



# **QUARTERLY STATEMENT** **AS OF SEPTEMBER 30, 2022** **OF THE CONDITION AND AFFAIRS OF THE** **INFINITY SAFEGUARD INSURANCE COMPANY**

NAIC Group Code ..... 0215 ..... 0215 ..... NAIC Company Code ..... 16802 ... Employer's ID Number ..... 73-0772113 .....  
 (Current) (Prior)

Organized under the Laws of ..... OH ..... State of Domicile or Port of Entry ..... OH .....  
 Country of Domicile ..... US .....  
 Incorporated/Organized ..... 12/28/1966 ..... Commenced Business ..... 01/15/1967 .....  
 Statutory Home Office ..... 1400 PROVIDENT TOWER, ONE EAST FOURTH STREET ..... CINCINNATI, OH, US 45202 .....  
 Main Administrative Office ..... 2201 4TH AVENUE NORTH .....  
 BIRMINGHAM, AL, US 35203-3863 ..... 205-870-4000 .....  
 (Telephone Number)  
 Mail Address ..... POST OFFICE BOX 830189 ..... BIRMINGHAM, AL, US 35283-0189 .....  
 Primary Location of Books and Records ..... 2201 4TH AVENUE NORTH .....  
 BIRMINGHAM, AL, US 35203-3863 ..... 205-870-4000 .....  
 (Telephone Number)  
 Internet Website Address ..... WWW.KEMPER.COM .....  
 Statutory Statement Contact ..... EUGENE BETZ ..... 312-661-4600 .....  
 (Telephone Number)  
 EFASSTATUTORYREPORTING@KEMPER.COM ..... 205-803-8080 .....  
 (E-Mail Address) (Fax Number)

## **OFFICERS**

**TIMOTHY JOHN TULLER, VICE PRESIDENT & TREASURER/CONTROLLER**

**MATTHEW JOSEPH VARAGONA, PRESIDENT**  
**PATRICK BOWEN THEILER, SECRETARY**

## **DIRECTORS OR TRUSTEES**

**BRADLEY THOMAS CAMDEN**  
**ADITYA NMI MAHAJAN**  
**MATTHEW JOSEPH VARAGONA**

**TIMOTHY JOHN TULLER**  
**PATRICK BOWEN THEILER**

State of Alabama  
 County of Jefferson SS

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

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

Subscribed and sworn to before me

this 3/15  
October, 2022

day of **CATHY VARALLO**  
**NOTARY PUBLIC**  
**STATE OF ALABAMA**

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: \_\_\_\_\_
2. Date filed: \_\_\_\_\_
3. Number of pages attached: \_\_\_\_\_

ASSETS

|                      |                                                                                                                                                | Current Statement Date |                    |                                            |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|--------------------------------------------|
|                      |                                                                                                                                                | 1                      | 2                  | 3                                          |
|                      |                                                                                                                                                | Assets                 | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2)          |
|                      |                                                                                                                                                |                        |                    | December 31 Prior Year Net Admitted Assets |
| 1.                   | Bonds.....                                                                                                                                     | 3,309,933              |                    | 3,309,933                                  |
| 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 (\$ ), cash equivalents (\$ 675,248) and short-term investments (\$ ).....                                                                | 675,248                |                    | 675,248                                    |
| 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).....                                                                                       | 3,985,181              |                    | 3,985,181                                  |
| 13.                  | Title plants less \$ charged off (for Title insurers only).....                                                                                |                        |                    |                                            |
| 14.                  | Investment income due and accrued.....                                                                                                         | 21,630                 |                    | 21,630                                     |
| 15.                  | Premiums and considerations:                                                                                                                   |                        |                    |                                            |
|                      | 15.1 Uncollected premiums and agents' balances in the course of collection.....                                                                | 5,514                  |                    | 5,514                                      |
|                      | 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.....                                                                   |                        |                    | 27,786                                     |
| 18.2                 | Net deferred tax asset.....                                                                                                                    |                        |                    | 3,756                                      |
| 19.                  | Guaranty funds receivable or on deposit.....                                                                                                   |                        |                    |                                            |
| 20.                  | Electronic data processing equipment and software.....                                                                                         |                        |                    |                                            |
| 21.                  | Furniture and equipment, including health care delivery assets (\$ ).....                                                                      |                        |                    |                                            |
| 22.                  | Net adjustment in assets and liabilities due to foreign exchange rates.....                                                                    |                        |                    |                                            |
| 23.                  | Receivables from parent, subsidiaries and affiliates.....                                                                                      |                        |                    |                                            |
| 24.                  | Health care (\$ ) and other amounts receivable.....                                                                                            |                        |                    |                                            |
| 25.                  | Aggregate write-ins for other-than-invested assets.....                                                                                        |                        |                    |                                            |
| 26.                  | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....                                | 4,012,325              |                    | 4,012,325                                  |
| 27.                  | From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                                                                   |                        |                    |                                            |
| 28.                  | Total (Lines 26 and 27).....                                                                                                                   | 4,012,325              |                    | 4,012,325                                  |
| Details of Write-Ins |                                                                                                                                                |                        |                    |                                            |
| 1101.                | .....                                                                                                                                          |                        |                    |                                            |
| 1102.                | .....                                                                                                                                          |                        |                    |                                            |
| 1103.                | .....                                                                                                                                          |                        |                    |                                            |
| 1198.                | Summary of remaining write-ins for Line 11 from overflow page.....                                                                             |                        |                    |                                            |
| 1199.                | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....                                                                                |                        |                    |                                            |
| 2501.                | .....                                                                                                                                          |                        |                    |                                            |
| 2502.                | .....                                                                                                                                          |                        |                    |                                            |
| 2503.                | .....                                                                                                                                          |                        |                    |                                            |
| 2598.                | Summary of remaining write-ins for Line 25 from overflow page.....                                                                             |                        |                    |                                            |
| 2599.                | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....                                                                                |                        |                    |                                            |

LIABILITIES, SURPLUS AND OTHER FUNDS

|                      |                                                                                                                                                                                                                                                                               | 1                         | 2                          |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|
|                      |                                                                                                                                                                                                                                                                               | Current<br>Statement Date | December 31,<br>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).....                                                                                                                                                                                                                      |                           | 18,750                     |
| 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)).....                                                                                                                                                                               | 6,190                     |                            |
| 7.2                  | Net deferred tax liability.....                                                                                                                                                                                                                                               | 6,221                     |                            |
| 8.                   | Borrowed money \$ and interest thereon \$ .....                                                                                                                                                                                                                               |                           |                            |
| 9.                   | Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 5,383,043 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).....                                                                                                                                                                                                           | 25,147                    |                            |
| 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.....                                                                                                                                                                                                                           | 182,418                   | 175,311                    |
| 20.                  | Derivatives.....                                                                                                                                                                                                                                                              |                           |                            |
| 21.                  | Payable for securities.....                                                                                                                                                                                                                                                   | 324,447                   |                            |
| 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).....                                                                                                                                                                                              | 544,423                   | 194,061                    |
| 27.                  | Protected cell liabilities.....                                                                                                                                                                                                                                               |                           |                            |
| 28.                  | Total liabilities (Lines 26 and 27).....                                                                                                                                                                                                                                      | 544,423                   | 194,061                    |
| 29.                  | Aggregate write-ins for special surplus funds.....                                                                                                                                                                                                                            |                           |                            |
| 30.                  | Common capital stock.....                                                                                                                                                                                                                                                     | 1,500,000                 | 1,500,000                  |
| 31.                  | Preferred capital stock.....                                                                                                                                                                                                                                                  |                           |                            |
| 32.                  | Aggregate write-ins for other-than-special surplus funds.....                                                                                                                                                                                                                 |                           |                            |
| 33.                  | Surplus notes.....                                                                                                                                                                                                                                                            |                           |                            |
| 34.                  | Gross paid in and contributed surplus.....                                                                                                                                                                                                                                    | 1,910,000                 | 1,910,000                  |
| 35.                  | Unassigned funds (surplus).....                                                                                                                                                                                                                                               | 57,902                    | 87,114                     |
| 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).....                                                                                                                                                                                                               | 3,467,902                 | 3,497,114                  |
| 38.                  | Totals (Page 2, Line 28, Col. 3).....                                                                                                                                                                                                                                         | 4,012,325                 | 3,691,175                  |
| Details of Write-Ins |                                                                                                                                                                                                                                                                               |                           |                            |
| 2501.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 2502.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 2503.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 2598.                | Summary of remaining write-ins for Line 25 from overflow page.....                                                                                                                                                                                                            |                           |                            |
| 2599.                | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....                                                                                                                                                                                                               |                           |                            |
| 2901.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 2902.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 2903.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 2998.                | Summary of remaining write-ins for Line 29 from overflow page.....                                                                                                                                                                                                            |                           |                            |
| 2999.                | Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....                                                                                                                                                                                                               |                           |                            |
| 3201.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 3202.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 3203.                | .....                                                                                                                                                                                                                                                                         |                           |                            |
| 3298.                | Summary of remaining write-ins for Line 32 from overflow page.....                                                                                                                                                                                                            |                           |                            |
| 3299.                | Totals (Lines 3201 through 3203 plus 3298) (Line 32 above).....                                                                                                                                                                                                               |                           |                            |

STATEMENT OF INCOME

|                             |                                                                                                                                                     | 1                    | 2                  | 3                            |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|------------------------------|
|                             |                                                                                                                                                     | Current Year to Date | Prior Year to Date | Prior Year Ended December 31 |
| Underwriting Income         |                                                                                                                                                     |                      |                    |                              |
| 1.                          | Premiums earned:                                                                                                                                    |                      |                    |                              |
| 1.1.                        | Direct (written \$ 12,181,258)                                                                                                                      | 14,382,732           | 14,368,570         | 19,629,344                   |
| 1.2.                        | Assumed (written \$ )                                                                                                                               |                      |                    |                              |
| 1.3.                        | Ceded (written \$ 12,181,258)                                                                                                                       | 14,382,732           | 14,368,570         | 19,629,344                   |
| 1.4.                        | Net (written \$ )                                                                                                                                   | —                    |                    |                              |
| Deductions:                 |                                                                                                                                                     |                      |                    |                              |
| 2.                          | Losses incurred (current accident year \$ ):                                                                                                        |                      |                    |                              |
| 2.1                         | Direct                                                                                                                                              | 14,957,587           | 10,216,665         | 16,118,209                   |
| 2.2                         | Assumed                                                                                                                                             |                      |                    |                              |
| 2.3                         | Ceded                                                                                                                                               | 14,957,587           | 10,216,665         | 16,118,209                   |
| 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 (loss) (Line 1 minus Line 6 + Line 7)                                                                                         | —                    |                    |                              |
| Investment Income           |                                                                                                                                                     |                      |                    |                              |
| 9.                          | Net investment income earned                                                                                                                        | 50,741               | 37,219             | 51,901                       |
| 10.                         | Net realized capital gains (losses) less capital gains tax of \$                                                                                    |                      | 3                  | 3                            |
| 11.                         | Net investment gain (loss) (Lines 9 + 10)                                                                                                           | 50,741               | 37,222             | 51,904                       |
| Other Income                |                                                                                                                                                     |                      |                    |                              |
| 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)     | 50,741               | 37,222             | 51,904                       |
| 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) | 50,741               | 37,222             | 51,904                       |
| 19.                         | Federal and foreign income taxes incurred                                                                                                           | (5,024)              | 3,937              | 4,032                        |
| 20.                         | Net income (Line 18 minus Line 19) (to Line 22)                                                                                                     | 55,765               | 33,285             | 47,872                       |
| Capital and Surplus Account |                                                                                                                                                     |                      |                    |                              |
| 21.                         | Surplus as regards policyholders, December 31 prior year                                                                                            | 3,497,114            | 3,492,524          | 3,492,524                    |
| 22.                         | Net income (from Line 20)                                                                                                                           | 55,765               | 33,285             | 47,872                       |
| 23.                         | Net transfers (to) from Protected Cell accounts                                                                                                     |                      |                    |                              |
| 24.                         | Change in net unrealized capital gains or (losses) less capital gains tax of \$                                                                     | —                    |                    |                              |
| 25.                         | Change in net unrealized foreign exchange capital gain (loss)                                                                                       |                      |                    |                              |
| 26.                         | Change in net deferred income tax                                                                                                                   | (9,977)              | 2,438              | 960                          |
| 27.                         | Change in nonadmitted assets                                                                                                                        |                      | 5,758              | 5,758                        |
| 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                                                                                                                           | (75,000)             | (50,000)           | (50,000)                     |
| 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)                                                                                    | (29,212)             | (8,519)            | 4,590                        |
| 39.                         | Surplus as regards policyholders, as of statement date (Lines 21 plus 38)                                                                           | 3,467,902            | 3,484,005          | 3,497,114                    |
| Details of Write-Ins        |                                                                                                                                                     |                      |                    |                              |
| 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.                       | Misc Income                                                                                                                                         | —                    |                    |                              |
| 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)                                                                                          |                      |                    |                              |

CASH FLOW

|                                                                                                                    | 1                    | 2                  | 3                            |
|--------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|------------------------------|
|                                                                                                                    | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| <b>Cash from Operations</b>                                                                                        |                      |                    |                              |
| 1. Premiums collected net of reinsurance                                                                           | 19,633               | (24,479)           |                              |
| 2. Net investment income                                                                                           | 59,557               | 64,196             | 72,313                       |
| 3. Miscellaneous income                                                                                            | –                    |                    |                              |
| 4. Total (Lines 1 to 3)                                                                                            | 79,190               | 39,717             | 72,313                       |
| 5. Benefit and loss related payments                                                                               | –                    | (344,470)          | (344,470)                    |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts                             |                      |                    |                              |
| 7. Commissions, expenses paid and aggregate write-ins for deductions                                               | 18,750               | (555)              | (555)                        |
| 8. Dividends paid to policyholders                                                                                 |                      |                    |                              |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)                       | (39,000)             |                    | 12,543                       |
| 10. Total (Lines 5 through 9)                                                                                      | (20,250)             | (345,025)          | (332,482)                    |
| 11. Net cash from operations (Line 4 minus Line 10)                                                                | 99,440               | 384,741            | 404,795                      |
| <b>Cash from Investments</b>                                                                                       |                      |                    |                              |
| 12. Proceeds from investments sold, matured or repaid:                                                             |                      |                    |                              |
| 12.1 Bonds                                                                                                         | 4,729                | 679,513            | 681,072                      |
| 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                                    |                      | 3                  | 3                            |
| 12.7 Miscellaneous proceeds                                                                                        | 324,447              |                    | 35,000                       |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)                                                                | 329,176              | 679,516            | 716,075                      |
| 13. Cost of investments acquired (long-term only):                                                                 |                      |                    |                              |
| 13.1 Bonds                                                                                                         | 475,000              | 1,398,588          | 1,398,588                    |
| 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)                                                               | 475,000              | 1,398,588          | 1,398,588                    |
| 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)                                              | (145,824)            | (719,072)          | (682,513)                    |
| <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                                                                                     | 75,000               | 50,000             | 50,000                       |
| 16.6 Other cash provided (applied)                                                                                 | 7,104                | (811,889)          | (833,992)                    |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (67,896)             | (861,889)          | (883,992)                    |
| <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)                | (114,280)            | (1,196,220)        | (1,161,710)                  |
| 19. Cash, cash equivalents and short-term investments:                                                             |                      |                    |                              |
| 19.1 Beginning of year                                                                                             | 789,528              | 1,951,238          | 1,951,238                    |
| 19.2 End of period (Line 18 plus Line 19.1)                                                                        | 675,248              | 755,018            | 789,528                      |
| Note: Supplemental disclosures of cash flow information for non-cash transactions:                                 |                      |                    |                              |
| 20.0001.                                                                                                           |                      |                    |                              |

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Infinity Safeguard Insurance Company (“the Company” or “ISAFIC”) 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 determining its solvency under 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 # | 09/30/2022   | 12/31/2021   |
|---------------------------------------------------------------------------------|--------|----------|------------|--------------|--------------|
| Net Income                                                                      |        |          |            |              |              |
| (1) State basis (Page 4, Line 20, Columns 1 & 3)                                | XXX    | XXX      | XXX        | \$ 55,765    | \$ 47,872    |
| (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        | \$ 55,765    | \$ 47,872    |
| Surplus                                                                         |        |          |            |              |              |
| (5) State basis (Page 3, Line 37, Columns 1 & 2)                                | XXX    | XXX      | XXX        | \$ 3,467,902 | \$ 3,497,114 |
| (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        | \$ 3,467,902 | \$ 3,497,114 |

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) The Company does not invest in loan-backed securities.

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 - US Government Tbills .....            | \$ ..... 324,469        | \$ .....        | \$ .....        | \$ .....              | \$ ..... 324,469        |
| Cash Equivalents - Other Money Market Mutual Funds ..... | 350,779                 | .....           | .....           | .....                 | 350,779                 |
| Total assets at fair value/NAV .....                     | <u>\$ ..... 675,248</u> | <u>\$ .....</u> | <u>\$ .....</u> | <u>\$ .....</u>       | <u>\$ ..... 675,248</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 .....                  | \$ ..... 2,856,355   | \$ ..... 3,309,933 | \$ ..... 1,137,667 | \$ ..... 1,718,688 | \$ ..... | \$ .....              | \$ .....                         |
| Cash Equivalents .....       | 675,248              | 675,248            | 675,248            | .....              | .....    | .....                 | .....                            |

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 are 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 November 11, 2022 for the statutory financial statements issued on November 11, 2022. The Company is not aware of any additional material events subsequent to September 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's losses are ultimately ceded to its affiliate, Trinity Universal Insurance Company, net reserves as of September 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



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?.....NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?.....NO
- 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?.....YES
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?.....NO
- 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
- 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?.....NO
- 4.2 If yes, provide the name of 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              | 2                 | 3                 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | 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?.....N/A
- 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?.....N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?.....YES
- 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?.....NO
- 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?.....NO
- 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?.....NO
- 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 affiliates primary federal regulator.

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

- 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
- (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?.....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?.....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?.....NO
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

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.).....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?.....NO
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

|                                                                                                    | 1<br>Prior Year-End Book /<br>Adjusted Carrying<br>Value | 2<br>Current Quarter Book<br>/ Adjusted Carrying<br>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?.....NO.....
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?.....  
If no, attach a description with this statement.

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.....\$.....

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

| 1<br>Name of Custodian(s)       | 2<br>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<br>Name(s) | 2<br>Location(s) | 3<br>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?.....NO.....
- 17.4 If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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<br>Name of Firm or Individual | 2<br>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?.....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?.....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<br>Central<br>Registration<br>Depository<br>Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment<br>Management<br>Agreement<br>(IMA) Filed |
|------------------------------------------------------|---------------------------------|------------------------------------|----------------------|-----------------------------------------------------------|
| N/A.....                                             | MERASTAR INSURANCE COMPANY..... | N/A.....                           | N/A.....             | NO.....                                                   |

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? .....YES .....
- 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? .....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? .....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? .....NO .....
- 7.2

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.....  
If yes, attach an explanation.  
The pooling agreement was amended to remove Infinity Security Insurance Company effective August 1, 2022.....
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? .....NO.....  
If yes, attach an explanation.  
.....
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled? .....NO.....
- 3.2

If yes, give full and complete information thereto  
.....
- 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? .....NO.....
- 4.2

If yes, complete the following schedule:
- | 1                | 2                | 3          | Total Discount |            |      |       | Discount Taken During Period |            |      |       |
|------------------|------------------|------------|----------------|------------|------|-------|------------------------------|------------|------|-------|
|                  |                  |            | 4              | 5          | 6    | 7     | 8                            | 9          | 10   | 11    |
| Line of Business | Maximum Interest | Disc. Rate | Unpaid Losses  | Unpaid LAE | IBNR | Total | Unpaid Losses                | Unpaid LAE | IBNR | 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? .....NO.....
- 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? .....NO.....
- 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.....
- 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? .....

**SCHEDULE F - CEDED REINSURANCE**  
Showing All New Reinsurers - Current Year to Date

| 1                 | 2         | 3                 | 4                        | 5                 | 6                                           | 7                                            |
|-------------------|-----------|-------------------|--------------------------|-------------------|---------------------------------------------|----------------------------------------------|
| NAIC Company Code | ID Number | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurer | Certified Reinsurer Rating<br>(1 through 6) | Effective Date of Certified Reinsurer Rating |

NONE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN  
Current Year to Date - Allocated by States and Territories

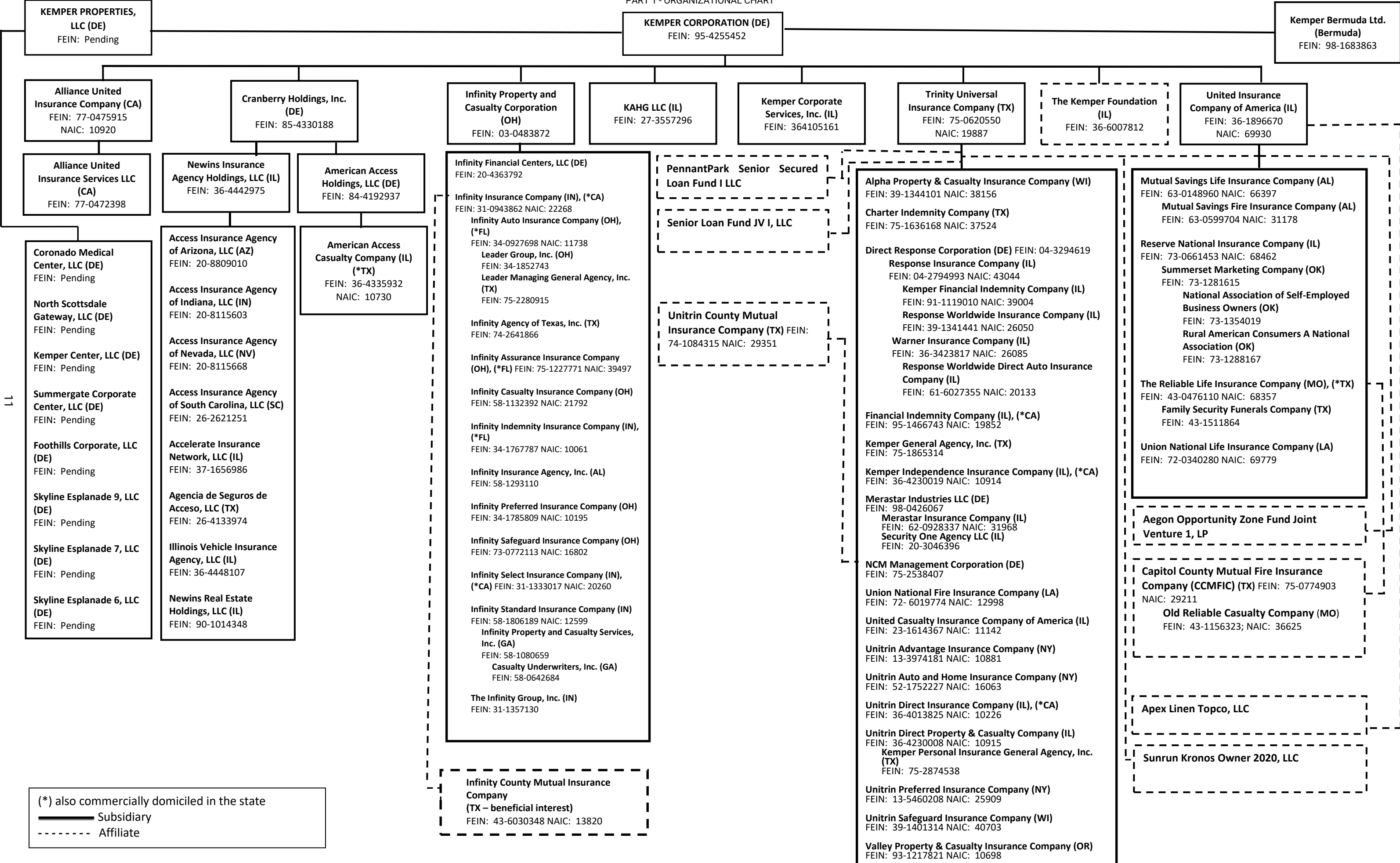
|                      |                                                                       |     | 1                       | Direct Premiums Written |                       | Direct Losses Paid (Deducting<br>Salvage) |                       | Direct Losses Unpaid    |                       |
|----------------------|-----------------------------------------------------------------------|-----|-------------------------|-------------------------|-----------------------|-------------------------------------------|-----------------------|-------------------------|-----------------------|
|                      |                                                                       |     | Active<br>Status<br>(a) | 2                       | 3                     | 4                                         | 5                     | 6                       | 7                     |
|                      |                                                                       |     |                         | Current<br>Year To Date | Prior<br>Year To Date | Current<br>Year To Date                   | Prior<br>Year To Date | Current<br>Year To Date | Prior<br>Year To Date |
| States, Etc.         |                                                                       |     |                         |                         |                       |                                           |                       |                         |                       |
| 1.                   | Alabama.....                                                          | AL  | L                       | 79,166                  | 96,512                | 24,580                                    | 39,363                | 3,085                   | 82,192                |
| 2.                   | Alaska.....                                                           | AK  | N                       |                         |                       |                                           |                       |                         |                       |
| 3.                   | Arizona.....                                                          | AZ  | L                       | 12,068,794              | 16,264,902            | 13,702,690                                | 9,756,921             | 10,317,482              | 7,640,195             |
| 4.                   | Arkansas.....                                                         | AR  | N                       |                         |                       |                                           |                       |                         |                       |
| 5.                   | California.....                                                       | CA  | N                       | –                       |                       | –                                         |                       | 4,500                   | 1,500                 |
| 6.                   | Colorado.....                                                         | CO  | N                       |                         |                       |                                           |                       |                         |                       |
| 7.                   | Connecticut.....                                                      | CT  | N                       |                         |                       |                                           |                       |                         |                       |
| 8.                   | Delaware.....                                                         | DE  | N                       |                         |                       |                                           |                       |                         |                       |
| 9.                   | District of Columbia.....                                             | DC  | N                       |                         |                       |                                           |                       |                         |                       |
| 10.                  | Florida.....                                                          | FL  | N                       | –                       |                       | 114                                       |                       | –                       |                       |
| 11.                  | Georgia.....                                                          | GA  | L                       | 33,298                  | 54,593                | 97,455                                    | 60,663                | 86,136                  | 61,824                |
| 12.                  | Hawaii.....                                                           | HI  | N                       |                         |                       |                                           |                       |                         |                       |
| 13.                  | Idaho.....                                                            | ID  | N                       |                         |                       |                                           |                       |                         |                       |
| 14.                  | Illinois.....                                                         | IL  | N                       |                         |                       |                                           |                       |                         |                       |
| 15.                  | Indiana.....                                                          | IN  | N                       |                         |                       |                                           |                       |                         |                       |
| 16.                  | Iowa.....                                                             | IA  | N                       |                         |                       |                                           |                       |                         |                       |
| 17.                  | Kansas.....                                                           | KS  | N                       |                         |                       |                                           |                       |                         |                       |
| 18.                  | Kentucky.....                                                         | KY  | N                       |                         |                       |                                           |                       |                         |                       |
| 19.                  | Louisiana.....                                                        | LA  | N                       |                         |                       |                                           |                       |                         |                       |
| 20.                  | Maine.....                                                            | ME  | N                       |                         |                       |                                           |                       |                         |                       |
| 21.                  | Maryland.....                                                         | MD  | N                       |                         |                       |                                           |                       |                         |                       |
| 22.                  | Massachusetts.....                                                    | MA  | N                       |                         |                       |                                           |                       |                         |                       |
| 23.                  | Michigan.....                                                         | MI  | N                       |                         |                       |                                           |                       |                         |                       |
| 24.                  | Minnesota.....                                                        | MN  | N                       |                         |                       |                                           |                       |                         |                       |
| 25.                  | Mississippi.....                                                      | MS  | N                       |                         |                       |                                           |                       |                         |                       |
| 26.                  | Missouri.....                                                         | MO  | N                       |                         |                       |                                           |                       |                         |                       |
| 27.                  | Montana.....                                                          | MT  | N                       |                         |                       |                                           |                       |                         |                       |
| 28.                  | Nebraska.....                                                         | NE  | N                       |                         |                       |                                           |                       |                         |                       |
| 29.                  | Nevada.....                                                           | NV  | N                       |                         |                       |                                           |                       |                         |                       |
| 30.                  | New Hampshire.....                                                    | NH  | N                       |                         |                       |                                           |                       |                         |                       |
| 31.                  | New Jersey.....                                                       | NJ  | N                       |                         |                       |                                           |                       |                         |                       |
| 32.                  | New Mexico.....                                                       | NM  | N                       |                         |                       |                                           |                       |                         |                       |
| 33.                  | New York.....                                                         | NY  | N                       |                         |                       |                                           |                       |                         |                       |
| 34.                  | North Carolina.....                                                   | NC  | N                       |                         |                       |                                           |                       |                         |                       |
| 35.                  | North Dakota.....                                                     | ND  | N                       |                         |                       |                                           |                       |                         |                       |
| 36.                  | Ohio.....                                                             | OH  | L                       |                         |                       |                                           |                       |                         |                       |
| 37.                  | Oklahoma.....                                                         | OK  | N                       |                         |                       |                                           |                       |                         |                       |
| 38.                  | Oregon.....                                                           | OR  | N                       |                         |                       |                                           |                       |                         |                       |
| 39.                  | Pennsylvania.....                                                     | PA  | N                       |                         |                       |                                           |                       |                         |                       |
| 40.                  | Rhode Island.....                                                     | RI  | N                       |                         |                       |                                           |                       |                         |                       |
| 41.                  | South Carolina.....                                                   | SC  | N                       |                         |                       |                                           |                       |                         |                       |
| 42.                  | South Dakota.....                                                     | SD  | N                       |                         |                       |                                           |                       |                         |                       |
| 43.                  | Tennessee.....                                                        | TN  | N                       |                         |                       |                                           |                       |                         |                       |
| 44.                  | Texas.....                                                            | TX  | N                       |                         |                       |                                           |                       |                         |                       |
| 45.                  | Utah.....                                                             | UT  | L                       |                         |                       |                                           |                       |                         |                       |
| 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.                  | US Virgin Islands.....                                                | VI  | N                       |                         |                       |                                           |                       |                         |                       |
| 56.                  | Northern Mariana Islands.....                                         | MP  | N                       |                         |                       |                                           |                       |                         |                       |
| 57.                  | Canada.....                                                           | CAN | N                       |                         |                       |                                           |                       |                         |                       |
| 58.                  | Aggregate Other Alien.....                                            | OT  | XXX                     |                         |                       |                                           |                       |                         |                       |
| 59.                  | Totals.....                                                           |     | XXX                     | 12,181,258              | 16,416,007            | 13,824,838                                | 9,856,948             | 10,411,202              | 7,785,711             |
| Details of Write-Ins |                                                                       |     |                         |                         |                       |                                           |                       |                         |                       |
| 58001.               |                                                                       |     | XXX                     |                         |                       |                                           |                       |                         |                       |
| 58002.               |                                                                       |     | XXX                     |                         |                       |                                           |                       |                         |                       |
| 58003.               |                                                                       |     | XXX                     |                         |                       |                                           |                       |                         |                       |
| 58998.               | Summary of remaining write-ins for Line 58<br>from overflow page..... |     | XXX                     |                         |                       |                                           |                       |                         |                       |
| 58999.               | Totals (Lines 58001 through 58003 plus<br>58998) (Line 58 above)..... |     | XXX                     |                         |                       |                                           |                       |                         |                       |

(a) Active Status Counts

|                                                                                                                                                    |   |                                                                         |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------|----|
| L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....                                                                       | 5 | R – Registered - Non-domiciled RRGs.....                                | –  |
| E – Eligible - Reporting entities eligible or approved to write surplus lines in the<br>state (other than their state of domicile - See DSLI)..... | – | Q – Qualified - Qualified or accredited reinsurer.....                  | –  |
| D – Domestic Surplus Lines Insurer (DSL I) - Reporting entities authorized to<br>write surplus lines in the state of domicile.....                 | – | N – None of the above - Not allowed to write business in the state..... | 52 |

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

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2                  | 3                 | 4          | 5            | 6          | 7                                                                      | 8                                               | 9                    | 10                               | 11                                             | 12                                                                                 | 13                                         | 14                                           | 15                                  | 16 |
|------------|--------------------|-------------------|------------|--------------|------------|------------------------------------------------------------------------|-------------------------------------------------|----------------------|----------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|-------------------------------------|----|
| Group Code | Group Name         | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates     | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Yes/No) | *  |
|            | KEMPER CORPORATION |                   | 95-4255452 |              | 0000860748 | NEW YORK STOCK EXCHANGE                                                | KEMPER CORPORATION                              | DE                   | UIP                              |                                                |                                                                                    |                                            |                                              | NO                                  |    |
|            | KEMPER CORPORATION |                   | 37-1656986 |              |            |                                                                        | ACCELERATE INSURANCE NETWORK, LLC               | IL                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 20-8809010 |              |            |                                                                        | ACCESS INSURANCE AGENCY OF ARIZONA, LLC         | AZ                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 20-8115603 |              |            |                                                                        | ACCESS INSURANCE AGENCY OF INDIANA, LLC         | IN                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 20-8115668 |              |            |                                                                        | ACCESS INSURANCE AGENCY OF NEVADA, LLC          | NV                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 26-2621251 |              |            |                                                                        | ACCESS INSURANCE AGENCY OF SOUTH CAROLINA, LLC  | SC                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |            |                                                                        | AEGON OPPORTUNITY ZONE FUND JOINT VENTURE 1, LP |                      | NIA                              | UNITED INSURANCE COMPANY OF AMERICA            | OWNERSHIP                                                                          | 99.368                                     | KEMPER CORPORATION                           | NO                                  | 1  |
|            | KEMPER CORPORATION |                   | 26-4133974 |              |            |                                                                        | AGENCIA DE SEGUROS DE ACCESO, LLC               | TX                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 10920             | 77-0475915 |              |            |                                                                        | ALLIANCE UNITED INSURANCE COMPANY               | CA                   | IA                               | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 77-0472398 |              |            |                                                                        | ALLIANCE UNITED INSURANCE SERVICES, LLC         | CA                   | NIA                              | ALLIANCE UNITED INSURANCE COMPANY              | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 38156             | 39-1344101 |              |            |                                                                        | ALPHA PROPERTY & CASUALTY INSURANCE COMPANY     | WI                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 10730             | 36-4335932 |              |            |                                                                        | AMERICAN ACCESS CASUALTY COMPANY                | IL                   | IA                               | AMERICAN ACCESS HOLDINGS, LLC                  | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 84-4192397 |              |            |                                                                        | AMERICAN ACCESS HOLDINGS, LLC                   | DE                   | NIA                              | CRANBERRY HOLDINGS, INC.                       | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |            |                                                                        | APEX LINEN TOPCO, LLC                           |                      | NIA                              | UNITED INSURANCE COMPANY OF AMERICA            | OWNERSHIP                                                                          | 17.500                                     | KEMPER CORPORATION                           | NO                                  | 2  |
| 0215       | KEMPER CORPORATION | 29211             | 75-0774903 |              |            |                                                                        | CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY    | TX                   | IA                               | THE RELIABLE LIFE INSURANCE COMPANY            | MANAGEMENT                                                                         |                                            | KEMPER CORPORATION                           | NO                                  | 3  |
|            | KEMPER CORPORATION |                   | 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 |                   |            |              |            |                                                                        | CORONADO MEDICAL CENTER, LLC                    | DE                   | NIA                              | KEMPER PROPERTIES, LLC                         | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 85-4330188 |              |            |                                                                        | CRANBERRY HOLDINGS, INC.                        | DE                   | NIA                              | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 04-3294619 |              |            |                                                                        | DIRECT RESPONSE CORPORATION                     | DE                   | NIA                              | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
|            | KEMPER CORPORATION |                   | 43-1511864 |              |            |                                                                        | FAMILY SECURITY FUNERALS COMPANY                | TX                   | NIA                              | THE RELIABLE LIFE INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
| 0215       | KEMPER CORPORATION | 19852             | 95-1466743 |              |            |                                                                        | FINANCIAL INDEMNITY COMPANY                     | IL                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |            |                                                                        | FOOTHILLS CORPORATE, LLC                        | DE                   | NIA                              | KEMPER PROPERTIES, LLC                         | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2                  | 3                 | 4          | 5            | 6   | 7                                                                      | 8                                              | 9                    | 10                               | 11                                             | 12                                                                                 | 13                                         | 14                                           | 15                                  | 16 |
|------------|--------------------|-------------------|------------|--------------|-----|------------------------------------------------------------------------|------------------------------------------------|----------------------|----------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|-------------------------------------|----|
| Group Code | Group Name         | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates    | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Yes/No) | *  |
|            | KEMPER CORPORATION |                   | 36-4448107 |              |     |                                                                        | ILLINOIS VEHICLE INSURANCE AGENCY, LLC         | IL                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 74-2641866 |              |     |                                                                        | INFINITY AGENCY OF TEXAS                       | TX                   | NIA                              | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
| 0215       | KEMPER CORPORATION | 39497             | 75-1227771 |              |     |                                                                        | INFINITY ASSURANCE INSURANCE COMPANY           | OH                   | IA                               | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | 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                                  |    |
| 0215       | KEMPER CORPORATION | 13820             | 43-6030348 |              |     |                                                                        | INFINITY COUNTY MUTUAL INSURANCE COMPANY       | TX                   | IA                               | INFINITY INSURANCE COMPANY                     | MANAGEMENT                                                                         |                                            | KEMPER CORPORATION                           | NO                                  | 4  |
|            | KEMPER CORPORATION |                   | 20-4363792 |              |     |                                                                        | INFINITY FINANCIAL CENTERS, LLC                | DE                   | NIA                              | INFINITY PROPERTY AND CASUALTY CORPORATION     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  | 5  |
| 0215       | KEMPER CORPORATION | 10061             | 34-1767787 |              |     |                                                                        | INFINITY INDEMNITY INSURANCE COMPANY           | IN                   | IA                               | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 58-1293110 |              |     |                                                                        | INFINITY INSURANCE AGENCY, INC.                | AL                   | NIA                              | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
| 0215       | KEMPER CORPORATION | 22268             | 31-0943862 |              |     |                                                                        | INFINITY INSURANCE COMPANY                     | IN                   | UDP                              | INFINITY PROPERTY AND CASUALTY CORPORATION     | 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 |                   | 03-0483872 |              |     |                                                                        | INFINITY PROPERTY AND CASUALTY CORPORATION     | OH                   | UIP                              | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 58-1080659 |              |     |                                                                        | INFINITY PROPERTY AND CASUALTY SERVICES, INC.  | GA                   | NIA                              | INFINITY STANDARD INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
| 0215       | KEMPER CORPORATION | 16802             | 73-0772113 |              |     |                                                                        | INFINITY SAFEGUARD INSURANCE COMPANY           | OH                   | RE                               | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 20260             | 31-1333017 |              |     |                                                                        | INFINITY SELECT INSURANCE COMPANY              | IN                   | IA                               | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 12599             | 58-1806189 |              |     |                                                                        | INFINITY STANDARD INSURANCE COMPANY            | IN                   | IA                               | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 27-3557296 |              |     |                                                                        | KAHG LLC                                       | IL                   | NIA                              | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  | 5  |
|            | KEMPER CORPORATION |                   | 98-1683863 |              |     |                                                                        | KEMPER BERMUDA LTD                             | BMU                  | IA                               | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | KEMPER CENTER, LLC                             | DE                   | NIA                              | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 36-4105161 |              |     |                                                                        | KEMPER CORPORATE SERVICES, INC.                | IL                   | NIA                              | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 39004             | 91-1119010 |              |     |                                                                        | KEMPER FINANCIAL INDEMNITY COMPANY             | IL                   | IA                               | RESPONSE INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 75-1865314 |              |     |                                                                        | KEMPER GENERAL AGENCY, INC.                    | TX                   | NIA                              | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
| 0215       | KEMPER CORPORATION | 10914             | 36-4230019 |              |     |                                                                        | KEMPER INDEPENDENCE INSURANCE COMPANY          | IL                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 75-2874538 |              |     |                                                                        | KEMPER PERSONAL INSURANCE GENERAL AGENCY, INC. | TX                   | NIA                              | UNITRIN DIRECT PROPERTY & CASUALTY COMPANY     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | KEMPER PROPERTIES, LLC                         | DE                   | NIA                              | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2                  | 3                 | 4          | 5            | 6   | 7                                                                      | 8                                                     | 9                    | 10                               | 11                                             | 12                                                                                 | 13                                         | 14                                           | 15                                  | 16 |
|------------|--------------------|-------------------|------------|--------------|-----|------------------------------------------------------------------------|-------------------------------------------------------|----------------------|----------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|-------------------------------------|----|
| Group Code | Group Name         | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates           | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Yes/No) | *  |
|            | KEMPER CORPORATION |                   | 34-1852743 |              |     |                                                                        | LEADER GROUP, INC.                                    | OH                   | NIA                              | INFINITY AUTO INSURANCE COMPANY                | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
|            | KEMPER CORPORATION |                   | 75-2280915 |              |     |                                                                        | LEADER MANAGING GENERAL AGENCY, INC.                  | TX                   | NIA                              | INFINITY AUTO INSURANCE COMPANY                | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
|            | KEMPER CORPORATION |                   | 98-0426067 |              |     |                                                                        | MERASTAR INDUSTRIES LLC                               | DE                   | NIA                              | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  | 5  |
| 0215       | KEMPER CORPORATION | 31968             | 62-0928337 |              |     |                                                                        | MERASTAR INSURANCE COMPANY                            | IL                   | IA                               | MERASTAR INDUSTRIES LLC                        | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 31178             | 63-0599704 |              |     |                                                                        | MUTUAL SAVINGS FIRE INSURANCE COMPANY                 | AL                   | IA                               | MUTUAL SAVINGS LIFE INSURANCE COMPANY          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 66397             | 63-0148960 |              |     |                                                                        | MUTUAL SAVINGS LIFE INSURANCE COMPANY                 | AL                   | IA                               | UNITED INSURANCE COMPANY OF AMERICA            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 73-1354019 |              |     |                                                                        | NATIONAL ASSOCIATION OF SELF-EMPLOYED BUSINESS OWNERS | OK                   | NIA                              | SUMMERSET MARKETING COMPANY                    | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 75-2538407 |              |     |                                                                        | NCM MANAGEMENT CORPORATION                            | DE                   | NIA                              | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
|            | KEMPER CORPORATION |                   | 36-4442975 |              |     |                                                                        | NEWINS INSURANCE AGENCY HOLDINGS, LLC                 | IL                   | NIA                              | CRANBERRY HOLDINGS, INC.                       | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 36-4442975 |              |     |                                                                        | NEWINS REAL ESTATE HOLDINGS, LLC                      | IL                   | NIA                              | NEWINS INSURANCE AGENCY HOLDINGS, LLC          | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | NORTH SCOTTSDALE GATEWAY, LLC                         | DE                   | NIA                              | KEMPER PROPERTIES, LLC                         | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 36625             | 43-1156323 |              |     |                                                                        | OLD RELIABLE CASUALTY COMPANY                         | MO                   | IA                               | CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY   | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  | 6  |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | PENNANTPARK SENIOR SECURED LOAN FUND I, LLC           |                      | NIA                              | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 12.500                                     | KEMPER CORPORATION                           | NO                                  | 7  |
| 0215       | KEMPER CORPORATION | 68462             | 73-0661453 |              |     |                                                                        | RESERVE NATIONAL INSURANCE COMPANY                    | IL                   | IA                               | UNITED INSURANCE COMPANY OF AMERICA            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 43044             | 04-2794993 |              |     |                                                                        | RESPONSE INSURANCE COMPANY                            | IL                   | IA                               | DIRECT RESPONSE CORPORATION                    | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 20133             | 61-6027355 |              |     |                                                                        | RESPONSE WORLDWIDE DIRECT AUTO INSURANCE COMPANY      | IL                   | IA                               | WARNER INSURANCE COMPANY                       | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION | 26050             | 39-1341441 |              |     |                                                                        | RESPONSE WORLDWIDE INSURANCE COMPANY                  | IL                   | IA                               | RESPONSE INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 73-1288167 |              |     |                                                                        | RURAL AMERICAN CONSUMERS A NATIONAL ASSOCIATION       | OK                   | NIA                              | SUMMERSET MARKETING COMPANY                    | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   | 20-3046396 |              |     |                                                                        | SECURITY ONE AGENCY LLC                               | IL                   | NIA                              | MERASTAR INDUSTRIES LLC                        | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  | 5  |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | SENIOR LOAN FUND JV, I LLC                            |                      | NIA                              | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 50.000                                     | KEMPER CORPORATION                           | NO                                  | 8  |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | SKYLINE ESPLANADE 6, LLC                              | DE                   | NIA                              | KEMPER PROPERTIES, LLC                         | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | SKYLINE ESPLANADE 7, LLC                              | DE                   | NIA                              | KEMPER PROPERTIES, LLC                         | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | SKYLINE ESPLANADE 9, LLC                              | DE                   | NIA                              | KEMPER PROPERTIES, LLC                         | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION |                   |            |              |     |                                                                        | SUMMERGATE CORPORATE CENTER, LLC                      | DE                   | NIA                              | KEMPER PROPERTIES, LLC                         | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2                                                                                                                                                                                       | 3                 | 4          | 5            | 6   | 7                                                                      | 8                                            | 9                    | 10                               | 11                                             | 12                                                                                 | 13                                         | 14                                           | 15                                  | 16 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|--------------|-----|------------------------------------------------------------------------|----------------------------------------------|----------------------|----------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|-------------------------------------|----|
| Group Code | Group Name                                                                                                                                                                              | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates  | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Yes/No) | *  |
|            | KEMPER CORPORATION                                                                                                                                                                      |                   | 73-1281615 |              |     |                                                                        | SUMMERSET MARKETING COMPANY                  | OK                   | NIA                              | RESERVE NATIONAL INSURANCE COMPANY             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION                                                                                                                                                                      |                   |            |              |     |                                                                        | SUNRUN KRONOS OWNER 2000, LLC                |                      | NIA                              | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 22.455                                     | KEMPER CORPORATION                           | NO                                  | 9  |
|            | KEMPER CORPORATION                                                                                                                                                                      |                   |            |              |     |                                                                        | SUNRUN KRONOS OWNER 2000, LLC                |                      | NIA                              | UNITED INSURANCE COMPANY OF AMERICA            | OWNERSHIP                                                                          | 7.485                                      | KEMPER CORPORATION                           | NO                                  |    |
|            | KEMPER CORPORATION                                                                                                                                                                      |                   | 31-1357130 |              |     |                                                                        | THE INFINITY GROUP, INC.                     | IN                   | NIA                              | INFINITY INSURANCE COMPANY                     | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | YES                                 |    |
|            | KEMPER CORPORATION                                                                                                                                                                      |                   | 36-6007812 |              |     |                                                                        | THE KEMPER FOUNDATION                        | IL                   | NIA                              | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 68357             | 43-0476110 |              |     |                                                                        | THE RELIABLE LIFE INSURANCE COMPANY          | MO                   | IA                               | UNITED INSURANCE COMPANY OF AMERICA            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 19887             | 75-0620550 |              |     |                                                                        | TRINITY UNIVERSAL INSURANCE COMPANY          | TX                   | IA                               | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 12998             | 72-6019774 |              |     |                                                                        | UNION NATIONAL FIRE INSURANCE COMPANY        | LA                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 69779             | 72-0340280 |              |     |                                                                        | UNION NATIONAL LIFE INSURANCE COMPANY        | LA                   | IA                               | UNITED INSURANCE COMPANY OF AMERICA            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 11142             | 23-1614367 |              |     |                                                                        | UNITED CASUALTY INSURANCE COMPANY OF AMERICA | IL                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 69930             | 36-1896670 |              |     |                                                                        | UNITED INSURANCE COMPANY OF AMERICA          | IL                   | IA                               | KEMPER CORPORATION                             | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 10881             | 13-3974181 |              |     |                                                                        | UNITRIN ADVANTAGE INSURANCE COMPANY          | NY                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 16063             | 52-1752227 |              |     |                                                                        | UNITRIN AUTO AND HOME INSURANCE COMPANY      | NY                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 29351             | 74-1084315 |              |     |                                                                        | UNITRIN COUNTY MUTUAL INSURANCE COMPANY      | TX                   | IA                               | NCM MANAGEMENT CORPORATION                     | MANAGEMENT                                                                         |                                            | KEMPER CORPORATION                           | NO                                  | 10 |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 10226             | 36-4013825 |              |     |                                                                        | UNITRIN DIRECT INSURANCE COMPANY             | IL                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 10915             | 36-4230008 |              |     |                                                                        | UNITRIN DIRECT PROPERTY & CASUALTY COMPANY   | IL                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 25909             | 13-5460208 |              |     |                                                                        | UNITRIN PREFERRED INSURANCE COMPANY          | NY                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 40703             | 39-1401314 |              |     |                                                                        | UNITRIN SAFEGUARD INSURANCE COMPANY          | WI                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 10698             | 93-1217821 |              |     |                                                                        | VALLEY PROPERTY & CASUALTY INSURANCE COMPANY | OR                   | IA                               | TRINITY UNIVERSAL INSURANCE COMPANY            | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| 0215       | KEMPER CORPORATION                                                                                                                                                                      | 26085             | 36-3423817 |              |     |                                                                        | WARNER INSURANCE COMPANY                     | IL                   | IA                               | DIRECT RESPONSE CORPORATION                    | OWNERSHIP                                                                          | 100.000                                    | KEMPER CORPORATION                           | NO                                  |    |
| Asterisk   | Explanation                                                                                                                                                                             |                   |            |              |     |                                                                        |                                              |                      |                                  |                                                |                                                                                    |                                            |                                              |                                     |    |
| 1          | AEGON OPPORTUNITY FUND JOINT VENTURE 1, LLC, (AEGON) IS AN AFFILIATE BY VIRTUE OF UNITED INSURANCE COMPANY OF AMERICA (UNITED) HAVING A MAJORITY PARTNERSHIP INTEREST IN AEGON.         |                   |            |              |     |                                                                        |                                              |                      |                                  |                                                |                                                                                    |                                            |                                              |                                     |    |
| 2          | APEX LINEN TOPCO, LLC (APEX) IS AN AFFILIATE BY VIRTUE OF UNITED HAVING A 17.5% PARTNERSHIP INTEREST IN APEX.                                                                           |                   |            |              |     |                                                                        |                                              |                      |                                  |                                                |                                                                                    |                                            |                                              |                                     |    |
| 3          | CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY (NAIC# 29211, DOMICILED IN THE STATE OF TEXAS) IS AFFILIATED WITH THE RELIABLE LIFE INSURANCE COMPANY BY VIRTUE OF A MANAGEMENT AGREEMENT. |                   |            |              |     |                                                                        |                                              |                      |                                  |                                                |                                                                                    |                                            |                                              |                                     |    |
| 4          | INFINITY COUNTY MUTUAL INSURANCE COMPANY (NAIC# 13820, DOMICILED IN THE STATE OF TEXAS) IS AFFILIATED WITH INFINITY INSURANCE COMPANY BY VIRTUE OF A MANAGEMENT AGREEMENT.              |                   |            |              |     |                                                                        |                                              |                      |                                  |                                                |                                                                                    |                                            |                                              |                                     |    |
| 5          | THESE ENTITIES ARE LIMITED LIABILITY COMPANIES. PERCENTAGES RELATE TO THE OWNER'S MEMBERSHIP INTEREST IN THE LLC.                                                                       |                   |            |              |     |                                                                        |                                              |                      |                                  |                                                |                                                                                    |                                            |                                              |                                     |    |

| Asterisk | Explanation                                                                                                                                                                                                |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ..... 6  | OLD RELIABLE CASUALTY COMPANY (NAIC# 36625, DOMICILED IN THE STATE OF MISSOURI) IS AFFILIATED BY VIRTUE OF ITS OWNERSHIP BY CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY.....                              |
| ..... 7  | PENNANTPARK SENIOR SECURED LOAN FUND I, LLC (PSSL), IS AN AFFILIATE BY VIRTUE OF TRINITY HAVING 50% CONTROL OF THE BOARD OF PSSL, WITH THE OTHER 50% VESTED IN PENNANTPARK FLOATING RATE CAPITAL, LTD..... |
| ..... 8  | SENIOR LOAN FUND JV I, LLC (SLFJV) IS AN AFFILIATE BY VIRTUE OF TRINITY HAVING 50% CONTROL OF THE BOARD OF SLFJV, WITH THE OTHER 50% VESTED IN OAKTREE SPECIALTY LENDING CORP.....                         |
| ..... 9  | SUNRUN KRONOS OWNER 2020, LLC (SUNRUN) IS AN AFFILIATE BY VIRTUE OF TRINITY HAVING A 22.5% 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.....                                    |

PART 1 – LOSS EXPERIENCE

|                      |                                                                     | Current Year to Date      |                           |                           | 4                         |
|----------------------|---------------------------------------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
|                      |                                                                     | 1                         | 2                         | 3                         | Prior Year to Date        |
| Line of Business     |                                                                     | Direct Premiums<br>Earned | Direct Losses<br>Incurred | Direct Loss<br>Percentage | Direct Loss<br>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 .....                                         | -                         | -                         |                           |                           |
| 17.1.                | Other liability occurrence .....                                    | -                         | -                         |                           |                           |
| 17.2.                | Other liability-claims made .....                                   | -                         | -                         |                           |                           |
| 17.3.                | Excess workers' compensation .....                                  | -                         | -                         |                           |                           |
| 18.1.                | Products liability - occurrence .....                               | -                         | -                         |                           |                           |
| 18.2.                | Products liability - claims made .....                              | -                         | -                         |                           |                           |
| 19.1.                | Private passenger auto no-fault (personal injury protection) .....  | -                         | -                         |                           |                           |
| 19.2.                | Other private passenger auto liability .....                        | 9,338,776                 | 11,027,033                | 118.078                   | 71.672                    |
| 19.3.                | Commercial auto no-fault (personal injury protection) .....         | -                         | -                         |                           |                           |
| 19.4.                | Other commercial auto liability .....                               | -                         | -                         |                           |                           |
| 21.1.                | Private passenger auto physical damage .....                        | 5,043,957                 | 3,930,554                 | 77.926                    | 71.979                    |
| 21.2.                | Commercial auto physical damage .....                               | -                         | -                         |                           |                           |
| 22.                  | Aircraft (all perils) .....                                         | -                         | -                         |                           |                           |
| 23.                  | Fidelity .....                                                      | -                         | -                         |                           |                           |
| 24.                  | Surety .....                                                        | -                         | -                         |                           |                           |
| 26.                  | Burglary and theft .....                                            | -                         | -                         |                           |                           |
| 27.                  | Boiler and machinery .....                                          | -                         | -                         |                           |                           |
| 28.                  | Credit .....                                                        | -                         | -                         |                           |                           |
| 29.                  | International .....                                                 | -                         | -                         |                           |                           |
| 30.                  | Warranty .....                                                      | -                         | -                         |                           |                           |
| 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 .....                                                        | 14,382,732                | 14,957,587                | 103.997                   | 71.104                    |
| Details of Write-Ins |                                                                     |                           |                           |                           |                           |
| 3401.                | .....                                                               |                           |                           |                           |                           |
| 3402.                | .....                                                               |                           |                           |                           |                           |
| 3403.                | .....                                                               |                           |                           |                           |                           |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page ..... |                           |                           |                           |                           |
| 3499.                | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....    |                           |                           |                           |                           |

PART 2 – DIRECT PREMIUMS WRITTEN

|                      |                                                                     | 1               | 2                       | 3                          |
|----------------------|---------------------------------------------------------------------|-----------------|-------------------------|----------------------------|
| Line of Business     |                                                                     | Current Quarter | Current<br>Year to Date | Prior Year<br>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 .....                                    | -               | -                       | -                          |
| 17.2.                | Other liability-claims made .....                                   | -               | -                       | -                          |
| 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) .....  | -               | -                       | -                          |
| 19.2                 | Other private passenger auto liability .....                        | 2,292,147       | 7,802,136               | 10,777,101                 |
| 19.3                 | Commercial auto no-fault (personal injury protection) .....         | -               | -                       | -                          |
| 19.4                 | Other commercial auto liability .....                               | -               | -                       | -                          |
| 21.1                 | Private passenger auto physical damage .....                        | 1,311,266       | 4,379,122               | 5,638,906                  |
| 21.2                 | Commercial auto physical damage .....                               | -               | -                       | -                          |
| 22.                  | Aircraft (all perils) .....                                         | -               | -                       | -                          |
| 23.                  | Fidelity .....                                                      | -               | -                       | -                          |
| 24.                  | Surety .....                                                        | -               | -                       | -                          |
| 26.                  | Burglary and theft .....                                            | -               | -                       | -                          |
| 27.                  | Boiler and machinery .....                                          | -               | -                       | -                          |
| 28.                  | Credit .....                                                        | -               | -                       | -                          |
| 29.                  | International .....                                                 | -               | -                       | -                          |
| 30.                  | Warranty .....                                                      | -               | -                       | -                          |
| 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 .....                                                        | 3,603,413       | 12,181,258              | 16,416,007                 |
| Details of Write-Ins |                                                                     |                 |                         |                            |
| 3401.                | .....                                                               |                 |                         |                            |
| 3402.                | .....                                                               |                 |                         |                            |
| 3403.                | .....                                                               |                 |                         |                            |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page ..... |                 |                         |                            |
| 3499.                | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....    |                 |                         |                            |

PART 3 (000 OMITTED)  
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

|                                                            | 1                                                        | 2                                               | 3                                                                  | 4                                                                                    | 5                                                                                      | 6                                                     | 7                                                                                                          | 8                                                                                                                                 | 9                                             | 10                                                     | 11                                                                                                                               | 12                                                                                                                         | 13                                                                                                            |
|------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                            |                                                          |                                                 |                                                                    |                                                                                      |                                                                                        |                                                       |                                                                                                            | Q.S. Date<br>Known Case<br>Loss and LAE<br>Reserves on<br>Claims<br>Reported or<br>Reopened<br>Subsequent<br>to Prior Year<br>End |                                               |                                                        | Prior Year-End<br>Known Case<br>Loss and LAE<br>Reserves<br>Developed<br>(Savings) /<br>Deficiency<br>(Cols.4+7 minus<br>Col. 1) | Prior Year-End<br>IBNR Loss and<br>LAE Reserves<br>Developed<br>(Savings) /<br>Deficiency (Cols.<br>5+8+9 minus<br>Col. 2) | Prior Year-End<br>Total Loss<br>and LAE<br>Reserve<br>Developed<br>(Savings) /<br>Deficiency<br>(Cols. 11+12) |
| Years in Which Losses Occurred                             | Prior Year End<br>Known Case<br>Loss and LAE<br>Reserves | Prior Year End<br>IBNR Loss and<br>LAE Reserves | Total Prior<br>Year End Loss<br>and LAE<br>Reserves<br>(Cols. 1+2) | 2022 Loss<br>and LAE<br>Payments on<br>Claims<br>Reported as<br>of Prior Year<br>End | 2022 Loss<br>and LAE<br>Payments on<br>Claims<br>Unreported as<br>of Prior Year<br>End | Total 2022<br>Loss and LAE<br>Payments<br>(Cols. 4+5) | Q.S. Date Known<br>Case Loss and<br>LAE Reserves on<br>Claims Reported<br>and Open as of<br>Prior Year End |                                                                                                                                   | Q.S. Date<br>IBNR Loss<br>and LAE<br>Reserves | Total Q.S. Loss<br>and LAE<br>Reserves<br>(Cols.7+8+9) |                                                                                                                                  |                                                                                                                            |                                                                                                               |
| 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<br>Policyholders..... | 3,497                                                    |                                                 |                                                                    |                                                                                      |                                                                                        |                                                       |                                                                                                            |                                                                                                                                   |                                               |                                                        | Col. 11, Line 7<br>As % of Col. 1,<br>Line 7.....<br>.....%                                                                      | Col. 12, Line 7<br>As % of Col. 2,<br>Line 7.....<br>.....%                                                                | Col. 13, Line<br>7 As % of<br>Col. 3, Line 7...<br>.....%<br><br>Col. 13, Line<br>7 / Line 8.....<br>.....%   |

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..... | N/A ..... |

EXPLANATION:

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

BARCODES:

1. 

16802202249000003
2. 

16802202245500003
3. 

16802202236500003
4. 

16802202250500003
5.



**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION  
Real Estate

|     |                                                                                        | 1            | 2                               |
|-----|----------------------------------------------------------------------------------------|--------------|---------------------------------|
|     |                                                                                        | Year to Date | Prior Year Ended<br>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).....                   |              |                                 |

SCHEDULE B – VERIFICATION  
Mortgage Loans

|     |                                                                                                                      | 1            | 2                               |
|-----|----------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|
|     |                                                                                                                      | Year to Date | Prior Year Ended<br>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 points and comm. net 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).....                                                |              |                                 |

SCHEDULE BA - VERIFICATION  
Other Long-Term Invested Assets

|     |                                                                                         | 1            | 2                               |
|-----|-----------------------------------------------------------------------------------------|--------------|---------------------------------|
|     |                                                                                         | Year to Date | Prior Year Ended<br>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).....                   |              |                                 |

SCHEDULE D - VERIFICATION  
Bonds and Stocks

|     |                                                                                                      | 1            | 2                               |
|-----|------------------------------------------------------------------------------------------------------|--------------|---------------------------------|
|     |                                                                                                      | Year to Date | Prior Year Ended<br>December 31 |
| 1.  | Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....                     | 2,843,634    | 2,144,176                       |
| 2.  | Cost of bonds and stocks acquired.....                                                               | 475,000      | 1,398,588                       |
| 3.  | Accrual of discount.....                                                                             | 354          | 392                             |
| 4.  | Unrealized valuation increase (decrease).....                                                        |              |                                 |
| 5.  | Total gain (loss) on disposals.....                                                                  |              |                                 |
| 6.  | Deduct consideration for bonds and stocks disposed of.....                                           | 4,727        | 681,072                         |
| 7.  | Deduct amortization of premium.....                                                                  | 4,328        | 18,450                          |
| 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).....              | 3,309,933    | 2,843,634                       |
| 12. | Deduct total nonadmitted amounts.....                                                                |              |                                 |
| 13. | Statement value at end of current period (Line 11 minus Line 12).....                                | 3,309,933    | 2,843,634                       |

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                                                                    | 2                                         | 3                                         | 4                                                 | 5                                                            | 6                                                             | 7                                                            | 8                                                              |
|----------------------------------------|----------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|
|                                        | Book / Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | Acquisitions<br>During Current<br>Quarter | Dispositions<br>During Current<br>Quarter | Non-Trading<br>Activity During<br>Current Quarter | Book / Adjusted<br>Carrying Value<br>End of First<br>Quarter | Book / Adjusted<br>Carrying Value<br>End of Second<br>Quarter | Book / Adjusted<br>Carrying Value<br>End of Third<br>Quarter | Book / Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
| <b>Bonds</b>                           |                                                                      |                                           |                                           |                                                   |                                                              |                                                               |                                                              |                                                                |
| 1. NAIC 1 (a).....                     | 3,662,646                                                            | 1,023,419                                 | 1,051,554                                 | (109)                                             | 3,315,680                                                    | 3,662,646                                                     | 3,634,402                                                    | 3,633,130                                                      |
| 2. NAIC 2 (a).....                     |                                                                      |                                           |                                           |                                                   |                                                              |                                                               |                                                              |                                                                |
| 3. NAIC 3 (a).....                     |                                                                      |                                           |                                           |                                                   |                                                              |                                                               |                                                              |                                                                |
| 4. NAIC 4 (a).....                     |                                                                      |                                           |                                           |                                                   |                                                              |                                                               |                                                              |                                                                |
| 5. NAIC 5 (a).....                     |                                                                      |                                           |                                           |                                                   |                                                              |                                                               |                                                              |                                                                |
| 6. NAIC 6 (a).....                     |                                                                      |                                           |                                           |                                                   |                                                              |                                                               |                                                              |                                                                |
| 7. Total Bonds.....                    | 3,662,646                                                            | 1,023,419                                 | 1,051,554                                 | (109)                                             | 3,315,680                                                    | 3,662,646                                                     | 3,634,402                                                    | 3,633,130                                                      |
| <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 & Preferred Stock..... | 3,662,646                                                            | 1,023,419                                 | 1,051,554                                 | (109)                                             | 3,315,680                                                    | 3,662,646                                                     | 3,634,402                                                    | 3,633,130                                                      |

(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 \$ 324,469; NAIC 2 \$ ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

|     |                                                                                      | 1            | 2                               |
|-----|--------------------------------------------------------------------------------------|--------------|---------------------------------|
|     |                                                                                      | Year to Date | Prior Year Ended<br>December 31 |
| 1.  | Book/adjusted carrying value, December 31 of prior year.....                         | 789,527      | 1,961,737                       |
| 2.  | Cost of cash equivalents acquired.....                                               | 2,883,643    | 9,608,354                       |
| 3.  | Accrual of discount.....                                                             | 1,356        | 33                              |
| 4.  | Unrealized valuation increase (decrease).....                                        |              |                                 |
| 5.  | Total gain (loss) on disposals.....                                                  |              | 3                               |
| 6.  | Deduct consideration received on disposals.....                                      | 2,999,278    | 10,780,600                      |
| 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)..... | 675,248      | 789,527                         |
| 11. | Deduct total nonadmitted amounts.....                                                |              |                                 |
| 12. | Statement value at end of current period (Line 10 minus Line 11).....                | 675,248      | 789,527                         |

(E-01) Schedule A - Part 2

**NONE**

(E-01) Schedule A - Part 3

**NONE**

(E-02) Schedule B - Part 2

**NONE**

(E-02) Schedule B - Part 3

**NONE**

(E-03) Schedule BA - Part 2

**NONE**

(E-03) Schedule BA - Part 3

**NONE**

(E-04) Schedule D - Part 3

**NONE**

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1                                                                                                                                                                              | 2                              | 3       | 4                | 5                       | 6                   | 7             | 8         | 9           | 10                                                    | Change in Book / Adjusted Carrying Value            |                                                 |                                                                        |                                              |                                                     | 16                                                          | 17                                                | 18                                     | 19                                  | 20                                                               | 21                                        | 22                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------|------------------|-------------------------|---------------------|---------------|-----------|-------------|-------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|----------------------------------------|-------------------------------------|------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                |                                |         |                  |                         |                     |               |           |             |                                                       | 11                                                  | 12                                              | 13                                                                     | 14                                           | 15                                                  |                                                             |                                                   |                                        |                                     |                                                                  |                                           |                                                                                                |
| CUSIP<br>Identification                                                                                                                                                        | Description                    | Foreign | Disposal<br>Date | Name of Purchaser       | Number of<br>Shares | Consideration | Par Value | Actual Cost | Prior Year<br>Book /<br>Adjusted<br>Carrying<br>Value | Unrealized<br>Valuation<br>Increase /<br>(Decrease) | Current Year's<br>(Amortization)<br>/ Accretion | Current Year's<br>Other-Than-<br>Temporary<br>Impairment<br>Recognized | Total Change<br>in B. / A.C.V.<br>(11+12-13) | Total Foreign<br>Exchange<br>Change in<br>B./A.C.V. | Book /<br>Adjusted<br>Carrying<br>Value at<br>Disposal Date | Foreign<br>Exchange<br>Gain (Loss)<br>on Disposal | Realized Gain<br>(Loss) on<br>Disposal | Total Gain<br>(Loss) on<br>Disposal | Bond Interest /<br>Stock<br>Dividends<br>Received<br>During Year | Stated<br>Contractual<br>Maturity<br>Date | NAIC<br>Designation,<br>NAIC<br>Designation<br>Modifier and<br>SVO<br>Administrative<br>Symbol |
| Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions              |                                |         |                  |                         |                     |               |           |             |                                                       |                                                     |                                                 |                                                                        |                                              |                                                     |                                                             |                                                   |                                        |                                     |                                                                  |                                           |                                                                                                |
| 240471-NP-3                                                                                                                                                                    | DEKALB CNTY GA HSG AUTH MF HSG |         | .09/26/2022      | SINKING FUND REDEMPTION | XXX                 | 772           | 772       | 772         | 772                                                   |                                                     |                                                 |                                                                        |                                              |                                                     | 772                                                         |                                                   |                                        |                                     | 19                                                               | .04/01/2036                               | 1.A FE                                                                                         |
| 24311P-AD-0                                                                                                                                                                    | DECATUR GA HSG AUTH MF HSG REV |         | .09/26/2022      | VARIOUS                 | XXX                 | 782           | 782       | 782         | 782                                                   |                                                     |                                                 |                                                                        |                                              |                                                     | 782                                                         |                                                   |                                        |                                     | 18                                                               | .04/01/2036                               | 1.A FE                                                                                         |
| 0909999999 – Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions |                                |         |                  |                         |                     | 1,554         | 1,554     | 1,554       | 1,554                                                 |                                                     |                                                 |                                                                        |                                              |                                                     | 1,554                                                       |                                                   |                                        |                                     | 37                                                               | XXX                                       | XXX                                                                                            |
| 2509999997 – Subtotals - Bonds - Part 4                                                                                                                                        |                                |         |                  |                         |                     | 1,554         | 1,554     | 1,554       | 1,554                                                 |                                                     |                                                 |                                                                        |                                              |                                                     | 1,554                                                       |                                                   |                                        |                                     | 37                                                               | XXX                                       | XXX                                                                                            |
| 2509999999 – Subtotals - Bonds                                                                                                                                                 |                                |         |                  |                         |                     | 1,554         | 1,554     | 1,554       | 1,554                                                 |                                                     |                                                 |                                                                        |                                              |                                                     | 1,554                                                       |                                                   |                                        |                                     | 37                                                               | XXX                                       | XXX                                                                                            |
| 6009999999 – Totals                                                                                                                                                            |                                |         |                  |                         |                     | 1,554         | XXX       | 1,554       | 1,554                                                 |                                                     |                                                 |                                                                        |                                              |                                                     | 1,554                                                       |                                                   |                                        |                                     | 37                                                               | XXX                                       | XXX                                                                                            |

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economice Impact of The Hedge

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

(E-13) Schedule E - Part 1

NONE



SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1                                                        | 2                                 | 3    | 4             | 5                | 6             | 7                                 | 8                                     | 9                              |
|----------------------------------------------------------|-----------------------------------|------|---------------|------------------|---------------|-----------------------------------|---------------------------------------|--------------------------------|
| CUSIP                                                    | Description                       | Code | Date Acquired | Rate of Interest | Maturity Date | Book / Adjusted<br>Carrying Value | Amount of Interest<br>Due and Accrued | Amount Received<br>During Year |
| <b>Bonds, U.S. Governments, Issuer Obligations</b>       |                                   |      |               |                  |               |                                   |                                       |                                |
| XXX                                                      | TREASURY BILL                     |      | 09/30/2022    | 2.456            | 10/25/2022    | 324,469                           |                                       | 22                             |
| 0019999999 – Bonds, U.S. Governments, Issuer Obligations |                                   |      |               |                  |               | 324,469                           |                                       | 22                             |
| 0109999999 – Subtotals – Bonds, U.S. Governments         |                                   |      |               |                  |               | 324,469                           |                                       | 22                             |
| 2419999999 – Subtotals – Bonds, Issuer Obligations       |                                   |      |               |                  |               | 324,469                           |                                       | 22                             |
| 2509999999 – Subtotals – Total Bonds                     |                                   |      |               |                  |               | 324,469                           |                                       | 22                             |
| <b>All Other Money Market Mutual Funds</b>               |                                   |      |               |                  |               |                                   |                                       |                                |
| 665278-40-4                                              | NORTHERN INST GOVT MONEY MKT FUND |      | 09/30/2022    |                  | XXX           | 350,779                           |                                       | 416                            |
| 8309999999 – All Other Money Market Mutual Funds         |                                   |      |               |                  |               | 350,779                           |                                       | 416                            |
| 8609999999 – Total Cash Equivalents                      |                                   |      |               |                  |               | 675,248                           |                                       | 438                            |