Lloyd's of London Syndicate #2987		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1129000. Lloyd's of London Syndicate #3000		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126004. Lloyd's of London Syndicate #4444		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126006. Lloyd's of London Syndicate #4472		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190829. Markel Bermuda Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190870. Validus Reinsurance Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
1299999. Total Authorized - Other Non-U.S. Insurers		15	0	0	0	0	0	15	0	0	15	0	0	0.0	0.0	0.0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		53	44	0	0	0	44	97	0	0	97	0	0	45.4	0.0	0.0	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
AA-3770227. Hudson Indemnity Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
88-0510281. Nations Builders Insurance Company		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
AA-1120191. Convex Insurance UK Limited		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3770505. Gibraltar		13	0	0	0	0	0	13	0	0	13	0	0	0.0	0.0	0.0	YES	0
AA-3191190. Hamilton Re Ltd.		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1460019. MS Amlin AG		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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	38 Overdue				42 Total Overdue Cols. 38+39 +40+41	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														
AA-3770238	The Preferred Energy Group Ltd	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
AA-1460023	RenaissanceRe Europe AG	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3191321	SiriusPoint Bermuda Insurance Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3770159	TRAX Insurance Ltd	.49	.0	.0	.0	.0	.49	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3770000	Wheels Insurance Ltd	.68	.0	.0	.0	.0	.68	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3191315	XL Bermuda Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2699999	Total Unauthorized - Other Non-U.S. Insurers	130	0	0	0	0	130	0	0	130	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	130	0	0	0	0	130	0	0	130	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
3299999	Total Certified - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
3699999	Total Certified - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
CR-1460023	RenaissanceRe Europe AG	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4099999	Total Certified - Other Non-U.S. Insurers	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
5099999	Total Reciprocal Jurisdiction - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	183	44	0	0	0	44	227	0	227	0	0	19.4	0.0	0.0	0.0	0.0	XXX	0	
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	XXX	0	
9999999	Totals	183	44	0	0	0	44	227	0	227	0	0	19.4	0.0	0.0	0.0	0.0	XXX	0	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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		
34-1607395	National Interstate 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	
31-0501234	Great American Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other			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	
38-3207001	Accident Fund Insurance Company of America	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1182357	Allied World Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1430254	Arch Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
51-0434766	Axis Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0574325	Berkley Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39-0712210	Church Mutual Insurance Company, Stock Insurer	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
31-0542366	The Cincinnati Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0234980	Employers Mutual Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35-2293075	Endurance Assurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22-2005057	Everest Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
05-0316605	Factory Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43-1898350	Fletcher Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2673100	General Reinsurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5129825	Hanover Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
95-2769232	Insurance Company of the West	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
04-1543470	Liberty Mutual Insurance Co.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1481194	Markel Global Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36-3101262	Markel Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
31-1169435	Midwest Employers Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-4924125	Munich Reinsurance America Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0355979	National Indemnity Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
31-4177100	Nationwide Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3138390	Navigators Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0698507	Odyssey Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3031176	Partner Reinsurance Company of the US	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	Renaissance Reinsurance U.S. Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43-0727872	Safety National Casualty Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
75-1444207	Scor Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	Swiss Reinsurance America Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2918573	TOA Reinsurance Company of America	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5616275	Transatlantic Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0644327	United Fire and Casualty Co.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
85-0165753	Wesco Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1290712	XL Reinsurance America Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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. 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		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991159	Michigan Catastrophic Claims Association	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999	Total Authorized - Pools - Mandatory Pools			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337	Aspen Insurance UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Specialty Insurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Rückversicherung AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	Lloyd's of London Syndicate #0033	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126566	Lloyd's of London Syndicate #0566	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126609	Lloyd's of London Syndicate #0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	Lloyd's of London Syndicate #0623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126727	Lloyd's of London Syndicate #0727	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126780	Lloyd's of London Syndicate #0780	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127084	Lloyd's of London Syndicate #1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's of London Syndicate #1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120102	Lloyd's of London Syndicate #1458	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120198	Lloyd's of London Syndicate #1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156	Lloyd's of London Syndicate #1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Lloyd's of London Syndicate #2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128003	Lloyd's of London Syndicate #2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's of London Syndicate #2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128987	Lloyd's of London Syndicate #2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1129000	Lloyd's of London Syndicate #3000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126004	Lloyd's of London Syndicate #4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126006	Lloyd's of London Syndicate #4472	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	Markel Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999	Total Authorized - Other Non-U.S. Insurers			XXX	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	XXX
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3770227	Hudson Indemnity Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2099999	Total Unauthorized - Affiliates - Other (Non-U.S.) - Other			XXX	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	XXX
2299999	Total Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
88-0510281	Nations Builders Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120191	Convex Insurance UK Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3770505	Gibraltar	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191190	Hamilton Re Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3770238	The Preferred Energy Group Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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			
AA-1460023	RenaissanceRe Europe AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3191321	SiriusPoint Bermuda Insurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3770159	TRAX Insurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3770000	Wheels Insurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3191315	XL Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2699999	Total Unauthorized - Other Non-U.S. Insurers			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	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0		
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0		
3699999	Total Certified - Affiliates			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0		
CR-1460023	RenaissanceRe Europe AG	3	01/01/2016	20.0	0	11	2	100.0	100.0	0	11	0	0	0	0	0	0		
4099999	Total Certified - Other Non-U.S. Insurers			XXX	0	11	2	XXX	XXX	0	11	0	0	0	0	0	0		
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX	0	11	2	XXX	XXX	0	11	0	0	0	0	0	0		
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	0	11	2	XXX	XXX	0	11	0	0	0	0	0	0		
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0		
9999999	Totals			XXX	0	11	2	XXX	XXX	0	11	0	0	0	0	0	0		

252

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73	74	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	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%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
34-1607395	National Interstate Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling	0	XXX	XXX	0	0	0	XXX	XXX	0
31-0501234	Great American Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	Total Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
38-3207001	Accident Fund Insurance Company of America	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1182357	Allied World Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1430254	Arch Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
51-0434766	Axis Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0574325	Berkley Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
39-0712210	Church Mutual Insurance Company, Stock Insurer	0	XXX	XXX	0	0	0	XXX	XXX	0
31-0542366	The Cincinnati Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0234980	Employers Mutual Casualty Company	0	XXX	XXX	0	0	0	XXX	XXX	0
35-2293075	Endurance Assurance Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
22-2005057	Everest Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
05-0316605	Factory Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
43-1898350	Fletcher Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2673100	General Reinsurance Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
13-5129825	Hanover Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
95-2769232	Insurance Company of the West	0	XXX	XXX	0	0	0	XXX	XXX	0
04-1543470	Liberty Mutual Insurance Co.	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1481194	Markel Global Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
36-3101262	Markel Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
31-1169435	Midwest Employers Casualty Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-4924125	Munich Reinsurance America Inc.	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0355979	National Indemnity Company	0	XXX	XXX	0	0	0	XXX	XXX	0
31-4177100	Nationwide Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-3138390	Navigators Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0698507	Odyssey Reinsurance Compan	0	XXX	XXX	0	0	0	XXX	XXX	0
13-3031176	Partner Reinsurance Company of the US	0	XXX	XXX	0	0	0	XXX	XXX	0
52-1952955	Renaissance Reinsurance U.S. Inc.	0	XXX	XXX	0	0	0	XXX	XXX	0
43-0727872	Safety National Casualty Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
75-1444207	Scor Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-1675535	Swiss Reinsurance America Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2918573	TOA Reinsurance Company of America	0	XXX	XXX	0	0	0	XXX	XXX	0
13-5616275	Transatlantic Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0644327	United Fire and Casualty Co.	0	XXX	XXX	0	0	0	XXX	XXX	0
85-0165753	Wesco Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		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 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)
13-1290712	XL Reinsurance America Inc.	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-9991159	Michigan Catastrophic Claims Association	0	XXX	XXX	0	0	0	XXX	XXX	0
1099999	Total Authorized - Pools - Mandatory Pools	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120337	Aspen Insurance UK Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3194130	Endurance Specialty Insurance Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340125	Hannover Rückversicherung AG	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126033	Lloyd's of London Syndicate #0033	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126566	Lloyd's of London Syndicate #0566	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126609	Lloyd's of London Syndicate #0609	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126623	Lloyd's of London Syndicate #0623	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126727	Lloyd's of London Syndicate #0727	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126780	Lloyd's of London Syndicate #0780	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127084	Lloyd's of London Syndicate #1084	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127414	Lloyd's of London Syndicate #1414	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120102	Lloyd's of London Syndicate #1458	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120198	Lloyd's of London Syndicate #1618	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120156	Lloyd's of London Syndicate #1686	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128001	Lloyd's of London Syndicate #2001	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128003	Lloyd's of London Syndicate #2003	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128623	Lloyd's of London Syndicate #2623	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128987	Lloyd's of London Syndicate #2987	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1129000	Lloyd's of London Syndicate #3000	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126004	Lloyd's of London Syndicate #4444	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126006	Lloyd's of London Syndicate #4472	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3190829	Markel Bermuda Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3190870	Validus Reinsurance Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999	Total Authorized - Other Non-U.S. Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3770227	Hudson Indemnity Ltd	0	0	0	XXX	XXX	XXX	0	XXX	0
2099999	Total Unauthorized - Affiliates - Other (Non-U.S.) - Other	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999	Total Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
88-0510281	Nations Builders Insurance Company	0	0	0	XXX	XXX	XXX	0	XXX	0
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1120191	Convex Insurance UK Limited	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3770505	Gibraltar	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3191190	Hamilton Re Ltd.	0	3	0	XXX	XXX	XXX	3	XXX	3

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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			
			72 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)
AA-1460019	MS Amlin AG	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3770238	The Preferred Energy Group Ltd	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1460023	RenaissanceRe Europe AG	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3191321	SiriusPoint Bermuda Insurance Company Limited	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3770159	TRAX Insurance Ltd	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3770000	Wheels Insurance Ltd	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3191315	XL Bermuda Limited	0	0	0	XXX	XXX	XXX	0	XXX	0
2699999	Total Unauthorized - Other Non-U.S. Insurers	0	3	0	XXX	XXX	XXX	3	XXX	3
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	3	0	XXX	XXX	XXX	3	XXX	3
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
CR-1460023	RenaissanceRe Europe AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4099999	Total Certified - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
5099999	Total Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	0	0	0	XXX	XXX	0
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	3	0	0	0	0	3	0	3
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0
9999999	Totals	0	3	0	0	0	0	3	0	3

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	General Reinsurance Corporation	25.000	292
2.	Odyssey Reinsurance Company	25.000	292
3.	Everest Reinsurance Company	25.000	292
4.	XL Reinsurance America Inc.	25.000	292
5.	Munich Reinsurance America Inc.	25.000	248

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	National Interstate Insurance Company	46,915	24,829	Yes [X] No []
7.	Hudson Indemnity Ltd	12,033	5,239	Yes [X] No []
8.	Munich Reinsurance America Inc.	5,024	1,215	Yes [] No [X]
9.	Wheels Insurance Ltd	4,615	2,796	Yes [] No [X]
10.	General Reinsurance Corporation	2,302	606	Yes [] No [X]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

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)	48,781,115	0	48,781,115
2. Premiums and considerations (Line 15)	11,907,241	0	11,907,241
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	227,501	(227,501)	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	81,733	0	81,733
5. Other assets	2,157,787	0	2,157,787
6. Net amount recoverable from reinsurers	0	64,996,134	64,996,134
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	63,155,377	64,768,633	127,924,010
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	15,185,042	73,759,980	88,945,023
10. Taxes, expenses, and other obligations (Lines 4 through 8)	1,606,544	0	1,606,544
11. Unearned premiums (Line 9)	4,858,055	16,094,960	20,953,016
12. Advance premiums (Line 10)	1,839	0	1,839
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	2,200,711	(2,200,711)	0
15. Funds held by company under reinsurance treaties (Line 13)	22,882,597	(22,882,597)	0
16. Amounts withheld or retained by company for account of others (Line 14)	807,138	0	807,138
17. Provision for reinsurance (Line 16)	3,000	(3,000)	0
18. Other liabilities	2,077	0	2,077
19. Total liabilities excluding protected cell business (Line 26)	47,547,003	64,768,633	112,315,635
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	15,608,374	XXX	15,608,374
22. Totals (Line 38)	63,155,377	64,768,633	127,924,010

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

If yes, give full explanation:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	20,041	XXX	20,033	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	7	XXX	0	XXX
2. Premiums earned	20,062	XXX	19,956	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	106	XXX	0	XXX
3. Incurred claims	8,168	40.7	8,145	40.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	22	20.9	0	0.0
4. Cost containment expenses	648	3.2	645	3.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	3.7	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	8,816	43.9	8,790	44.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	26	24.7	0	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	2	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.9	0	0.0
8. Other general insurance expenses	3,267	16.3	3,249	16.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18	16.6	0	0.0
9. Taxes, licenses and fees	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.1	0	0.0
10. Total other expenses incurred	3,269	16.3	3,249	16.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	20	18.7	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	7,977	39.8	7,917	39.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	60	56.7	0	0.0
13. Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	7,977	39.8	7,917	39.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	60	56.7	0	0.0
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ 0 reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	8,830	8,723	0	0	0	0	0	108	0
2. Advance premiums	0	0	0	0	0	0	0	0	0
3. Reserve for rate credits	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year	8,830	8,723	0	0	0	0	0	108	0
5. Total premium reserves, prior year	8,852	8,645	0	0	0	0	0	207	0
6. Increase in total premium reserves	(22)	78	0	0	0	0	0	(99)	0
B. Contract Reserves:									
1. Additional reserves (a)	0	0	0	0	0	0	0	0	0
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	19,563	14,398	0	0	0	0	0	5,164	0
2. Total prior year	18,192	13,050	0	0	0	0	0	5,142	0
3. Increase	1,371	1,348	0	0	0	0	0	22	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	4,898	4,898	0	0	0	0	0	0	0
1.2 On claims incurred during current year	1,899	1,899	0	0	0	0	0	0	0
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	10,452	5,311	0	0	0	0	0	5,142	0
2.2 On claims incurred during current year	9,110	9,088	0	0	0	0	0	23	0
3. Test:									
3.1 Line 1.1 and 2.1	15,351	10,209	0	0	0	0	0	5,142	0
3.2 Claim reserves and liabilities, December 31, prior year	18,192	13,050	0	0	0	0	0	5,142	0
3.3 Line 3.1 minus Line 3.2	(2,841)	(2,841)	0	0	0	0	0	0	0

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	20,041	20,033	0	0	0	0	0	7	0
2. Premiums earned	20,062	19,956	0	0	0	0	0	106	0
3. Incurred claims	8,168	8,145	0	0	0	0	0	23	0
4. Commissions	2	0	0	0	0	0	0	2	0
B. Reinsurance Ceded:									
1. Premiums written	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims				
2. Beginning claim reserves and liabilities				
3. Ending claim reserves and liabilities				
4. Claims paid				
B. Assumed Reinsurance:				
5. Incurred Claims				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims				
14. Beginning claim reserves and liabilities				
15. Ending claim reserves and liabilities				
16. Claims paid				
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS

(\$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

NONE

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

NONE

	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											
10. 2020											
11. 2021											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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						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	0	0	0	0	0	0	0	0	XXX
2. 2012	244	120	124	73	0	7	0	2	0	1	82	15
3. 2013	221	111	110	68	0	6	0	2	0	0	76	14
4. 2014	202	104	98	61	2	3	0	2	0	0	64	10
5. 2015	188	92	96	88	3	9	3	2	0	0	93	12
6. 2016	166	72	94	84	12	3	0	3	0	1	78	11
7. 2017	86	8	78	50	2	3	0	1	0	0	52	8
8. 2018	19	2	17	3	0	0	0	0	0	0	3	2
9. 2019	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020	0	0	0	0	0	0	0	0	0	0	0	0
11. 2021	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	427	19	32	3	12	0	2	449	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	0	0	2	0	0	0	0	0	0	0	0	2	0
2. 2012	0	0	1	0	0	0	0	0	0	0	0	0	0
3. 2013	0	0	1	0	0	0	0	0	0	0	0	1	0
4. 2014	0	0	4	1	0	0	0	0	0	0	0	3	0
5. 2015	0	0	4	2	0	0	0	0	0	0	0	3	0
6. 2016	0	0	1	0	0	0	0	0	0	0	0	1	0
7. 2017	4	0	3	2	1	0	0	0	0	0	0	6	0
8. 2018	0	0	1	0	0	0	0	0	0	0	0	1	0
9. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	4	0	16	6	1	0	1	0	1	0	0	16	0

	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	0	0	XXX	1	1
2. 2012	83	0	82	33.9	0.1	66.5	0	0	0.0	0	0
3. 2013	77	0	77	34.8	0.2	69.8	0	0	0.0	1	0
4. 2014	70	3	67	34.6	2.9	68.4	0	0	0.0	3	0
5. 2015	103	8	96	54.9	8.3	99.5	0	0	0.0	2	0
6. 2016	92	12	79	55.4	17.3	84.5	0	0	0.0	1	0
7. 2017	61	4	58	71.5	44.4	74.2	0	0	0.0	5	1
8. 2018	5	0	4	24.0	19.0	24.6	0	0	0.0	1	0
9. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2020	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	14	3

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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						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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	2	1	1	1	1	0	0	2	XXX
2. 2012	6,350	2,875	3,475	5,074	2,989	999	700	177	0	17	2,562	515
3. 2013	7,005	3,205	3,800	4,735	2,220	731	425	191	0	14	3,012	552
4. 2014	8,372	4,489	3,883	6,854	4,410	778	507	217	0	21	2,931	591
5. 2015	8,263	4,617	3,646	4,158	1,812	504	259	239	0	13	2,830	586
6. 2016	9,105	5,617	3,488	3,707	1,924	484	273	231	0	9	2,224	552
7. 2017	5,917	2,206	3,711	3,389	1,673	422	242	242	0	11	2,137	575
8. 2018	6,813	2,447	4,366	3,742	1,766	442	251	264	0	13	2,432	599
9. 2019	7,732	2,900	4,832	3,658	1,798	336	185	327	0	11	2,338	628
10. 2020	8,217	2,870	5,347	1,629	719	173	100	275	0	9	1,259	400
11. 2021	9,653	3,513	6,140	765	416	76	55	222	0	5	591	482
12. Totals	XXX	XXX	XXX	37,713	19,729	4,946	2,997	2,386	0	124	22,319	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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior	3	0	31	12	1	0	22	15	3	0	0	34	0
2. 2012	8	6	33	27	1	0	30	28	2	0	0	12	0
3. 2013	3	2	91	80	0	0	31	28	4	0	0	18	0
4. 2014	13	0	159	131	2	1	25	19	4	0	0	52	0
5. 2015	90	25	63	32	9	(6)	30	22	6	0	0	125	1
6. 2016	124	48	143	71	10	(5)	30	16	9	0	0	186	2
7. 2017	558	139	166	93	19	(3)	72	37	14	0	0	563	4
8. 2018	1,240	628	407	228	40	1	109	36	30	0	2	933	11
9. 2019	1,751	964	554	297	73	14	233	71	42	0	3	1,308	18
10. 2020	1,553	567	2,124	1,172	72	25	461	150	83	0	5	2,378	26
11. 2021	1,876	862	3,931	1,871	101	49	765	227	207	0	13	3,872	112
12. Totals	7,218	3,241	7,703	4,014	328	75	1,807	648	405	0	22	9,482	174

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	23	11
2. 2012	6,325	3,751	2,574	99.6	130.5	74.1	0	0	0.0	7	5
3. 2013	5,786	2,756	3,030	82.6	86.0	79.7	0	0	0.0	11	7
4. 2014	8,051	5,068	2,983	96.2	112.9	76.8	0	0	0.0	41	11
5. 2015	5,098	2,144	2,954	61.7	46.4	81.0	0	0	0.0	96	29
6. 2016	4,737	2,327	2,410	52.0	41.4	69.1	0	0	0.0	149	37
7. 2017	4,881	2,181	2,700	82.5	98.9	72.8	0	0	0.0	492	72
8. 2018	6,275	2,910	3,365	92.1	118.9	77.1	0	0	0.0	790	143
9. 2019	6,975	3,328	3,647	90.2	114.8	75.5	0	0	0.0	1,045	263
10. 2020	6,370	2,733	3,637	77.5	95.2	68.0	0	0	0.0	1,937	441
11. 2021	7,942	3,479	4,463	82.3	99.0	72.7	0	0	0.0	3,074	797
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	7,665	1,817

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

(\$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	53	29	6	2	7	0	2	35	XXX
2. 2012	4,564	2,951	1,613	3,456	2,533	452	372	109	0	3	1,113	118
3. 2013	6,424	4,368	2,056	2,532	1,572	383	299	125	0	13	1,168	138
4. 2014	7,840	5,537	2,303	4,207	3,403	560	494	126	0	12	996	162
5. 2015	12,027	9,256	2,771	4,852	3,958	443	372	154	0	16	1,118	186
6. 2016	11,504	8,449	3,055	4,357	3,403	382	331	180	0	17	1,185	178
7. 2017	5,165	2,052	3,113	2,143	1,149	246	200	196	0	18	1,236	177
8. 2018	5,099	1,981	3,118	1,822	979	234	180	173	0	21	1,070	168
9. 2019	5,101	1,977	3,124	1,566	888	192	157	174	0	15	888	174
10. 2020	4,240	1,764	2,476	1,248	777	136	111	120	0	2	615	133
11. 2021	4,298	1,736	2,563	573	372	55	46	72	0	0	281	128
12. Totals	XXX	XXX	XXX	26,808	19,064	3,088	2,564	1,435	0	120	9,703	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	468	310	157	11	11	5	36	21	5	0	2	331	2
2. 2012	53	27	42	8	2	1	29	22	4	0	0	72	0
3. 2013	85	44	142	82	4	2	62	55	8	0	2	118	1
4. 2014	94	49	122	54	3	1	49	42	11	0	2	134	1
5. 2015	180	117	145	51	7	6	14	2	16	0	3	184	2
6. 2016	138	72	333	198	9	4	37	21	20	0	5	242	2
7. 2017	303	156	277	132	11	4	33	14	30	0	10	349	3
8. 2018	289	123	535	294	17	5	57	21	36	0	20	491	5
9. 2019	343	141	703	379	26	13	86	40	47	0	25	632	9
10. 2020	507	286	817	461	39	22	90	35	42	0	27	690	14
11. 2021	719	407	1,239	576	68	44	130	41	87	0	37	1,174	44
12. Totals	3,178	1,732	4,513	2,246	196	107	623	314	305	0	133	4,417	83

	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	0	0	XXX	305	26
2. 2012	4,147	2,962	1,185	90.9	100.4	73.5	0	0	0.0	60	12
3. 2013	3,341	2,055	1,286	52.0	47.0	62.5	0	0	0.0	101	17
4. 2014	5,172	4,043	1,129	66.0	73.0	49.0	0	0	0.0	114	20
5. 2015	5,809	4,507	1,302	48.3	48.7	47.0	0	0	0.0	156	28
6. 2016	5,455	4,028	1,426	47.4	47.7	46.7	0	0	0.0	201	41
7. 2017	3,240	1,654	1,585	62.7	80.6	50.9	0	0	0.0	293	57
8. 2018	3,163	1,602	1,561	62.0	80.9	50.1	0	0	0.0	408	84
9. 2019	3,137	1,617	1,520	61.5	81.8	48.7	0	0	0.0	526	106
10. 2020	2,998	1,693	1,305	70.7	96.0	52.7	0	0	0.0	576	114
11. 2021	2,942	1,487	1,455	68.4	85.7	56.8	0	0	0.0	974	200
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3,713	704

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$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	0	0	0	0	0	0	0	0	0	XXX
2. 2012	95	58	37	16	3	3	0	2	0	0	0	18	1
3. 2013	125	77	48	32	7	9	1	3	0	0	0	36	1
4. 2014	169	104	65	26	0	10	1	3	0	1	1	38	2
5. 2015	167	73	94	31	0	6	1	4	0	0	0	40	3
6. 2016	155	45	110	42	8	18	0	7	0	1	1	59	4
7. 2017	151	33	118	131	70	12	3	6	0	1	1	75	4
8. 2018	138	30	108	47	20	2	0	3	0	0	0	32	3
9. 2019	134	32	102	65	48	2	2	5	0	0	0	21	2
10. 2020	123	38	85	7	0	0	0	1	0	0	0	9	1
11. 2021	123	39	84	20	4	0	0	2	0	0	0	17	1
12. Totals	XXX	XXX	XXX	417	161	62	9	36	0	3	345	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	0	0	1	1	0	0	0	0	0	0	0	0	0
2. 2012	0	0	1	0	0	0	0	0	0	0	0	1	0
3. 2013	0	0	1	1	0	0	1	0	0	0	0	1	0
4. 2014	0	0	3	2	0	0	1	0	0	0	0	2	0
5. 2015	0	0	4	3	0	0	1	1	1	0	0	2	0
6. 2016	25	0	4	3	3	0	2	1	2	0	0	32	0
7. 2017	18	13	6	0	0	0	1	0	2	0	0	14	0
8. 2018	4	0	5	1	1	0	0	0	2	0	0	10	0
9. 2019	5	0	11	3	1	0	1	0	2	0	0	17	0
10. 2020	0	0	22	7	0	0	4	1	2	0	0	20	0
11. 2021	7	0	24	8	1	0	5	2	2	0	0	28	0
12. Totals	59	13	81	29	5	0	17	5	13	0	0	127	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	0		0	XXX
2. 2012	22	3	19	23.1	5.7	50.3	0	0	0.0	1	0
3. 2013	46	9	37	36.8	11.3	77.7	0	0	0.0	1	1
4. 2014	43	3	40	25.2	3.0	60.8	0	0	0.0	1	1
5. 2015	47	4	42	28.0	5.9	45.1	0	0	0.0	1	1
6. 2016	103	12	91	66.6	26.3	83.1	0	0	0.0	26	6
7. 2017	176	86	90	116.5	261.7	75.9	0	0	0.0	11	3
8. 2018	64	22	42	46.3	74.3	38.5	0	0	0.0	7	2
9. 2019	91	53	38	68.1	166.9	37.1	0	0	0.0	13	4
10. 2020	37	8	28	29.9	22.2	33.3	0	0	0.0	15	5
11. 2021	60	14	45	48.6	36.9	54.0	0	0	0.0	22	6
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	97	30

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2012	4	4	0	0	0	0	0	0	0	0	0	XXX
3. 2013	5	4	1	0	0	0	0	0	0	0	0	XXX
4. 2014	7	5	2	6	6	0	0	0	0	0	0	XXX
5. 2015	7	6	1	2	2	0	0	0	0	0	0	XXX
6. 2016	9	8	1	0	0	0	0	0	0	0	0	XXX
7. 2017	2	1	1	0	0	0	0	0	0	0	0	XXX
8. 2018	2	2	0	1	1	0	0	0	0	0	0	XXX
9. 2019	2	2	0	1	1	0	0	0	0	0	0	XXX
10. 2020	2	2	0	0	0	0	0	0	0	0	0	XXX
11. 2021	3	3	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	10	10	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2014	6	6	0	85.7	120.0	0.0	0	0	0.0	0	0
5. 2015	2	2	0	28.6	33.3	0.0	0	0	0.0	0	0
6. 2016	0	0	0	0.1	0.0	0.7	0	0	0.0	0	0
7. 2017	0	0	0	2.2	0.0	4.4	0	0	0.0	0	0
8. 2018	1	1	0	50.2	50.0	0.0	0	0	0.0	0	0
9. 2019	1	1	0	52.2	50.0	0.0	0	0	0.0	0	0
10. 2020	0	0	0	3.0	0.4	0.0	0	0	0.0	0	0
11. 2021	0	0	0	2.2	0.9	28.7	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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							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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	3	1	3	(1)	0	0	0	5	XXX
2. 2012	928	536	392	385	221	62	16	24	0	1	234	36
3. 2013	741	401	340	264	79	49	21	17	0	1	231	24
4. 2014	1,035	721	314	686	460	61	30	21	0	3	277	26
5. 2015	1,179	833	346	823	618	32	11	21	0	5	247	28
6. 2016	1,446	1,111	335	643	445	51	21	22	0	4	250	39
7. 2017	1,276	932	344	721	567	40	24	21	0	2	190	26
8. 2018	1,131	797	334	521	389	22	13	22	0	3	165	26
9. 2019	1,257	881	376	532	398	20	10	28	0	3	172	24
10. 2020	1,525	1,109	416	323	252	7	5	23	0	1	96	20
11. 2021	1,857	1,468	388	75	44	1	2	10	0	0	41	19
12. Totals	XXX	XXX	XXX	4,976	3,475	349	152	210	0	24	1,908	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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior	3	0	32	27	3	0	1	0	1	0	0	13	0
2. 2012	0	0	5	3	0	0	2	2	1	0	0	3	0
3. 2013	10	2	22	19	0	(1)	2	1	1	0	0	14	0
4. 2014	20	14	6	4	1	0	1	0	1	0	0	9	0
5. 2015	14	4	43	37	1	0	12	9	1	0	0	20	0
6. 2016	8	2	57	47	2	0	20	14	1	0	0	24	0
7. 2017	33	14	107	90	3	(3)	22	18	2	0	0	47	1
8. 2018	54	32	172	143	3	1	42	33	3	0	0	66	1
9. 2019	185	142	338	272	8	5	75	57	9	0	1	138	1
10. 2020	131	59	528	418	6	1	118	87	9	0	1	226	2
11. 2021	207	164	431	350	4	2	98	75	12	0	2	161	5
12. Totals	666	436	1,740	1,411	32	6	393	297	41	0	5	722	9

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	8	5
2. 2012	479	242	237	51.7	45.2	60.5	0	0	0.0	2	1
3. 2013	364	120	244	49.2	29.9	71.9	0	0	0.0	10	3
4. 2014	797	510	287	77.0	70.7	91.3	0	0	0.0	7	2
5. 2015	947	680	266	80.3	81.6	77.0	0	0	0.0	15	5
6. 2016	804	530	274	55.6	47.7	81.8	0	0	0.0	16	8
7. 2017	948	710	238	74.3	76.2	69.1	0	0	0.0	35	12
8. 2018	841	610	231	74.4	76.6	69.2	0	0	0.0	52	15
9. 2019	1,195	885	310	95.1	100.5	82.5	0	0	0.0	109	29
10. 2020	1,144	822	322	75.0	74.1	77.5	0	0	0.0	181	45
11. 2021	840	638	202	45.2	43.4	52.0	0	0	0.0	124	38
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	559	163

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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	0	0	0	0	0	0	0	0	XXX
2. 2012	21	12	9	3	0	4	1	0	0	0	0	6
3. 2013	6	3	3	10	1	19	0	0	0	0	0	28
4. 2014	1	0	1	2	0	0	0	0	0	0	0	2
5. 2015	1	0	1	1	0	0	0	0	0	0	0	1
6. 2016	7	1	6	8	1	2	0	0	0	0	0	9
7. 2017	16	6	10	2	0	1	0	0	0	0	0	3
8. 2018	19	7	12	8	0	1	1	0	0	0	0	8
9. 2019	21	8	13	27	10	2	1	0	0	0	0	18
10. 2020	25	10	15	20	9	11	4	0	0	0	0	17
11. 2021	27	9	18	0	0	1	0	0	0	0	0	1
12. Totals	XXX	XXX	XXX	81	21	41	8	0	0	0	0	94

	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	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2012	0	0	1	0	0	0	0	0	0	0	0	1	0
3. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2015	0	0	1	0	0	0	0	0	0	0	0	1	0
6. 2016	0	0	3	0	0	0	0	0	0	0	0	4	0
7. 2017	0	0	6	2	0	0	1	0	0	0	0	5	0
8. 2018	2	0	2	1	0	0	0	0	0	0	0	3	0
9. 2019	5	2	2	1	0	0	0	0	0	0	0	5	0
10. 2020	5	3	7	3	2	0	1	1	0	0	0	10	0
11. 2021	7	1	12	3	2	0	2	1	0	0	0	17	0
12. Totals	19	5	34	9	4	1	6	2	0	0	0	46	0

	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
2. 2012	8	1	7	36.5	9.5	72.4	0	0	0.0	0	0
3. 2013	29	1	28	487.7	33.9	941.6	0	0	0.0	0	0
4. 2014	2	0	2	214.7	0.0	214.9	0	0	0.0	0	0
5. 2015	2	0	2	226.2	0.0	213.9	0	0	0.0	1	0
6. 2016	14	1	13	202.9	106.3	219.0	0	0	0.0	3	1
7. 2017	10	2	8	64.6	34.3	82.8	0	0	0.0	4	1
8. 2018	13	2	12	70.2	25.8	96.1	0	0	0.0	3	0
9. 2019	37	14	22	174.2	179.3	171.1	0	0	0.0	4	0
10. 2020	46	20	27	185.0	197.1	177.0	0	0	0.0	7	2
11. 2021	24	5	19	86.5	55.4	101.9	0	0	0.0	15	3
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	39	8

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 1I - 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						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	0	1	1	0	0	0	1	0	XXX
2. 2020	179	50	129	56	18	1	0	3	0	2	42	XXX
3. 2021	208	58	151	46	19	1	1	2	0	1	30	XXX
4. Totals	XXX	XXX	XXX	102	38	3	1	5	0	3	72	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	0	57	44	1	0	6	6	2	0	2	17	0
2. 2020	1	0	12	8	0	0	1	1	0	0	1	5	0
3. 2021	17	7	21	14	0	0	1	1	1	0	4	20	1
4. Totals	20	7	90	66	1	0	8	7	3	0	7	42	2

	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
2. 2020	74	27	47	41.4	54.2	36.5	0	0	0.0	5	1
3. 2021	91	41	50	43.6	70.7	33.2	0	0	0.0	18	2
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	37	5

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	(14)	(20)	4	1	5	0	6	14	XXX
2. 2020	1,716	517	1,198	718	321	18	10	66	0	84	472	71
3. 2021	1,888	567	1,321	598	281	14	8	47	0	40	370	22
4. Totals	XXX	XXX	XXX	1,302	582	36	19	118	0	130	855	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	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	1	(1)	222	162	1	1	52	49	10	0	16	77	5
2. 2020	5	2	138	101	0	1	13	14	9	0	20	48	0
3. 2021	212	109	137	92	4	2	20	16	28	0	64	183	4
4. Totals	218	109	497	354	5	3	85	78	47	0	101	308	8

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	63	14
2. 2020	968	448	520	56.4	86.5	43.4	0	0	0.0	41	7
3. 2021	1,059	506	552	56.1	89.2	41.8	0	0	0.0	148	34
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	252	56

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2020	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2021	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	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	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	1	0	0	0	0	0	0	0	0	1	0
2. 2020	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	1	0	0	0	0	0	0	0	0	1	0

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1	0
2. 2020	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$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	2	1	0	0	0	0	0	1	XXX
2. 2020	25	8	17	7	2	1	0	0	0	0	5	XXX
3. 2021	30	10	20	3	1	0	0	0	0	0	2	XXX
4. Totals	XXX	XXX	XXX	12	4	1	0	0	0	0	9	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	1	0	12	3	0	0	2	1	1	0	0	11	0
2. 2020	2	1	0	0	0	0	0	0	0	0	0	1	0
3. 2021	9	3	3	0	0	0	1	0	0	0	0	10	0
4. Totals	11	4	15	3	0	0	3	1	1	0	0	22	0

	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	0		0	XXX
2. 2020	11	4	7	42.0	45.2	40.4	0	0	0.0	1	0
3. 2021	16	4	12	53.5	42.5	58.8	0	0	0.0	9	1
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	20	3

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 NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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												
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
12. Totals												

NONE

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

1. Prior	62	73	70	71	65	65	65	66	65	66	1	0
2. 2012	85	86	88	89	81	81	81	81	80	80	0	(1)
3. 2013	XXX	86	79	80	75	76	76	74	74	75	1	1
4. 2014	XXX	XXX	72	73	64	66	65	68	68	65	(3)	(3)
5. 2015	XXX	XXX	XXX	85	95	95	94	94	94	93	(1)	(1)
6. 2016	XXX	XXX	XXX	XXX	87	86	85	76	76	76	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	60	60	62	62	57	(5)	(5)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(7)	(9)

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

1. Prior	3,236	3,637	3,944	4,052	4,270	4,269	4,156	4,105	4,115	4,109	(6)	4
2. 2012	1,979	2,108	2,301	2,391	2,614	2,582	2,541	2,435	2,401	2,394	(7)	(41)
3. 2013	XXX	2,631	2,709	2,872	2,969	2,980	2,953	2,870	2,852	2,835	(17)	(35)
4. 2014	XXX	XXX	2,840	2,966	2,940	2,967	2,939	2,817	2,778	2,763	(15)	(54)
5. 2015	XXX	XXX	XXX	2,649	2,806	2,788	2,758	2,776	2,726	2,709	(17)	(67)
6. 2016	XXX	XXX	XXX	XXX	2,342	2,346	2,247	2,278	2,175	2,170	(5)	(108)
7. 2017	XXX	XXX	XXX	XXX	XXX	2,560	2,549	2,613	2,458	2,445	(13)	(168)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3,016	3,060	3,047	3,071	24	11
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,265	3,230	3,277	47	12
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,303	3,279	(24)	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,034	XXX	XXX	XXX
12. Totals											(32)	(445)

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

1. Prior	2,014	1,720	1,677	1,888	1,786	1,779	1,783	1,792	1,757	1,737	(20)	(55)
2. 2012	1,131	1,101	1,121	1,162	1,111	1,087	1,089	1,102	1,086	1,072	(14)	(30)
3. 2013	XXX	1,249	1,280	1,203	1,199	1,204	1,201	1,180	1,167	1,154	(13)	(26)
4. 2014	XXX	XXX	1,435	1,262	1,171	1,144	1,067	1,050	1,005	993	(12)	(57)
5. 2015	XXX	XXX	XXX	1,527	1,349	1,338	1,277	1,227	1,171	1,133	(38)	(94)
6. 2016	XXX	XXX	XXX	XXX	1,627	1,612	1,579	1,406	1,345	1,227	(118)	(179)
7. 2017	XXX	XXX	XXX	XXX	XXX	1,739	1,709	1,534	1,424	1,359	(65)	(175)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,606	1,517	1,418	1,352	(66)	(165)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,545	1,345	1,299	(46)	(246)
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,291	1,143	(148)	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,296	XXX	XXX	XXX
12. Totals											(541)	(1,029)

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	14	12	18	17	22	23	22	17	17	17	0	0
2. 2012	17	15	17	16	17	17	17	17	17	17	0	0
3. 2013	XXX	15	16	16	25	24	36	34	34	34	0	0
4. 2014	XXX	XXX	33	32	40	39	39	37	36	36	(1)	(1)
5. 2015	XXX	XXX	XXX	58	45	45	45	42	39	38	(1)	(4)
6. 2016	XXX	XXX	XXX	XXX	69	68	86	85	85	82	(3)	(3)
7. 2017	XXX	XXX	XXX	XXX	XXX	61	73	87	87	82	(5)	(5)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	53	46	43	37	(6)	(9)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	35	31	(4)	(9)
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	25	(3)	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	XXX	XXX
12. Totals											(24)	(32)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

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	0	0	0	0	1	1	1	0	0	0	0	0
2. 2012	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013	XXX	1	0	0	0	0	0	0	0	0	0	0
4. 2014	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2015	XXX	XXX	XXX	1	0	0	0	0	0	0	0	0
6. 2016	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2H - SECTION 1 - OTHER 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	224	220	244	239	263	268	267	281	281	285	4	4
2. 2012	187	165	172	168	190	201	201	215	214	212	(2)	(3)
3. 2013	XXX	163	183	182	196	201	206	222	221	227	6	5
4. 2014	XXX	XXX	177	174	224	230	238	261	265	265	0	4
5. 2015	XXX	XXX	XXX	233	234	224	254	248	248	244	(4)	(4)
6. 2016	XXX	XXX	XXX	XXX	309	279	280	244	248	251	3	7
7. 2017	XXX	XXX	XXX	XXX	XXX	242	241	234	216	215	(1)	(19)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	245	232	218	205	(13)	(27)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232	282	273	(9)	41
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209	291	82	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	180	XXX	XXX
12. Totals											66	8

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

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	8	11	16	19	19	19	19	19	19	19	0	0
2. 2012	7	5	6	6	5	5	5	5	5	7	2	2
3. 2013	XXX	6	7	11	20	20	20	28	28	28	0	0
4. 2014	XXX	XXX	0	1	2	2	2	2	2	2	0	0
5. 2015	XXX	XXX	XXX	2	1	1	1	2	2	2	0	0
6. 2016	XXX	XXX	XXX	XXX	16	14	15	14	14	13	(1)	(1)
7. 2017	XXX	XXX	XXX	XXX	XXX	11	10	8	8	8	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	11	11	11	12	1	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	19	22	3	8
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	26	12	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	XXX	XXX
12. Totals											18	10

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	37	26	(11)	(8)
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	44	(2)	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	XXX	XXX
4. Totals											(13)	(8)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	150	132	142	10	(8)
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	474	445	(29)	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	478	XXX	XXX
4. Totals											(19)	(8)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0	0
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	15	15	0	(1)
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	7	(2)	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	XXX	XXX
4. Totals											(2)	(1)

SCHEDULE P - PART 2M - INTERNATIONAL

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 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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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												
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				

NONE

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

1. Prior	.000	46	57	58	62	63	63	63	64	64	1	0
2. 2012	30	61	69	79	80	80	80	80	80	80	8	7
3. 2013	XXX	38	58	67	72	73	73	73	73	74	8	6
4. 2014	XXX	XXX	17	36	51	53	63	63	63	62	5	5
5. 2015	XXX	XXX	XXX	26	68	75	86	91	91	91	7	5
6. 2016	XXX	XXX	XXX	XXX	33	62	69	73	75	75	6	5
7. 2017	XXX	XXX	XXX	XXX	XXX	15	40	46	50	51	4	4
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3	3	1	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	.000	1,672	2,960	3,660	3,890	3,996	4,038	4,048	4,077	4,079	59	0
2. 2012	336	817	1,424	1,890	2,195	2,313	2,366	2,382	2,385	2,384	228	287
3. 2013	XXX	586	1,229	1,873	2,323	2,531	2,687	2,796	2,818	2,821	236	316
4. 2014	XXX	XXX	457	1,096	1,674	2,159	2,469	2,624	2,690	2,715	236	354
5. 2015	XXX	XXX	XXX	279	984	1,775	2,144	2,414	2,522	2,591	225	360
6. 2016	XXX	XXX	XXX	XXX	272	781	1,217	1,627	1,849	1,993	189	360
7. 2017	XXX	XXX	XXX	XXX	XXX	275	858	1,270	1,738	1,895	201	370
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	326	1,138	1,700	2,168	206	382
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	362	1,170	2,011	213	397
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	261	984	124	250
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	370	92	278

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

1. Prior	.000	486	785	954	1,088	1,196	1,284	1,345	1,384	1,412	35	0
2. 2012	176	477	668	799	858	911	929	979	993	1,004	84	33
3. 2013	XXX	192	495	687	826	942	984	1,009	1,030	1,043	100	37
4. 2014	XXX	XXX	193	480	643	762	800	833	852	870	111	50
5. 2015	XXX	XXX	XXX	205	537	752	857	912	943	964	113	70
6. 2016	XXX	XXX	XXX	XXX	223	580	807	916	970	1,005	121	55
7. 2017	XXX	XXX	XXX	XXX	XXX	276	672	892	990	1,040	120	54
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	236	592	823	897	108	55
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	212	543	714	103	62
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214	495	71	48
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209	44	40

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	3	11	13	15	17	17	17	17	17	0	0
2. 2012	8	11	12	13	16	16	16	16	16	16	1	0
3. 2013	XXX	3	13	15	18	20	33	33	33	33	0	1
4. 2014	XXX	XXX	8	23	31	34	35	35	35	35	1	1
5. 2015	XXX	XXX	XXX	15	24	28	31	35	35	36	2	1
6. 2016	XXX	XXX	XXX	XXX	18	31	44	48	52	52	2	2
7. 2017	XXX	XXX	XXX	XXX	XXX	16	44	56	68	69	2	2
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	13	25	28	29	2	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	17	16	1	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	7	0	1
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	0	1

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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				

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				

NONE

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

1. Prior.....	.000	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2013.....	XXX	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2014.....	XXX	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
5. 2015.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
6. 2016.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX

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

1. Prior.....	.000	116	160	205	235	239	243	263	268	273	4	0
2. 2012.....	31	76	106	135	160	179	208	210	210	210	17	19
3. 2013.....	XXX	36	102	136	170	176	188	205	214	214	16	8
4. 2014.....	XXX	XXX	41	86	176	225	241	245	255	256	16	10
5. 2015.....	XXX	XXX	XXX	42	119	165	196	212	224	225	18	10
6. 2016.....	XXX	XXX	XXX	XXX	67	135	154	187	215	228	25	14
7. 2017.....	XXX	XXX	XXX	XXX	XXX	35	99	131	154	170	16	9
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	48	103	122	142	15	11
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	105	144	14	9
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	73	11	7
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	8	6

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

1. Prior.....	.000	1	14	17	19	19	19	19	19	19	0	0
2. 2012.....	0	2	3	4	4	4	4	4	5	6	0	0
3. 2013.....	XXX	1	4	5	9	20	20	28	28	28	0	0
4. 2014.....	XXX	XXX	0	0	2	2	2	2	2	2	0	0
5. 2015.....	XXX	XXX	XXX	0	0	0	1	1	1	1	0	0
6. 2016.....	XXX	XXX	XXX	XXX	1	9	10	10	10	9	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1	2	2	2	3	0	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	8	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	11	18	0	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	17	0	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0

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	.000	10	10	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	39	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	67	76	3	1
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	321	406	30	41
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	323	12	7

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	0	0	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	3	4	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	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

NONE

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	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	

NONE

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

1. Prior	24	13	6	6	2	2	2	1	1	1
2. 2012	32	16	10	8	1	1	1	1	0	0
3. 2013	XXX	30	8	6	1	3	3	1	1	1
4. 2014	XXX	XXX	30	19	4	6	1	3	3	3
5. 2015	XXX	XXX	XXX	30	13	10	5	2	3	2
6. 2016	XXX	XXX	XXX	XXX	27	14	12	2	1	1
7. 2017	XXX	XXX	XXX	XXX	XXX	23	12	10	9	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	1,596	693	354	138	238	213	94	21	30	27
2. 2012	1,206	682	314	141	257	200	158	50	15	8
3. 2013	XXX	1,373	712	450	331	234	170	47	27	13
4. 2014	XXX	XXX	1,565	984	596	392	291	136	49	34
5. 2015	XXX	XXX	XXX	1,460	908	451	236	168	87	40
6. 2016	XXX	XXX	XXX	XXX	1,384	910	531	322	138	86
7. 2017	XXX	XXX	XXX	XXX	XXX	1,665	1,030	711	278	108
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,855	1,005	579	252
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,058	1,061	420
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,298	1,262
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,599

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

1. Prior	1,274	695	216	362	241	223	196	228	192	161
2. 2012	738	377	249	227	130	85	70	84	55	41
3. 2013	XXX	800	510	274	204	153	128	109	91	67
4. 2014	XXX	XXX	977	566	325	254	169	140	83	76
5. 2015	XXX	XXX	XXX	1,017	530	405	292	235	155	106
6. 2016	XXX	XXX	XXX	XXX	1,112	731	570	369	269	150
7. 2017	XXX	XXX	XXX	XXX	XXX	1,123	743	456	266	165
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,035	609	379	278
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,050	543	370
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788	411
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	751

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	8	5	5	3	4	4	5	0	0	0
2. 2012	8	2	2	1	1	1	1	1	1	1
3. 2013	XXX	6	1	0	4	(4)	3	1	1	1
4. 2014	XXX	XXX	17	3	6	3	4	2	2	1
5. 2015	XXX	XXX	XXX	33	13	13	10	6	3	2
6. 2016	XXX	XXX	XXX	XXX	33	28	15	9	5	2
7. 2017	XXX	XXX	XXX	XXX	XXX	25	11	19	13	7
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	28	18	11	3
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	15	9
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	17
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	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	

NONE

SCHEDULE P - PART 4F - 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	XX	XX						
7. 2017	XXX	XXX	XX	XX	XX					
8. 2018	XXX	XXX	XX	XX	XX	XX				
9. 2019	XXX	XXX	XX	XXX	XXX	XX	XX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.0	0	0	0	1	1	1	.0	0	0
2. 2012	.0	0	0	0	0	0	0	0	0	0
3. 2013	XXX	1	0	0	0	0	0	0	0	0
4. 2014	XXX	XXX	0	0	0	0	0	0	0	0
5. 2015	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2016	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	143	43	28	(5)	11	10	2	8	6	6
2. 2012	123	53	35	10	1	(4)	(8)	4	3	2
3. 2013	XXX	104	54	32	19	18	9	7	5	4
4. 2014	XXX	XXX	90	20	23	(11)	(15)	7	4	2
5. 2015	XXX	XXX	XXX	120	63	23	36	18	14	8
6. 2016	XXX	XXX	XXX	XXX	171	116	104	34	22	16
7. 2017	XXX	XXX	XXX	XXX	XXX	157	101	57	30	20
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	144	92	59	39
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	113	84
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	4	1	1	0	0	0	0	0	0	0
2. 2012	5	2	1	1	0	0	0	0	1	1
3. 2013	XXX	3	2	0	0	0	(1)	0	0	0
4. 2014	XXX	XXX	0	0	0	0	0	0	0	0
5. 2015	XXX	XXX	XXX	1	0	1	0	1	1	1
6. 2016	XXX	XXX	XXX	XXX	9	4	5	3	4	3
7. 2017	XXX	XXX	XXX	XXX	XXX	10	8	5	5	5
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	11	6	6	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	4	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	5
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	13	13
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	4
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69	57	64
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77	36
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	12	10
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	0
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SCHEDULE P - PART 4M - INTERNATIONAL

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	

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 4T - Warranty

NONE

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

NONE

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

NONE

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

NONE

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	3	1	0	0	0	0	0	0	0	0
2. 2012	6	8	8	8	8	8	8	8	8	8
3. 2013	XXX	6	8	8	8	8	8	8	8	8
4. 2014	XXX	XXX	4	5	5	5	5	5	5	5
5. 2015	XXX	XXX	XXX	5	7	7	7	7	7	7
6. 2016	XXX	XXX	XXX	XXX	4	6	6	6	6	6
7. 2017	XXX	XXX	XXX	XXX	XXX	3	4	4	4	4
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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	0	0	0	0	0	0	0	0	0
2. 2012	4	1	0	0	0	0	0	0	0	0
3. 2013	XXX	2	1	0	0	0	0	0	0	0
4. 2014	XXX	XXX	2	0	0	0	0	0	0	0
5. 2015	XXX	XXX	XXX	3	1	0	0	0	0	0
6. 2016	XXX	XXX	XXX	XXX	3	1	0	0	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	2	0	0	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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	(3)	(1)	0	0	0	0	0	0	0	0
2. 2012	15	16	15	15	15	15	15	15	15	15
3. 2013	XXX	13	15	14	14	14	14	14	14	14
4. 2014	XXX	XXX	10	10	10	10	10	10	10	10
5. 2015	XXX	XXX	XXX	12	13	12	12	12	12	12
6. 2016	XXX	XXX	XXX	XXX	10	12	11	11	11	11
7. 2017	XXX	XXX	XXX	XXX	XXX	8	8	8	8	8
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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	93	27	18	6	3	5	0	0	0	0
2. 2012	138	198	214	221	225	227	228	228	228	228
3. 2013	XXX	141	210	226	232	235	236	236	236	236
4. 2014	XXX	XXX	147	211	224	231	234	235	236	236
5. 2015	XXX	XXX	XXX	142	201	215	220	223	225	225
6. 2016	XXX	XXX	XXX	XXX	119	172	181	185	188	189
7. 2017	XXX	XXX	XXX	XXX	XXX	123	181	192	198	201
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	129	187	201	206
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	198	213
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82	124
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92

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	76	44	20	12	6	1	0	0	0	0
2. 2012	127	36	17	9	3	1	0	0	0	0
3. 2013	XXX	135	33	16	7	3	1	1	0	0
4. 2014	XXX	XXX	126	32	15	7	3	1	1	0
5. 2015	XXX	XXX	XXX	114	32	15	8	3	1	1
6. 2016	XXX	XXX	XXX	XXX	109	27	14	7	4	2
7. 2017	XXX	XXX	XXX	XXX	XXX	105	28	15	7	4
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	107	31	17	11
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	33	18
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	26
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112

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	45	11	(1)	(1)	(1)	(1)	(1)	0	0	1
2. 2012	470	504	512	514	513	514	514	515	515	515
3. 2013	XXX	505	543	551	552	553	553	553	552	552
4. 2014	XXX	XXX	545	581	587	590	591	590	591	591
5. 2015	XXX	XXX	XXX	538	575	583	585	585	586	586
6. 2016	XXX	XXX	XXX	XXX	506	544	549	551	552	552
7. 2017	XXX	XXX	XXX	XXX	XXX	530	567	573	574	575
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	549	590	597	599
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	570	620	628
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	365	400
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	482

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

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	38	15	7	3	2	2	1	2	2	1
2. 2012	38	67	75	78	80	82	82	83	84	84
3. 2013	XXX	41	78	87	92	95	97	98	99	100
4. 2014	XXX	XXX	50	86	97	103	106	108	110	111
5. 2015	XXX	XXX	XXX	42	86	100	106	109	112	113
6. 2016	XXX	XXX	XXX	XXX	55	99	110	116	119	121
7. 2017	XXX	XXX	XXX	XXX	XXX	62	102	113	118	120
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	54	92	104	108
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	92	103
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	71
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44

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	42	25	17	10	7	7	5	4	3	2
2. 2012	43	16	8	5	3	2	1	1	1	0
3. 2013	XXX	60	21	11	6	4	3	2	1	1
4. 2014	XXX	XXX	61	20	10	5	3	2	1	1
5. 2015	XXX	XXX	XXX	53	22	10	5	3	2	2
6. 2016	XXX	XXX	XXX	XXX	61	19	10	5	3	2
7. 2017	XXX	XXX	XXX	XXX	XXX	56	19	9	5	3
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	54	18	8	5
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59	19	9
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	14
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44

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	2	1	(2)	(1)	2	(1)	1	2	0
2. 2012	104	113	115	116	116	117	116	117	118	118
3. 2013	XXX	123	132	134	135	136	137	137	137	138
4. 2014	XXX	XXX	143	150	154	156	158	160	161	162
5. 2015	XXX	XXX	XXX	142	172	177	179	181	184	186
6. 2016	XXX	XXX	XXX	XXX	155	169	173	175	177	178
7. 2017	XXX	XXX	XXX	XXX	XXX	155	171	174	176	177
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	148	162	166	168
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	170	174
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	133
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	128

**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
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	0	0	0	0	0	0	0	0	0	0
2. 2012	1	1	1	1	1	1	1	1	1	1
3. 2013	XXX	0	0	0	0	0	0	0	0	0
4. 2014	XXX	XXX	1	1	1	1	1	1	1	1
5. 2015	XXX	XXX	XXX	1	2	2	2	2	2	2
6. 2016	XXX	XXX	XXX	XXX	1	2	2	2	2	2
7. 2017	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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	0	0	0	0	0	0	0	0	0	0
2. 2012	1	0	0	0	0	0	0	0	0	0
3. 2013	XXX	1	0	0	0	0	0	0	0	0
4. 2014	XXX	XXX	1	0	0	0	0	0	0	0
5. 2015	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2016	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	1	1	0	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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	0	0	0	0	0	0	0	0	0	0
2. 2012	2	1	1	1	1	1	1	1	1	1
3. 2013	XXX	2	1	1	1	1	1	1	1	1
4. 2014	XXX	XXX	3	2	2	2	2	2	2	2
5. 2015	XXX	XXX	XXX	3	3	3	3	3	3	3
6. 2016	XXX	XXX	XXX	XXX	3	4	4	4	4	4
7. 2017	XXX	XXX	XXX	XXX	XXX	4	5	4	4	4
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3	3
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2	2
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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**

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	10	1	1	0	0	2	0	0	0	0
2. 2012	7	14	16	17	17	17	17	17	17	17
3. 2013	XXX	7	14	15	15	15	15	16	16	16
4. 2014	XXX	XXX	7	13	14	14	14	16	16	16
5. 2015	XXX	XXX	XXX	6	14	15	15	18	18	18
6. 2016	XXX	XXX	XXX	XXX	10	21	22	25	25	25
7. 2017	XXX	XXX	XXX	XXX	XXX	6	11	15	16	16
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4	13	14	15
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	13	14
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	11
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

SECTION 2A

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	6	6	3	1	2	0	0	0	0	0
2. 2012	13	3	2	1	0	0	0	0	0	0
3. 2013	XXX	5	2	1	1	0	0	0	0	0
4. 2014	XXX	XXX	5	2	1	0	0	0	0	0
5. 2015	XXX	XXX	XXX	6	2	1	1	0	0	0
6. 2016	XXX	XXX	XXX	XXX	12	2	1	1	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	4	2	2	1	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4	2	1	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	2	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	2
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SECTION 3A

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	9	2	(2)	0	(1)	0	0	0	0	0
2. 2012	26	33	35	36	36	36	36	36	36	36
3. 2013	XXX	16	23	24	24	23	23	24	24	24
4. 2014	XXX	XXX	17	23	24	24	24	26	26	26
5. 2015	XXX	XXX	XXX	17	25	26	26	28	28	28
6. 2016	XXX	XXX	XXX	XXX	28	35	36	40	39	39
7. 2017	XXX	XXX	XXX	XXX	XXX	15	21	26	26	26
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	14	25	26	26
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	23	24
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	20
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE
SECTION 1B**

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	0	0	0	0	0	0	0	0	0	0
2. 2012	0	0	0	0	0	0	0	0	0	0
3. 2013	XXX	0	0	0	0	0	0	0	0	0
4. 2014	XXX	XXX	0	0	0	0	0	0	0	0
5. 2015	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2016	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

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	0	0	0	0	0	0	0	0	0	0
2. 2012	0	0	0	0	1	0	0	0	0	0
3. 2013	XXX	0	0	0	1	0	0	0	0	0
4. 2014	XXX	XXX	0	0	1	0	0	0	0	0
5. 2015	XXX	XXX	XXX	0	1	0	0	0	0	0
6. 2016	XXX	XXX	XXX	XXX	4	0	0	0	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3B

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	0	0	0	0	0	0	0	0	0	0
2. 2012	0	0	0	0	1	0	0	0	0	0
3. 2013	XXX	0	0	0	1	0	0	0	0	0
4. 2014	XXX	XXX	0	0	1	0	0	0	0	0
5. 2015	XXX	XXX	XXX	0	1	0	0	0	0	0
6. 2016	XXX	XXX	XXX	XXX	4	0	0	0	0	0
7. 2017	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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 NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**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.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	0
3. 2013.....	XXX	7,005	7,005	7,005	7,005	7,005	7,005	7,005	7,005	7,005	0
4. 2014.....	XXX	XXX	8,372	8,372	8,372	8,372	8,372	8,372	8,372	8,372	0
5. 2015.....	XXX	XXX	XXX	8,263	8,263	8,263	8,263	8,263	8,263	8,263	0
6. 2016.....	XXX	XXX	XXX	XXX	9,105	9,105	9,105	9,105	9,105	9,105	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	5,917	5,917	5,917	5,917	5,917	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	6,813	6,813	6,813	6,813	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,732	7,732	7,732	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,217	8,217	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,653	9,653
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,653
13. Earned Premiums (Sch P-Pt. 1)	6,350	7,005	8,372	8,263	9,105	5,917	6,813	7,732	8,217	9,653	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.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	2,875	2,875	2,875	2,875	2,875	2,875	2,875	2,875	2,875	2,875	0
3. 2013.....	XXX	3,205	3,205	3,205	3,205	3,205	3,205	3,205	3,205	3,205	0
4. 2014.....	XXX	XXX	4,489	4,489	4,489	4,489	4,489	4,489	4,489	4,489	0
5. 2015.....	XXX	XXX	XXX	4,617	4,617	4,617	4,617	4,617	4,617	4,617	0
6. 2016.....	XXX	XXX	XXX	XXX	5,617	5,617	5,617	5,617	5,617	5,617	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2,206	2,206	2,206	2,206	2,206	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	2,447	2,447	2,447	2,447	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,900	2,900	2,900	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,870	2,870	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,513	3,513
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,513
13. Earned Premiums (Sch P-Pt. 1)	2,875	3,205	4,489	4,617	5,617	2,206	2,447	2,900	2,870	3,513	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.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	4,564	4,564	4,564	4,564	4,564	4,564	4,564	4,564	4,564	4,564	0
3. 2013.....	XXX	6,424	6,424	6,424	6,424	6,424	6,424	6,424	6,424	6,424	0
4. 2014.....	XXX	XXX	7,840	7,840	7,840	7,840	7,840	7,840	7,840	7,840	0
5. 2015.....	XXX	XXX	XXX	12,027	12,027	12,027	12,027	12,027	12,027	12,027	0
6. 2016.....	XXX	XXX	XXX	XXX	11,504	11,504	11,504	11,504	11,504	11,504	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	5,165	5,165	5,165	5,165	5,165	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	5,099	5,099	5,099	5,099	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,101	5,101	5,101	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,240	4,240	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,298	4,298
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,298
13. Earned Premiums (Sch P-Pt. 1)	4,564	6,424	7,840	12,027	11,504	5,165	5,099	5,101	4,240	4,298	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.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	2,951	2,951	2,951	2,951	2,951	2,951	2,951	2,951	2,951	2,951	0
3. 2013.....	XXX	4,368	4,368	4,368	4,368	4,368	4,368	4,368	4,368	4,368	0
4. 2014.....	XXX	XXX	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	0
5. 2015.....	XXX	XXX	XXX	9,256	9,256	9,256	9,256	9,256	9,256	9,256	0
6. 2016.....	XXX	XXX	XXX	XXX	8,449	8,449	8,449	8,449	8,449	8,449	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2,052	2,052	2,052	2,052	2,052	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,981	1,981	1,981	1,981	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,977	1,977	1,977	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,764	1,764	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,736	1,736
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,736
13. Earned Premiums (Sch P-Pt. 1)	2,951	4,368	5,537	9,256	8,449	2,052	1,981	1,977	1,764	1,736	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**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	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	95	95	95	95	95	95	95	95	95	95	0
3. 2013.....	XXX	125	125	125	125	125	125	125	125	125	0
4. 2014.....	XXX	XXX	169	169	169	169	169	169	169	169	0
5. 2015.....	XXX	XXX	XXX	167	167	167	167	167	167	167	0
6. 2016.....	XXX	XXX	XXX	XXX	155	155	155	155	155	155	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	151	151	151	151	151	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	138	138	138	138	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134	134	134	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	123	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	123
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123
13. Earned Premiums (Sch P-Pt. 1)	95	125	169	167	155	151	138	134	123	123	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	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	58	58	58	58	58	58	58	58	58	58	0
3. 2013.....	XXX	77	77	77	77	77	77	77	77	77	0
4. 2014.....	XXX	XXX	104	104	104	104	104	104	104	104	0
5. 2015.....	XXX	XXX	XXX	73	73	73	73	73	73	73	0
6. 2016.....	XXX	XXX	XXX	XXX	45	45	45	45	45	45	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	33	33	33	33	33	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	30	30	30	30	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32	32	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	39
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39
13. Earned Premiums (Sch P-Pt. 1)	58	77	104	73	45	33	30	32	38	39	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	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	928	928	928	928	928	928	928	928	928	928	0
3. 2013.....	XXX	741	741	741	741	741	741	741	741	741	0
4. 2014.....	XXX	XXX	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	0
5. 2015.....	XXX	XXX	XXX	1,179	1,179	1,179	1,179	1,179	1,179	1,179	0
6. 2016.....	XXX	XXX	XXX	XXX	1,446	1,446	1,446	1,446	1,446	1,446	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1,276	1,276	1,276	1,276	1,276	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,131	1,131	1,131	1,131	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,257	1,257	1,257	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,525	1,525	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,857	1,857
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,857
13. Earned Premiums (Sch P-Pt. 1)	928	741	1,035	1,179	1,446	1,276	1,131	1,257	1,525	1,857	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	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	536	536	536	536	536	536	536	536	536	536	0
3. 2013.....	XXX	401	401	401	401	401	401	401	401	401	0
4. 2014.....	XXX	XXX	721	721	721	721	721	721	721	721	0
5. 2015.....	XXX	XXX	XXX	833	833	833	833	833	833	833	0
6. 2016.....	XXX	XXX	XXX	XXX	1,111	1,111	1,111	1,111	1,111	1,111	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	932	932	932	932	932	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	797	797	797	797	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	881	881	881	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,109	1,109	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,468	1,468
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,468
13. Earned Premiums (Sch P-Pt. 1)	536	401	721	833	1,111	932	797	881	1,109	1,468	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**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.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	21	21	21	21	21	21	21	21	21	21	21
3. 2013.....	XXX	6	6	6	6	6	6	6	6	6	6
4. 2014.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2015.....	XXX	XXX	XXX	1	1	1	1	1	1	1	1
6. 2016.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7	7
7. 2017.....	XXX	XXX	XXX	XXX	XXX	16	16	16	16	16	16
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	19	19	19	19	19
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	21	21	21
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	25	25
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	27
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27
13. Earned Premiums (Sch P-Pt. 1)	21	6	1	1	7	16	19	21	25	27	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.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	12	12	12	12	12	12	12	12	12	12	12
3. 2013.....	XXX	3	3	3	3	3	3	3	3	3	3
4. 2014.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2015.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2016.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	1
7. 2017.....	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6	6
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7	7
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	8	8	8
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	9
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9
13. Earned Premiums (Sch P-Pt. 1)	12	3	0	0	1	6	7	8	10	9	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									
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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	0	0	0.0	0	0	0.0
2. Private Passenger Auto Liability/ Medical	16	0	0.0	0	0	0.0
3. Commercial Auto/Truck Liability/ Medical	9,482	0	0.0	6,287	0	0.0
4. Workers' Compensation	4,417	0	0.0	2,354	0	0.0
5. Commercial Multiple Peril	127	0	0.0	84	0	0.0
6. Medical Professional Liability - Occurrence	0	0	0.0	0	0	0.0
7. Medical Professional Liability - Claims - Made	0	0	0.0	0	0	0.0
8. Special Liability	0	0	0.0	0	0	0.0
9. Other Liability - Occurrence	722	0	0.0	394	0	0.0
10. Other Liability - Claims-Made	46	0	0.0	20	0	0.0
11. Special Property	42	0	0.0	152	0	0.0
12. Auto Physical Damage	308	0	0.0	1,405	0	0.0
13. Fidelity/Surety	1	0	0.0	0	0	0.0
14. Other	22	0	0.0	20	0	0.0
15. International	0	0	0.0	0	0	0.0
16. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence	0	0	0.0	0	0	0.0
20. Products Liability - Claims-Made	0	0	0.0	0	0	0.0
21. Financial Guaranty/Mortgage Guaranty	0	0	0.0	0	0	0.0
22. Warranty	0	0	0.0	0	0	0.0
23. Totals	15,185	0	0.0	10,716	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED 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										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XX					
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	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES 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										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XX					
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 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

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

N O N E

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	0	0	0.0	0	0	0.0
2. Private Passenger Auto Liability/Medical	16	0	0.0	0	0	0.0
3. Commercial Auto/Truck Liability/Medical	9,482	0	0.0	6,287	0	0.0
4. Workers' Compensation	4,417	0	0.0	2,354	0	0.0
5. Commercial Multiple Peril	127	0	0.0	84	0	0.0
6. Medical Professional Liability - Occurrence	0	0	0.0	0	0	0.0
7. Medical Professional Liability - Claims - Made	0	0	0.0	0	0	0.0
8. Special Liability	0	0	0.0	0	0	0.0
9. Other Liability - Occurrence	722	0	0.0	394	0	0.0
10. Other Liability - Claims-Made	46	0	0.0	20	0	0.0
11. Special Property	42	0	0.0	152	0	0.0
12. Auto Physical Damage	308	0	0.0	1,405	0	0.0
13. Fidelity/Surety	1	0	0.0	0	0	0.0
14. Other	22	0	0.0	20	0	0.0
15. International	0	0	0.0	0	0	0.0
16. Reinsurance - Nonproportional Assumed Property	0	0	0.0	0	0	0.0
17. Reinsurance - Nonproportional Assumed Liability	0	0	0.0	0	0	0.0
18. Reinsurance - Nonproportional Assumed Financial Lines	0	0	0.0	0	0	0.0
19. Products Liability - Occurrence	0	0	0.0	0	0	0.0
20. Products Liability - Claims-Made	0	0	0.0	0	0	0.0
21. Financial Guaranty/Mortgage Guaranty	0	0	0.0	0	0	0.0
22. Warranty	0	0	0.0	0	0	0.0
23. Totals	15,185	0	0.0	10,716	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XX					
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	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XX					
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 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

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)?\$0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 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 [X]
- 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	2
	Section 1: Occurrence	Section 2: Claims-Made
1.601 Prior	0	0
1.602 2012	0	0
1.603 2013	0	0
1.604 2014	0	0
1.605 2015	0	0
1.606 2016	0	0
1.607 2017	0	0
1.608 2018	0	0
1.609 2019	0	0
1.610 2020	0	0
1.611 2021	0	0
1.612 Totals	0	0

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 | 0 |
| 5.2 Surety | 0 |
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 [] No [X]
- 7.2 (An extended statement may be attached.)

Schedule T - Part 2 - Interstate Compact

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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)	*
.0000		.00000	31-1544320	0	0001042046	NYSE	American Financial Group, Inc.	OH	UIP		Ownership	0.000		NO	0
.0000		.00000	86-3438529	0	0		AFG Real Estate Holding Company, LLC	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-4395026	0	0		Bay Bridge Holding Company, LLC	MD	NIA	AFG Real Estate Holding Company, LLC	Ownership	65.000	American Financial Group, Inc.	NO	1
.0000		.00000	84-4395026	0	0		Bay Bridge Holding Company, LLC	MD	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	NO	1
.0000		.00000	84-4395026	0	0		Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	NO	1
.0000		.00000	27-4078277	0	0			MD	NIA	Bay Bridge Holding Company, LLC	Ownership	85.000	American Financial Group, Inc.	NO	0
.0000		.00000	27-0513333	0	0		Bay Bridge Marina Management, LLC	MD	NIA	Bay Bridge Holding Company, LLC	Ownership	85.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-4604276	0	0		GALIC - Bay Bridge Marina, LLC	MD	NIA	Bay Bridge Marina Management, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-3355051	0	0		Charleston Harbor Holding Company, LLC	SC	NIA	AFG Real Estate Holding Company, LLC	Ownership	50.000	American Financial Group, Inc.	NO	1
.0000		.00000	84-3355051	0	0		Charleston Harbor Holding Company, LLC	SC	NIA	Great American Insurance Company	Ownership	50.000	American Financial Group, Inc.	NO	1
.0000		.00000	81-3737639	0	0		Charleston Harbor Fishing, LLC	SC	NIA	Charleston Harbor Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-4574243	0	0		Mountain View Grand Holding Company, LLC	NH	NIA	AFG Real Estate Holding Company, LLC	Ownership	65.000	American Financial Group, Inc.	NO	1
.0000		.00000	84-4574243	0	0		Mountain View Grand Holding Company, LLC	NH	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	NO	1
.0000		.00000	86-3225970	0	0		Sailfish Holding Company, LLC	FL	NIA	AFG Real Estate Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-2654660	0	0		Skipjack Holding Company, LLC	MD	NIA	AFG Real Estate Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	52-2179330	0	0		Skipjack Marina Corp.	MD	NIA	Skipjack Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0996797	0	0		American Financial Enterprises, Inc.	CT	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0828578	0	0		American Money Management Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	27-1577326	0	0		American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	27-2829629	0	0		Mid-Market Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	41-2112001	0	0		APU Holding Company	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	23-6000765	0	0		American Premier Underwriters, Inc.	PA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	13-6400464	0	0		Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	46-1665396	0	0		Pennsylvania Lehigh Oil & Gas Holdings LLC	PA	NIA	Lehigh Valley Railroad Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-1548213	0	0		Magnolia Alabama Holdings, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-1574094	0	0		Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	46-1852532	0	0		Michigan Oil & Gas Holdings, LLC	MI	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	46-1480078	0	0		Ohio Oil & Gas Holdings, LLC	OH	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	13-6021353	0	0		The Owasco River Railway, Inc.	NY	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	76-0080537	0	0		PCC Technical Industries, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	46-3246684	0	0		Pennsylvania Oil & Gas Holdings, LLC	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	23-6000766	0	0		Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc.	Ownership	66.670	American Financial Group, Inc.	NO	0
.0000		.00000	98-1073776	0	0		GAI Insurance Company, Ltd.	BMU	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1446308	0	0		Hangar Acquisition Corp.	OH	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	91-1242743	0	0		Premier Lease & Loan Services Insurance Agency, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	91-1508644	0	0		Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0823725	0	0		Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	06-1356481	0	0		Great American Financial Resources, Inc.	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	34-1017531	0	0		Ceres Group, Inc.	DE	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	47-0717079	0	0		Continental General Corporation	NE	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	34-1947042	0	0		QQAgency of Texas, Inc.	TX	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-1246122	0	0		Brothers Management, LLC	FL	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1391777	0	0		GALIC Brothers, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000		0	0		Helium Holdings Limited	BMU	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0686194	0	0		GAI Australia Pty Ltd	AUS	NIA	Helium Holdings Limited	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1119320	0	0		One East Fourth, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0728327	0	0		TEJ Holdings, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0728327	0	0		Three East Fourth, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	81-4361220	0	0		Verikai Inc.	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	42-1575938	0	0		Great American Holding, Inc.	OH	UIP	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	80-0333563	0	0		ABA Insurance Services, Inc.	OH	NIA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	27-3062314	0	0		Agricultural Services, LLC	OH	NIA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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	Domi-ciliary Location	Relation-ship 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 Re-quired? (Yes/No)	*
.0084	American Financial Group, Inc.	10646	36-4079497	0	0		Great American Contemporary Insurance Company	OH	IA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	10701	59-1835212	0	0		Bridgefield Employers Insurance Company	FL	IA	Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	10335	59-3269531	0	0		Bridgefield Casualty Insurance Company	FL	IA	Bridgefield Employers Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	22179	95-2801326	0	0		Republic Indemnity Company of America	CA	IA	Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	43753	31-1054123	0	0		Republic Indemnity Company of America	CA	IA	Republic Indemnity Company of America	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000		0	0		Great American Holding (Europe) Limited	GBR	NIA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000		0	0		Great American Europe Limited	GBR	NIA	Great American Holding (Europe) Limited	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	AA-1784136	0	0		Great American International Insurance (EU) Designated Activity Company	JRL	IA	Great American Europe Limited	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	AA-1120817	0	0		Great American International Insurance (UK) Limited	GBR	IA	Great American Europe Limited	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	23418	73-0556513	0	0		Mid-Continent Casualty Company	OH	IA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	15380	73-1406844	0	0		Mid-Continent Assurance Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	13794	38-3803661	0	0		Mid-Continent Excess and Surplus Insurance Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	30-0571535	0	0		Mid-Continent Specialty Insurance Services, Inc.	OK	NIA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	23426	73-0773259	0	0		Oklahoma Surety Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	34-1607394	0	0		National Interstate Corporation	OH	UIP	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	34-1899058	0	0		American Highways Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1548235	0	0		Explorer RV Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	98-0191335	0	0		Hudson Indemnity, Ltd.	CYM	IA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	34-1607396	0	0		National Interstate Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	36-4670968	0	0		Commercial For Hire Transportation Purchasing Group	SC	NIA	National Interstate Insurance Agency, Inc.	Management	0.000	American Financial Group, Inc.	NO	2
.0084	American Financial Group, Inc.	32620	34-1607395	0	0		National Interstate Insurance Company	OH	LDP	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	11051	99-0345306	0	0		National Interstate Insurance Company of Hawaii, Inc.	OH	RE	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	43-1254631	0	0		TransProtection Service Company	MO	NIA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	41106	95-3623282	0	0		Triumpe Casualty Company	OH	IA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	21172	86-0114294	0	0		Vanliner Insurance Company	OH	IA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-5546054	0	0		Safety Claims & Litigation Services, LLC	MT	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	46-4570914	0	0		Safety, Claims and Litigation Services, LLC	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	87-1038842	0	0		Radion Insurance Holdings, LLC	DE	NIA	Great American Holding, Inc.	Ownership	32.000	American Financial Group, Inc.	NO	0
.0000		.00000	87-1053786	0	0		Radion Health, Inc.	DE	NIA	Radion Insurance Holdings, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000		0	0		Radion Re, Inc.	CYM	NIA	Radion Insurance Holdings, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	59-1683711	0	0		Summit Consulting, LLC	FL	NIA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	59-3385208	0	0		Heritage Summit Healthcare, LLC	FL	NIA	Summit Consulting, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	16691	31-0501234	0	0		Great American Insurance Company	OH	IA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	37990	31-0973761	0	0		American Empire Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	35351	31-0912199	0	0		American Empire Surplus Lines Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1463075	0	0		American Signature Underwriters, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	59-2840291	0	0		Brothers Property Corporation	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	25-1754638	0	0		Brothers Pennsylvania Corporation	PA	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	59-2840294	0	0		Brothers Property Management Corporation	OH	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1277904	0	0		Crop Managers Insurance Agency, Inc.	KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	83-1767590	0	0		CropSurance Agency, LLC	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0589001	0	0		Dempsey & Siders Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-2358400	0	0		Human and Social Services Risk Purchasing Group, LLC	OH	NIA	Dempsey & Siders Agency, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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)	*
.0000		.00000	31-1341668	0	0		Eden Park Insurance Brokers, Inc.	CA	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
							El Aguila, Compañia de Seguros, S.A. de C.V.								
.0000		.00000		0	0			MEX	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	YES	0
.0000		.00000	39-1404033	0	0		Farmers Crop Insurance Alliance, Inc.	KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000		0	0		Foreign Credit Insurance Association	NY	OTH	Great American Insurance Company	Management	0.000	American Financial Group, Inc.	NO	2
.0000		.00000	81-0814136	0	0		GAI Mexico Holdings, LLC	DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1753938	0	0		GAI Warranty Company	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	YES	0
.0000		.00000	31-1765544	0	0		GAI Warranty Company of Florida	FL	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	61-1329718	0	0		Global Premier Finance Company	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	26832	95-1542353	0	0		Great American Alliance Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	26344	15-6020948	0	0		Great American Assurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	39896	61-0983091	0	0		Great American Casualty Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	37532	31-0954439	0	0		Great American E & S Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	41858	31-1036473	0	0		Great American Fidelity Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1652643	0	0		Great American Insurance Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
							Great American Insurance Company of New York								
.0084	American Financial Group, Inc.	22136	13-5539046	0	0			NY	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0856644	0	0		Great American Management Services, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	38580	31-1288778	0	0		Great American Protection Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0918893	0	0		Great American Re Inc.	DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	31135	31-1209419	0	0		Great American Security Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	33723	31-1237970	0	0		Great American Spirit Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
							Great American Underwriters Insurance Company								
.0084	American Financial Group, Inc.	16618	83-1694393	0	0			OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	87-1850814	0	0		PLLS Canada Insurance Brokers Inc.	CAN	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1293064	0	0		Professional Risk Brokers, Inc.	IL	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000		0	0		Shelter Rock Holdings, LLC	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000		0	0		Westline Industrial, LLC	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	NO	0

Asterisk	Explanation
1	The entity is owned by more than one company within the AFG Group.
2	Entity is affiliated but not owned.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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	31-1544320	American Financial Group, Inc.	830,000,000	.0	.0	.0	300,699,108	.0		.0	1,130,699,108	.0
00000	86-3438529	AFG Real Estate Holding Company, LLC	.0	.0	(99,260,453)	.0	.0	.0		.0	(99,260,453)	.0
00000	84-3355051	Charleston Harbor Holding Company, LLC	.0	26,664,293	.0	.0	.0	.0		.0	26,664,293	.0
00000	98-1073776	GAI Insurance Company, Ltd.	.0	.0	.0	.0	.0	.0		.0	.0	(3,004,000)
00000	06-1356481	Great American Financial Resources, Inc.	10,000,000	.0	1,267,433	.0	.0	.0		.0	11,267,433	.0
63312	13-1935920	Great American Life Insurance Company	(300,000,000)	(5,000,000)	559,636,765	.0	(119,662,927)	.0		.0	134,973,838	.0
67083	45-0252531	Manhattan National Life Insurance Company	.0	5,000,000	.0	.0	.0	.0		.0	5,000,000	.0
00000	42-1575938	Great American Holding, Inc.	(150,000,000)	150,000,000	.0	.0	.0	.0		.0	.0	.0
00000		Great American International Insurance (EU) Designated Activity Company	.0	.0	.0	.0	.0	.0		.0	.0	48,871,000
00000		Great American International Insurance (UK) Limited	.0	.0	.0	.0	.0	.0		.0	.0	8,943,000
23418	73-0556513	Mid-Continent Casualty Company	.0	.0	.0	.0	.0	.0	*	.0	.0	(9,879,000)
00000	34-1607394	National Interstate Corporation	.0	.0	.0	.0	.0	.0		.0	.0	.0
00000	98-0191335	Hudson Indemnity, Ltd.	.0	.0	.0	.0	.0	.0		.0	.0	(403,337,000)
32620	34-1607395	National Interstate Insurance Company	(30,000,000)	.0	.0	.0	.0	.0	*	.0	(30,000,000)	269,564,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.	.0	.0	.0	.0	.0	.0	*	.0	.0	13,110,000
41106	95-3623282	Triumphe Casualty Company	.0	.0	.0	.0	.0	.0	*	.0	.0	19,328,000
21172	86-0114294	Vanliner Insurance Company	.0	.0	.0	.0	.0	.0	*	.0	.0	122,244,000
10646	36-4079497	Great American Contemporary Insurance Company	200,000,000	45,000,000	.0	.0	.0	.0	*	.0	245,000,000	.0
22179	95-2801326	Republic Indemnity Company of America	(200,000,000)	(195,000,000)	.0	.0	.0	.0	*	.0	(395,000,000)	(40,424,000)
10335	59-3269531	Bridgfield Casualty Insurance Company	.0	.0	.0	.0	.0	.0	*	.0	.0	(3,070,000)
16691	31-0501234	Great American Insurance Company	(337,522,111)	(61,664,293)	(461,643,745)	.0	(181,036,181)	.0	*	.0	(1,041,866,330)	(26,092,000)
00000	31-1765544	GAI Warranty Company of Florida	.0	.0	.0	.0	.0	.0		.0	.0	19,000
00000	61-1329718	Global Premier Finance Company	(2,000,000)	.0	.0	.0	.0	.0		.0	(2,000,000)	.0
22136	13-5539046	Great American Insurance Company of New York	.0	35,000,000	.0	.0	.0	.0	*	.0	35,000,000	.0
38580	87-1850814	PLLS Canada Insurance Brokers, Inc.	(477,889)	.0	.0	.0	.0	.0		.0	(477,889)	.0
00000	31-1293064	Professional Risk Brokers, Inc.	(20,000,000)	.0	.0	.0	.0	.0		.0	(20,000,000)	.0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	(3,727,000)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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)
American Empire Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
American Empire Surplus Lines Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Bridgfield Casualty Insurance Company	Bridgfield Employers Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Bridgfield Employers Insurance Company	Great American Contemporary Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Alliance Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Assurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Casualty Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Contemporary Insurance Company	Great American Holding, Inc.	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American E&S Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Fidelity Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Insurance Company of New York	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Protection Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Security Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Spirit Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Great American Underwriters Insurance Company	Great American Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Mid-Continent Assurance Company	Mid-Continent Casualty Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Mid-Continent Casualty Company	Great American Holding, Inc.	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Mid-Continent Excess and Surplus Insurance Company	Mid-Continent Casualty Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
National Interstate Insurance Company	National Interstate Corporation	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
National Interstate Insurance Company of Hawaii, Inc.	National Interstate Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Oklahoma Surety Company	Mid-Continent Casualty Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Republic Indemnity Company of America	Great American Contemporary Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Republic Indemnity Company of California	Republic Indemnity Company of America	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Triumpher Casualty Company	National Interstate Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO
Vanliner Insurance Company	National Interstate Insurance Company	100.000	NO	American Financial Group, Inc.	N/A	0.000	NO

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

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

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

JUNE FILING

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

- | | |
|--|-----|
| 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? | YES |
| 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? | YES |
| 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | YES |
| 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? | YES |
| 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:

11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
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34. The data for this supplement is not required to be filed.
35. The data for this supplement is not required to be filed.
36. The data for this supplement is not required to be filed.

Bar Codes:

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]



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 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] 
- 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] 

OVERFLOW PAGE FOR WRITE-INS

