



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## QUARTERLY STATEMENT

AS OF JUNE 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE

### Infinity Assurance Insurance Company

NAIC Group Code 0215 0215 NAIC Company Code 39497 Employer's ID Number 75-1227771  
(Current) (Prior)

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

Country of Domicile \_\_\_\_\_ United States of America

Incorporated/Organized \_\_\_\_\_ 06/03/1980 Commenced Business \_\_\_\_\_ 07/11/1980

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

Main Administrative Office \_\_\_\_\_ 2201 4th Avenue North \_\_\_\_\_ 205-870-4000  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Website Address \_\_\_\_\_ www.kemper.com  
Statutory Statement Contact \_\_\_\_\_ Eugene Betz \_\_\_\_\_ 312-661-4600  
(Name) (Area Code) (Telephone Number)  
efasstatutoryreporting@kemper.com \_\_\_\_\_, \_\_\_\_\_ 205-803-8080  
(E-mail Address) (FAX Number)

#### OFFICERS

President _____	Matthew Joseph Varagona _____	Vice President & Treasurer/Controller _____	Timothy John Tuller _____
Secretary _____	Patrick Bowen Theiler _____		

#### OTHER

#### DIRECTORS OR TRUSTEES

Bradley Thomas Camden _____	Timothy John Tuller _____	Aditya NMI Mahajan _____
Patrick Bowen Theiler _____	Matthew Joseph Varagona _____	

State of \_\_\_\_\_ Alabama SS:  
County of \_\_\_\_\_ Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Matthew Joseph Varagona  
President

Patrick Bowen Theiler  
Secretary

Timothy John Tuller  
Vice President & Treasurer/Controller

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

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

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	4,149,893		4,149,893	4,750,839
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ encumbrances) .....				
4.3 Properties held for sale (less \$ encumbrances) .....				
5. Cash (\$ 1 ), cash equivalents (\$ 762,455 ) and short-term investments (\$ ..... ) .....	762,456		762,456	51,554
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	4,912,348		4,912,348	4,802,393
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	47,986		47,986	39,035
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				362
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				18,444
18.2 Net deferred tax asset .....	943	943	943	
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	704,097		704,097	719,281
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	2,531		2,531	2,531
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	5,667,906	943	5,666,963	5,582,046
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	5,667,906	943	5,666,963	5,582,046
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....				
2501. Other assets .....	2,531		2,531	2,531
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	2,531		2,531	2,531

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

		1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )			
2. Reinsurance payable on paid losses and loss adjustment expenses			
3. Loss adjustment expenses			
4. Commissions payable, contingent commissions and other similar charges			
5. Other expenses (excluding taxes, licenses and fees)		5,330	
6. Taxes, licenses and fees (excluding federal and foreign income taxes)			
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses))		39,820	
7.2 Net deferred tax liability		2,230	2,474
8. Borrowed money \$ ..... and interest thereon \$ .....			
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 69,134,397 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act)			
10. Advance premium			
11. Dividends declared and unpaid:			
11.1 Stockholders			
11.2 Policyholders			
12. Ceded reinsurance premiums payable (net of ceding commissions)		14,044	362
13. Funds held by company under reinsurance treaties			
14. Amounts withheld or retained by company for account of others			
15. Remittances and items not allocated			
16. Provision for reinsurance (including \$ ..... certified)			
17. Net adjustments in assets and liabilities due to foreign exchange rates			
18. Drafts outstanding			
19. Payable to parent, subsidiaries and affiliates			
20. Derivatives			
21. Payable for securities			
22. Payable for securities lending			
23. Liability for amounts held under uninsured plans			
24. Capital notes \$ ..... and interest thereon \$ .....			
25. Aggregate write-ins for liabilities			
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)		61,424	2,836
27. Protected cell liabilities			
28. Total liabilities (Lines 26 and 27)		61,424	2,836
29. Aggregate write-ins for special surplus funds			
30. Common capital stock		3,800,000	3,800,000
31. Preferred capital stock			
32. Aggregate write-ins for other than special surplus funds			
33. Surplus notes			
34. Gross paid in and contributed surplus		1,650,000	1,650,000
35. Unassigned funds (surplus)		155,539	129,211
36. Less treasury stock, at cost:			
36.1 ..... shares common (value included in Line 30 \$ ..... )			
36.2 ..... shares preferred (value included in Line 31 \$ ..... )			
37. Surplus as regards policyholders (Lines 29 to 35, less 36)		5,605,539	5,579,211
38. Totals (Page 2, Line 28, Col. 3)		5,666,963	5,582,046
<b>DETAILS OF WRITE-INS</b>			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)			
3201.			
3202.			
3203.			
3298. Summary of remaining write-ins for Line 32 from overflow page			
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)			

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 75,067,495 )	58,028,251	39,051,801	86,234,729
1.2 Assumed (written \$ )			
1.3 Ceded (written \$ 75,067,495 )	58,028,251	39,051,801	86,234,729
1.4 Net (written \$ )			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	36,881,317	32,876,946	70,944,237
2.2 Assumed			
2.3 Ceded	36,881,317	32,876,946	70,944,237
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	32,348	19,859	60,652
10. Net realized capital gains (losses) less capital gains tax of \$		7	5,633
11. Net investment gain (loss) (Lines 9 + 10)	32,348	19,865	66,285
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	32,348	19,865	66,285
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	32,348	19,865	66,285
19. Federal and foreign income taxes incurred	6,264	4,126	12,087
20. Net income (Line 18 minus Line 19)(to Line 22)	26,084	15,739	54,198
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	5,579,211	5,524,086	5,524,086
22. Net income (from Line 20)	26,084	15,739	54,198
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	330	185	483
27. Change in nonadmitted assets	(86)	614	444
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	26,328	16,538	55,125
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	5,605,539	5,540,624	5,579,211
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

**STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company**  
**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	14,044	10,913	
2. Net investment income .....	24,343	5,454	28,294
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	38,387	16,367	28,294
5. Benefit and loss related payments .....		(563,085)	(563,085)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	(5,330)		
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(52,000)		11,318
10. Total (Lines 5 through 9) .....	(57,330)	(563,085)	(551,767)
11. Net cash from operations (Line 4 minus Line 10) .....	95,717	579,453	580,061
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	600,000		216,622
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		9	9
12.7 Miscellaneous proceeds .....		1,675,213	1,710,213
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	600,000	1,675,221	1,926,844
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		3,831,507	4,112,457
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		3,831,507	4,112,457
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	600,000	(2,156,286)	(2,185,614)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	15,185	(650,024)	(635,696)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	15,185	(650,024)	(635,696)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	710,902	(2,226,857)	(2,241,248)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	51,554	2,292,802	2,292,802
19.2 End of period (Line 18 plus Line 19.1) .....	762,456	65,945	51,554

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

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## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The accompanying financial statements of Infinity Assurance Insurance Company ("Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") Annual Statement Instructions and *Accounting Practices and Procedures Manual*, ("the NAIC Manual") and the laws of the State of Ohio.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The NAIC Manual has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Company has not adopted permitted accounting practices that differ from those found in the NAIC Manual, and accordingly the Company has no permitted accounting practices.

	SSAP #	F/S Page	F/S Line #	06/30/2022	12/31/2021
<b>Net Income</b>					
(1) State basis (Page 4, Line 20, Columns 1 & 3).....	XXX.....	XXX.....	XXX.....	\$..... 26,084	\$..... 54,198 ..
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4).....	XXX.....	XXX.....	XXX.....	\$..... 26,084	\$..... 54,198 ..
<b>Surplus</b>					
(5) State basis (Page 3, Line 37, Columns 1 & 2).....	XXX.....	XXX.....	XXX.....	\$..... 5,605,539	\$..... 5,579,211 ..
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8).....	XXX.....	XXX.....	XXX.....	\$..... 5,605,539	\$..... 5,579,211 ..

#### C. Accounting Policy

(2) Bonds with NAIC designation of 1 or 2, including loan-backed and structured securities ("LBSS") are reported at amortized cost using the effective yield method. Bonds with NAIC designation of 3 through 6 are carried at the lower of amortized cost or fair value with the difference reflected in unassigned surplus as unrealized capital loss.

(6) Loan-backed securities - Not Applicable

#### D. Going Concern

Management has not identified any factors that would cast substantial doubt about the Company's ability to continue as a going concern.

### 2. Accounting Changes and Corrections of Errors - Not Applicable

### 3. Business Combinations and Goodwill - Not Applicable

### 4. Discontinued Operations - Not Applicable

### 5. Investments

D. Loan-Backed Securities - Not Applicable

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

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

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

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

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

M. Working Capital Finance Investments - Not Applicable

N. Offsetting and Netting of Assets and Liabilities - Not Applicable

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

### 6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

### 7. Investment Income - No Significant Changes

### 8. Derivative Instruments - Not Applicable

### 9. Income Taxes - No Significant Changes

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - No Significant Changes

### 11. Debt - Not Applicable

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

A. Defined Benefit Plan - Not Applicable

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes

### 14. Liabilities, Contingencies and Assessments - No Significant Changes

## Notes to the Financial Statements

**15. Leases - Not Applicable**

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not Applicable**

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

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable**

**20. Fair Value Measurements**

**A. Fair Value Measurement**

Fair value is defined per SSAP 100R as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company is responsible for the determination of fair value of financial assets and liabilities, including the supporting assumptions and methodologies, and uses independent third-party valuation service providers, broker quotes and internal pricing methods to determine fair values. The Company obtains or estimates only one single quote or price for each financial instrument.

The Company uses a hierarchical framework for inputs to determine fair value which prioritizes the use of observable inputs and minimizes the use of unobservable inputs. Additionally, the Company categorizes fair value measurements based on the lowest level of input that is considered to be significant to the entire measurement. Assets measured and reported at fair value are categorized as follows:

**(1) Fair value measurements at reporting date**

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents - Other Money Market Mutual Funds.....	\$ 212,730	\$	\$	\$	\$ 212,730
Total assets at fair value/NAV.....	<u>\$ 212,730</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 212,730</u>
b. Liabilities at fair value					
Total liabilities at fair value.....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

Level 1: Unadjusted quoted prices for identical assets or liabilities in an active market.

Level 2: Observable inputs other than Level 1: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in markets that are not active; or (c) valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

Level 3: Assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Unobservable inputs reflect the Company's estimates of the assumptions that market participants would use in valuing the assets and liabilities.

**(2) Fair value measurements in Level 3 of the fair value hierarchy - None**

**(3) Policy on transfers into and out of Level 3 - None**

**(4) Inputs and techniques used for Level 2 and Level 3 fair values - None**

**(5) Derivatives - Not Applicable**

**B. Other Fair Value Disclosures - Not Applicable**

**C. Fair Values for All Financial Instruments by Level 1, 2 and 3**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds.....	\$ 3,536,036	\$ 4,149,893	\$ 1,767,923	\$ 1,768,113	\$	\$	\$
Cash Equivalents.....	762,455	762,455	762,455				

The Company uses third party valuation service providers which are leading, nationally recognized providers of market data and analytics and utilize proprietary models that vary by asset class and incorporate available trade, bid and other market information when developing valuation information in the form of a single fair value for individual bond or equity security. The inputs used by the valuation service providers include, but are not limited to, market prices from recently completed transactions and transactions of comparable securities, interest rate yield curves, credit spreads, liquidity spreads, sector groupings and benchmarking of like securities. Credit and liquidity spreads are typically implied from completed transactions and transactions of comparable securities. Valuation service providers also use proprietary discounted cash flow models that are widely accepted in the financial services industry and similar to those used by other market participants to value the same financial instruments. The valuation models take into account, among other things, market observable information as of the measurement date, as well as the specific attributes of the security being valued including its term, interest rate, credit rating, industry sector, and where applicable, collateral quality and other issue or issuer specific information. The Company classifies investments in US Treasury bonds, actively traded exchange traded funds, mutual funds, and public common stock as Level 1 securities. The Company classifies investments in public corporate bonds, states and political subdivisions bonds, collateralized loan obligations, mortgage-backed securities, convertible bonds, majority of preferred stocks and certain private placement bonds and common stock as Level 2 securities.

The Company classifies investments as Level 3 in the fair value hierarchy when specific inputs significant to the fair value estimation models are not market observable. Significant unobservable inputs used include credit profile, credit spread, and resulting market yield, which involve considerable judgment by management. This primarily occurs when fair value is derived using non-binding broker quotes where the inputs have not been corroborated to be market observable, or internal valuation estimates that use significant non-market observable inputs. The Company classifies investments in certain private placement bonds, private asset backed securities, and certain preferred stock as currently as Level 3 securities.

**D. Not Practicable to Estimate Fair Value - Not Applicable**

**E. Nature and Risk of Investments Reported at NAV - Not Applicable**

**21. Other Items - No Significant Changes**

## Notes to the Financial Statements

### 22. Events Subsequent

Subsequent events have been considered through August 12, 2022 for the statutory financial statements issued on August 12, 2022. The Company is not aware of any additional material events subsequent to June 30, 2022 which would require disclosure in or adjustment to these financial statements.

### 23. Reinsurance - No Significant Changes

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable

### 25. Changes in Incurred Losses and Loss Adjustment Expenses

#### A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years

Property and casualty insurance reserves are estimates based on historical experience patterns and current economic trends. Actual loss experience and loss trends are likely to differ from these historical experience patterns and economic conditions. Loss experience and loss trends emerge over several years from the dates of loss inception. The Company monitors such emerging loss trends. Upon concluding, based on the data available, that an emerging loss trend will continue, the Company adjusts its property and casualty insurance reserves to reflect such trend. These changes in loss trend are reflected in the results of the period of change and included in the Company's financial statements net of reinsurance. The business to which this development relates is not retrospectively rated; therefore, they are not subject to premium adjustments. As the Company cedes 100% of its net losses to its parent, Trinity Universal Insurance Company, reserves as of June 30, 2022 and December 31, 2021 were \$0, and the Company experienced no reserve development.

#### B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses - Not Applicable

### 26. Intercompany Pooling Arrangements - No Significant Changes

### 27. Structured Settlements - Not Applicable

### 28. Health Care Receivables - Not Applicable

### 29. Participating Policies - Not Applicable

### 30. Premium Deficiency Reserves - Not Applicable

### 31. High Deductibles - Not Applicable

### 32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses - Not Applicable

### 33. Asbestos/Environmental Reserves - Not Applicable

### 34. Subscriber Savings Accounts - Not Applicable

### 35. Multiple Peril Crop Insurance - Not Applicable

### 36. Financial Guaranty Insurance - Not Applicable

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... If yes, complete Schedule Y, Parts 1 and 1A. Yes [ X ] No [ ]

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ..... 0000860748

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ ] N/A [ X ] If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2021

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2016

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 02/13/2018

6.4 By what department or departments?  
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

**STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company**  
**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 704,097

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]

11.2 If yes, give full and complete information relating thereto:  
 Not Applicable

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$

13. Amount of real estate and mortgages held in short-term investments: ..... \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ] N/A [  ]  
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

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

**STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company**  
**GENERAL INTERROGATORIES**

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian Address
The Northern Trust Company .....	333 S. Wabash Avenue, Chicago, Illinois 60604 .....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

17.4 If yes, give full information relating thereto:

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Merastar Insurance Company .....	A.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A .....	Merastar Insurance Company .....	N/A .....	N/A .....	NO.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [  ] No [  ]

18.2 If no, list exceptions:

Not Applicable

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

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

Has the reporting entity self-designated 5GI securities? ..... Yes [  ] No [  ]

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

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

Has the reporting entity self-designated PLGI securities? ..... Yes [  ] No [  ]

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [  ] No [  ]

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]  
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [ X ]

3.2 If yes, give full and complete information thereto.  
 Not Applicable

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? ..... Yes [ ] No [ X ]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD				
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
			TOTAL							

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

6.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

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

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

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

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama .....	AL	N					
2. Alaska .....	AK	N					
3. Arizona .....	AZ	N					
4. Arkansas .....	AR	N					
5. California .....	CA	N					0
6. Colorado .....	CO	N					
7. Connecticut .....	CT	N					
8. Delaware .....	DE	N					
9. District of Columbia .....	DC	N					
10. Florida .....	FL	L	74,720,878	52,086,043	25,680,188	14,661,574	63,099,868
11. Georgia .....	GA	L					
12. Hawaii .....	HI	N					
13. Idaho .....	ID	N					
14. Illinois .....	IL	L				39	(221)
15. Indiana .....	IN	N					
16. Iowa .....	IA	N					
17. Kansas .....	KS	N					
18. Kentucky .....	KY	N					
19. Louisiana .....	LA	N					
20. Maine .....	ME	N					
21. Maryland .....	MD	N					
22. Massachusetts .....	MA	N					
23. Michigan .....	MI	N					
24. Minnesota .....	MN	N					
25. Mississippi .....	MS	N					
26. Missouri .....	MO	L		(1,608)	(267)		0
27. Montana .....	MT	N					
28. Nebraska .....	NE	N					
29. Nevada .....	NV	N					
30. New Hampshire .....	NH	N					
31. New Jersey .....	NJ	L					
32. New Mexico .....	NM	N					
33. New York .....	NY	L		22,656	22,341	438,728	488,839
34. North Carolina .....	NC	N					
35. North Dakota .....	ND	N					
36. Ohio .....	OH	L	346,617			246,577	7,348
37. Oklahoma .....	OK	N				4	(13)
38. Oregon .....	OR	N					
39. Pennsylvania .....	PA	L					
40. Rhode Island .....	RI	N					
41. South Carolina .....	SC	L					
42. South Dakota .....	SD	N					
43. Tennessee .....	TN	N					
44. Texas .....	TX	N					
45. Utah .....	UT	N					
46. Vermont .....	VT	N					
47. Virginia .....	VA	N					
48. Washington .....	WA	N					
49. West Virginia .....	WV	N					
50. Wisconsin .....	WI	N					
51. Wyoming .....	WY	N					
52. American Samoa .....	AS	N					
53. Guam .....	GU	N					
54. Puerto Rico .....	PR	N					
55. U.S. Virgin Islands .....	VI	N					
56. Northern Mariana Islands .....	MP	N					
57. Canada .....	CAN	N					
58. Aggregate Other Alien OT	XXX						
59. Totals	XXX	75,067,495	52,086,043	25,701,236	14,683,648	63,785,216	38,353,693
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 9

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....

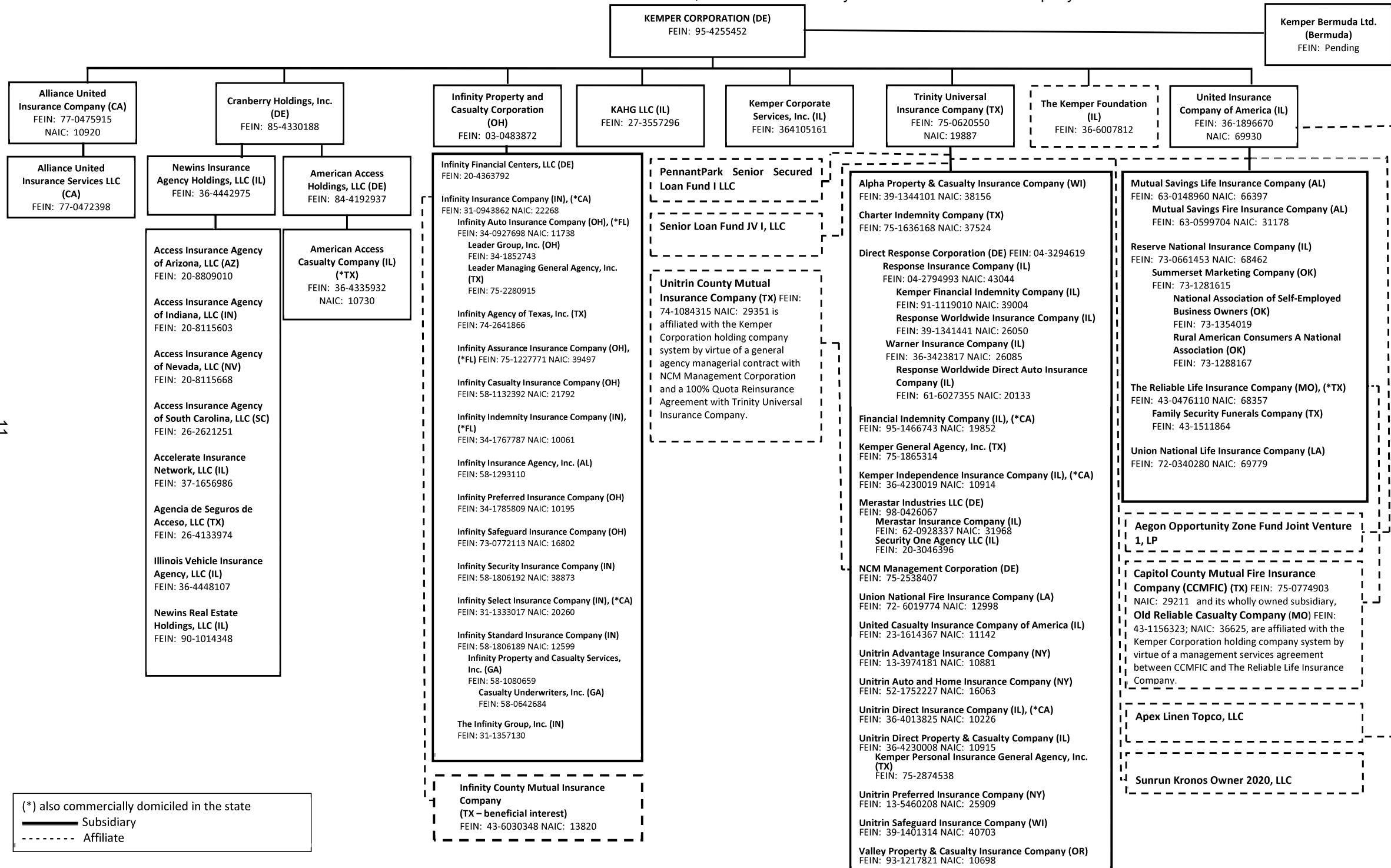
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....

R - Registered - Non-domiciled RRGs.....

Q - Qualified - Qualified or accredited reinsurer.....

N - None of the above - Not allowed to write business in the state..... 48

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company



## STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	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 Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
	Kemper Corporation	00000	95-4255452		0000860748	New York Stock Exchange ..	Kemper Corporation .....	DE .....	UIP .....						NO .....
	Kemper Corporation	00000	37-1656986				Accelerate Insurance Network, LLC .....	IL .....	NIA .....	Newins Insurance Agency Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	20-8809010				Access Insurance Agency of Arizona, LLC .....	AZ .....	NIA .....	Newins Insurance Agency Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	20-8115603				Access Insurance Agency of Indiana, LLC .....	IN .....	NIA .....	Newins Insurance Agency Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	20-8115668				Access Insurance Agency of Nevada, LLC .....	NV .....	NIA .....	Newins Insurance Agency Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
							Access Insurance Agency of South Carolina, LLC .....	SC .....	NIA .....	Newins Insurance Agency Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	26-2621251				Aegon Opportunity Zone Fund Joint Venture 1, LP .....		NIA .....	United Insurance Company of America .....	Ownership .....	99.368 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	26-4133974				Agenzia de Seguros de Acceso, LLC .....	TX .....	NIA .....	Newins Insurance Agency Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	10920	77-0475915				Alliance United Insurance Company .....	CA .....	IA .....	Kemper Corporation .....	Ownership .....	100.000 .....	Kemper Corporation .....	YES .....	
	Kemper Corporation	00000	77-0472398				Alliance United Insurance Services, LLC .....	CA .....	NIA .....	Alliance United Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
							Alpha Property & Casualty Insurance Company .....	WI .....	IA .....	Trinity Universal Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	38156	39-1344101				American Access Casualty Company .....	IL .....	IA .....	American Access Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	10730	36-4335932				American Access Holdings, LLC .....	DE .....	NIA .....	Cranberry Holdings, Inc. .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	84-4192397				Apex Linen Topco, LLC .....		NIA .....	United Insurance Company of America .....	Ownership .....	17.500 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	29211	75-0774903				Capitol County Mutual Fire Insurance Company .....	TX .....	IA .....	The Reliable Life Insurance Company .....	Management .....		Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	58-0642684				Casualty Underwriters, Inc. .....	GA .....	NIA .....	Infinity Property and Casualty Services, Inc. .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	37524	75-1636168				Charter Indemnity Company .....	TX .....	IA .....	Trinity Universal Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	85-4330188				Cranberry Holdings, Inc. .....	DE .....	NIA .....	Kemper Corporation .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	04-3294619				Direct Response Corporation .....	DE .....	NIA .....	Trinity Universal Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	43-1511664				Family Security Funerals Company .....	TX .....	NIA .....	The Reliable Life Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	19852	95-1466743				Financial Indemnity Company .....	IL .....	IA .....	Trinity Universal Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	36-4448107				Illinois Vehicle Insurance Agency, LLC .....	IL .....	NIA .....	Newins Insurance Agency Holdings, LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	74-2641866				Infinity Agency of Texas .....	TX .....	NIA .....	Infinity Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	39497	75-1227771				Infinity Assurance Insurance Company .....	OH .....	RE .....	Infinity Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	11738	34-0927698				Infinity Auto Insurance Company .....	OH .....	IA .....	Infinity Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	21792	58-1132392				Infinity Casualty Insurance Company .....	OH .....	IA .....	Infinity Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	13820	43-6030348				Infinity County Mutual Insurance Company .....	TX .....	IA .....	Infinity Insurance Company .....	Management .....		Kemper Corporation .....	NO .....	
										Infinity Property and Casualty Corporation .....				4 .....	
	Kemper Corporation	00000	20-4363792				Infinity Financial Centers, LLC .....	DE .....	NIA .....		Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	10061	34-1767787				Infinity Indemnity Insurance Company .....	IN .....	IA .....	Infinity Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	58-1293110				Infinity Insurance Agency, Inc. .....	AL .....	NIA .....	Infinity Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
										Infinity Property and Casualty Corporation .....					
0215	Kemper Corporation	22268	31-0943862				Infinity Insurance Company .....	IN .....	UDP .....		Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	10195	34-1785809				Infinity Preferred Insurance Company .....	OH .....	IA .....	Infinity Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	03-0483872				Infinity Property and Casualty Corporation .....	OH .....	UIP .....	Kemper Corporation .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
										Infinity Property and Casualty Services, Inc. .....					
	Kemper Corporation	00000	58-1080659							Infinity Standard Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	16802	73-0772113							Infinity Safeguard Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	38873	58-1806192							Infinity Security Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	20260	31-133017							Infinity Select Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	12599	58-1806189							Infinity Standard Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	27-3557296							KAHG LLC .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	58-1080659							Kemper Bermuda Ltd. .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	36-4105161							Kemper Corporate Services, Inc. .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	39004	91-1119010							Kemper Financial Indemnity Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	75-1865314							Kemper General Agency, Inc. .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
0215	Kemper Corporation	10914	36-4230019							Kemper Independence Insurance Company .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	
	Kemper Corporation	00000	75-2874538							Kemper Personal Insurance General Agency, Inc. .....	Ownership .....	100.000 .....	Kemper Corporation .....	NO .....	

## STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
	Kemper Corporation	00000	34-1852743				Leader Group, Inc.	OH	N/A	Infinity Auto Insurance Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	75-2280915				Leader Managing General Agency, Inc.	TX	N/A	Infinity Auto Insurance Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	98-0426067				Merastar Industries LLC	DE	N/A	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	5
0215	Kemper Corporation	31968	62-0928337				Merastar Insurance Company	IL	IA	Merastar Industries LLC	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	31178	63-0599704				Mutual Savings Fire Insurance Company	AL	IA	Mutual Savings Life Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	66397	63-0148960				Mutual Savings Life Insurance Company	AL	IA	United Insurance Company of America	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	73-1354019				National Association of Self-Employed Business Owners	OK	N/A	Sumerset Marketing Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	75-2538407				NCM Management Corporation	DE	N/A	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	36-4442975				Newins Insurance Agency Holdings, LLC	IL	N/A	Cranberry Holdings, Inc.	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	36-4442975				Newins Real Estate Holdings, LLC	IL	N/A	Newins Insurance Agency Holdings, LLC	Ownership	100.00	Kemper Corporation	NO	
										Capitol County Mutual Fire Insurance Company					
0215	Kemper Corporation	36625	43-1156323				Old Reliable Casualty Company	MO	IA	Company	Ownership	100.00	Kemper Corporation	NO	6
	Kemper Corporation	00000					PennantPark Senior Secured Loan Fund I, LLC		N/A	Trinity Universal Insurance Company	Ownership	12.50	Kemper Corporation	NO	7
0215	Kemper Corporation	68462	73-0661453				Reserve National Insurance Company	IL	IA	United Insurance Company of America	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	43044	04-2794993				Response Insurance Company	IL	IA	Direct Response Corporation	Ownership	100.00	Kemper Corporation	YES	
	Kemper Corporation	20133	61-6027355				Response Worldwide Direct Auto Insurance Company	IL	IA	Warner Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	26050	39-1341441				Response Worldwide Insurance Company	IL	IA	Response Insurance Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	73-1288167				Rural American Consumers a National Association	OK	N/A	Sumerset Marketing Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	20-3046396				Security One Agency LLC	IL	N/A	Merastar Industries LLC	Ownership	100.00	Kemper Corporation	NO	5
	Kemper Corporation	00000					Senior Loan Fund JV, I LLC		N/A	Trinity Universal Insurance Company	Ownership	50.00	Kemper Corporation	NO	8
	Kemper Corporation	00000	73-1281615				Sumerset Marketing Company	OK	N/A	Reserve National Insurance Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000					Sunrun Kronos Owner 2000, LLC		N/A	Trinity Universal Insurance Company	Ownership	22.45	Kemper Corporation	NO	9
	Kemper Corporation	00000					Sunrun Kronos Owner 2000, LLC		N/A	United Insurance Company of America	Ownership	7.485	Kemper Corporation	NO	
	Kemper Corporation	00000	31-1357130				The Infinity Group, Inc.	IN	N/A	Infinity Insurance Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000	36-6007812				The Kemper Foundation	IL	N/A	Kemper Corporation	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	68357	43-0476110				The Reliable Life Insurance Company	MO	IA	United Insurance Company of America	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	19887	75-0620550				Trinity Universal Insurance Company	TX	IA	Kemper Corporation	Ownership	100.00	Kemper Corporation	YES	
0215	Kemper Corporation	12998	72-6019774				Union National Fire Insurance Company	LA	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	69779	72-0340280				Union National Life Insurance Company	LA	IA	United Insurance Company of America	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	00000					United Casualty Insurance Company of America		IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	11142	23-1614367				United Insurance Company of America	IL	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	69930	36-1896670				Kemper Corporation		N/A	Kemper Corporation	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	10881	13-3974181				Unitrin Advantage Insurance Company	NY	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	16063	52-1752227				Unitrin Auto and Home Insurance Company	NY	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	29351	74-1084315				Unitrin County Mutual Insurance Company	TX	IA	NCM Management Corporation	Management		Kemper Corporation	NO	10
0215	Kemper Corporation	10226	36-4013825				Unitrin Direct Insurance Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	10915	36-4230008				Unitrin Direct Property & Casualty Company	IL	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	25909	13-5460208				Unitrin Preferred Insurance Company	NY	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	40703	39-1401314				Unitrin Safeguard Insurance Company	WI	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
	Kemper Corporation	10698	93-1217821				Valley Property & Casualty Insurance Company	OR	IA	Trinity Universal Insurance Company	Ownership	100.00	Kemper Corporation	NO	
0215	Kemper Corporation	26085	36-3423817				Warner Insurance Company	IL	IA	Direct Response Corporation	Ownership	100.00	Kemper Corporation	YES	

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

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

Asterisk	Explanation
4	Infinity County Mutual Insurance Company (NAIC# 13820, domiciled in the state of Texas) is affiliated with Infinity Insurance Company by virtue of a management agreement.
5	These entities are limited liability companies. Percentages relate to the owner's membership interest in the LLC.
6	Old Reliable Casualty Company (NAIC# 36625, domiciled in the state of Missouri) is affiliated by virtue of its ownership by Capitol County Mutual Fire Insurance Company.
7	PennantPark Senior Secured Loan Fund I, LLC (PSLL), is an affiliate by virtue of Trinity having 50% control of the board of PSLL, with the other 50% vested in PennantPark Floating Rate Capital, Ltd.
8	Senior Loan Fund JV I, LLC (SLFJV) is an affiliate by virtue of Trinity having 50% control of the board of SLFJV, with the other 50% vested in Oaktree Specialty Lending Corp.
9	Sunrun Kronos Owner 2020, LLC (Sunrun) is an affiliate by virtue of Trinity having a 22.9% partnership interest in Sunrun.
10	Unitrin County Mutual Insurance Company (NAIC# 29351, domiciled in the state of Texas) is affiliated with NCM Management Corp. by virtue of a management agreement.

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....				
2.1 Allied Lines .....				
2.2 Multiple peril crop .....				
2.3 Federal flood .....				
2.4 Private crop .....				
2.5 Private flood .....				
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5. Commercial multiple peril .....				
6. Mortgage guaranty .....				
8. Ocean marine .....				
9. Inland marine .....				
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....				
11.2 Medical professional liability - claims-made .....				
12. Earthquake .....				
13.1 Comprehensive (hospital and medical) individual .....				
13.2 Comprehensive (hospital and medical) group .....				
14. Credit accident and health .....				
15.1 Vision only .....				
15.2 Dental only .....				
15.3 Disability income .....				
15.4 Medicare supplement .....				
15.5 Medicaid Title XIX .....				
15.6 Medicare Title XVIII .....				
15.7 Long-term care .....				
15.8 Federal employees health benefits plan .....				
15.9 Other health .....				
16. Workers' compensation .....		16,522		
17.1 Other liability - occurrence .....	72,049	17,711	24.6	48.3
17.2 Other liability - claims-made .....	14,547	8,225	56.5	511.6
17.3 Excess workers' compensation .....				
18.1 Products liability - occurrence .....				
18.2 Products liability - claims-made .....				
19.1 Private passenger auto no-fault (personal injury protection) .....	297,215	332,285	111.8	372.1
19.2 Other private passenger auto liability .....	540,211	407,283	75.4	83.1
19.3 Commercial auto no-fault (personal injury protection) .....	8,776,422	7,110,019	81.0	97.6
19.4 Other commercial auto liability .....	38,749,896	21,917,162	56.6	78.6
21.1 Private passenger auto physical damage .....	307,933	42,194	13.7	67.6
21.2 Commercial auto physical damage .....	9,269,979	7,029,917	75.8	79.7
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....				
27. Boiler and machinery .....				
28. Credit .....				
29. International .....				
30. Warranty .....				
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....				
35. Totals .....	58,028,251	36,881,317	63.6	84.2
<b>DETAILS OF WRITE-INS</b>				
3401. .....				
3402. .....				
3403. .....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire .....			
2.1 Allied Lines .....			
2.2 Multiple peril crop .....			
2.3 Federal flood .....			
2.4 Private crop .....			
2.5 Private flood .....			
3. Farmowners multiple peril .....			
4. Homeowners multiple peril .....			
5. Commercial multiple peril .....			
6. Mortgage guaranty .....			
8. Ocean marine .....			
9. Inland marine .....			
10. Financial guaranty .....			
11.1 Medical professional liability - occurrence .....			
11.2 Medical professional liability - claims-made .....			
12. Earthquake .....			
13.1 Comprehensive (hospital and medical) individual .....			
13.2 Comprehensive (hospital and medical) group .....			
14. Credit accident and health .....			
15.1 Vision only .....			
15.2 Dental only .....			
15.3 Disability income .....			
15.4 Medicare supplement .....			
15.5 Medicaid Title XIX .....			
15.6 Medicare Title XVIII .....			
15.7 Long-term care .....			
15.8 Federal employees health benefits plan .....			
15.9 Other health .....			
16. Workers' compensation .....			
17.1 Other liability - occurrence .....	42,406	76,657	57,617
17.2 Other liability - claims-made .....	11,037	20,611	16,366
17.3 Excess workers' compensation .....			
18.1 Products liability - occurrence .....			
18.2 Products liability - claims-made .....			
19.1 Private passenger auto no-fault (personal injury protection) .....	102,203	250,748	259,092
19.2 Other private passenger auto liability .....	191,241	430,147	502,389
19.3 Commercial auto no-fault (personal injury protection) .....	7,328,796	12,584,626	7,734,950
19.4 Other commercial auto liability .....	25,448,271	48,988,462	35,464,136
21.1 Private passenger auto physical damage .....	119,148	273,191	297,846
21.2 Commercial auto physical damage .....	6,795,710	12,443,053	7,753,647
22. Aircraft (all perils) .....			
23. Fidelity .....			
24. Surety .....			
26. Burglary and theft .....			
27. Boiler and machinery .....			
28. Credit .....			
29. International .....			
30. Warranty .....			
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....			
35. Totals .....	40,038,812	75,067,495	52,086,043
<b>DETAILS OF WRITE-INS</b>			
3401. ....			
3402. ....			
3403. ....			
3498. Summary of remaining write-ins for Line 34 from overflow page .....			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

## STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

**PART 3 (000 omitted)**

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2022 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2022 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2022 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2019 + Prior .....													
2. 2020 .....													
3. Subtotals 2020 + Prior .....													
4. 2021 .....													
5. Subtotals 2021 + Prior .....													
6. 2022 .....	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals .....													
8. Prior Year-End Surplus As Regards Policyholders	5,579										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

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

**AUGUST FILING**

5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	NO
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

## Explanations:

- 1.
- 2.
- 3.
- 4.
- 5.

## Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



3 9 4 9 7 2 0 2 2 4 9 0 0 0 0 0 2

2. Supplement A to Schedule T [Document Identifier 455]



3 9 4 9 7 2 0 2 2 4 5 5 0 0 0 0 2

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



3 9 4 9 7 2 0 2 2 3 6 5 0 0 0 0 2

4. Director and Officer Supplement [Document Identifier 505]

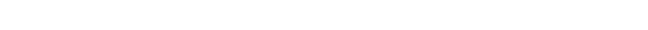


3 9 4 9 7 2 0 2 2 5 0 5 0 0 0 0 2

5. Communication of Internal Control Related Matters Noted in Audit (2nd Quarter Only) [Document Identifier 222]



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3 9 4 9 7 2 0 2 2 2 2 0 0 0 0 0 2



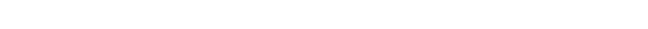
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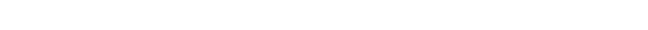
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STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest paid and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	4,750,839	848,875
2. Cost of bonds and stocks acquired .....		4,112,457
3. Accrual of discount .....	203	602
4. Unrealized valuation increase (decrease) .....		7,121
5. Total gain (loss) on disposals .....	600,000	216,622
6. Deduct consideration for bonds and stocks disposed of .....		1,149
7. Deduct amortization of premium .....		1,594
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9+10) .....	4,149,893	4,750,839
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	4,149,893	4,750,839

## STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	4,150,374	1,949,280	1,400,000	(36)	4,150,374	4,699,618		4,750,840
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	4,150,374	1,949,280	1,400,000	(36)	4,150,374	4,699,618		4,750,840
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock .....	4,150,374	1,949,280	1,400,000	(36)	4,150,374	4,699,618		4,750,840

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ .....549,725 ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SI02

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	51,511	2,292,802
2. Cost of cash equivalents acquired .....	2,780,562	8,461,379
3. Accrual of discount .....	445	164
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	9	.....
6. Deduct consideration received on disposals .....	2,070,063	10,702,843
7. Deduct amortization of premium .....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	762,455	51,511
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	762,455	51,511

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

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

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

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

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

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

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired  
**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

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

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

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

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

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

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

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

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

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

## STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Northern Trust .....	Chicago IL .....				1	1	1	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			1	1	1	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			1	1	1	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX			1	1	1	XXX

## STATEMENT AS OF JUNE 30, 2022 OF THE Infinity Assurance Insurance Company

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
	TREASURY BILL		06/23/2022	.0.901	07/21/2022	549,725		.110
0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						549,725		110
0109999999. Total - U.S. Government Bonds						549,725		110
0309999999. Total - All Other Government Bonds								
0509999999. Total - U.S. States, Territories and Possessions Bonds								
0709999999. Total - U.S. Political Subdivisions Bonds								
0909999999. Total - U.S. Special Revenues Bonds								
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds								
1309999999. Total - Hybrid Securities								
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds								
1909999999. Subtotal - Unaffiliated Bank Loans								
2419999999. Total - Issuer Obligations						549,725		110
2429999999. Total - Residential Mortgage-Backed Securities								
2439999999. Total - Commercial Mortgage-Backed Securities								
2449999999. Total - Other Loan-Backed and Structured Securities								
2459999999. Total - SVO Identified Funds								
2469999999. Total - Affiliated Bank Loans								
2479999999. Total - Unaffiliated Bank Loans								
2509999999. Total Bonds						549,725		110
665278-40-4 NORTHERN INST GOVT MONEY MKT FUND			06/30/2022	.0.000		212,730		.153
8309999999. Subtotal - All Other Money Market Mutual Funds						212,730		153
8609999999 - Total Cash Equivalents						762,455		263