

QUARTERLY STATEMENT  
AS OF SEPTEMBER 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE  
OBSIDIAN INSURANCE COMPANY

NAIC Group Code 4982 4982 NAIC Company Code 35602 Employer's ID Number 31-0926059  
(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH  
Country of Domicile US  
Incorporated/Organized 02/09/1978 Commenced Business 03/01/1978  
Statutory Home Office 41 S. HIGH STREET, SUITE 1700 COLUMBUS, OH, US 43215  
Main Administrative Office 1330 AVENUE OF THE AMERICAS, STE 23A  
NEW YORK, NY, US 10019 800-684-5428  
(Telephone Number)  
Mail Address 1330 AVENUE OF THE AMERICAS, STE 23A NEW YORK, NY, US 10019  
Primary Location of Books and Records 1330 AVENUE OF THE AMERICAS, STE 23A  
NEW YORK, NY, US 10019 800-684-5428  
(Telephone Number)  
Internet Website Address WWW.OBSIDIANSPECIALTY.COM  
Statutory Statement Contact WENDY DOBRINDT 646-493-6054  
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(E-Mail Address) (Fax Number)

OFFICERS  
WILLIAM JEWETT, CHIEF EXECUTIVE OFFICER CRAIG RAPPAPORT, CHIEF FINANCIAL OFFICER, TREASURER  
EMILY CANELO, CHIEF LEGAL OFFICER, SECRETARY

DIRECTORS OR TRUSTEES  
WILLIAM JEWETT EMILY CANELO  
CRAIG RAPPAPORT J. RYAN CLARK  
SCOTT NIEHAUS

State of Connecticut  
County of Middlesex 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 William Jewett x Emily Canelo x Craig Rappaport  
WILLIAM JEWETT EMILY CANELO CRAIG RAPPAPORT  
CHIEF EXECUTIVE OFFICER CHIEF LEGAL OFFICER, SECRETARY CHIEF FINANCIAL OFFICER, TREASURER

Subscribed and sworn to before me  
this 15th day of

November, 2022

x Andrea H Quattrocci

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: \_\_\_\_\_

2. Date filed: \_\_\_\_\_

3. Number of pages attached: \_\_\_\_\_



Andrea H Quattrocci  
Notary Public, State of Connecticut  
My Commission Expires February 28, 2027

ASSETS

		Current Statement Date			4  December 31 Prior Year Net Admitted Assets
		1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds.....	22,769,466		22,769,466	23,633,037
2.	Stocks:				
	2.1 Preferred stocks.....				
	2.2 Common stocks.....				
3.	Mortgage loans on real estate:				
	3.1 First liens.....				
	3.2 Other than first liens.....				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$ encumbrances).....				
	4.2 Properties held for the production of income (less \$ encumbrances).....				
	4.3 Properties held for sale (less \$ encumbrances).....				
5.	Cash (\$ 1,373,206), cash equivalents (\$ 2,902,698) and short-term investments (\$ ).....	4,275,904		4,275,904	2,798,353
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).....	27,045,370		27,045,370	26,431,390
13.	Title plants less \$ charged off (for Title insurers only).....				
14.	Investment income due and accrued.....	212,166		212,166	159,096
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection.....	106,347		106,347	
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	5,766,844		5,766,844	1,672,728
	15.3 Accrued retrospective premiums (\$ ) and contracts subject to redetermination (\$ ).....				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers.....	665,446		665,446	36,133
	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.....	4,800		4,800	4,800
18.2	Net deferred tax asset.....				
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.....	13,791,429		13,791,429	8,403,456
24.	Health care (\$ ) and other amounts receivable.....				
25.	Aggregate write-ins for other-than-invested assets.....	199,518	45,649	153,869	112,249
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	47,791,920	45,649	47,746,271	36,819,852
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28.	Total (Lines 26 and 27).....	47,791,920	45,649	47,746,271	36,819,852
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.	RECEIVABLE.....	153,869		153,869	112,249
2502.	PREPAID EXPENSES.....	45,649	45,649	—	
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page.....				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	199,518	45,649	153,869	112,249

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Statement Date	December 31, Prior Year
1. Losses (current accident year \$ 1,836,230).....	2,648,589	609,333
2. Reinsurance payable on paid losses and loss adjustment expenses.....	1,976,285	408,000
3. Loss adjustment expenses.....	921,648	216,724
4. Commissions payable, contingent commissions and other similar charges.....	2,849,257	2,778,152
5. Other expenses (excluding taxes, licenses and fees).....	11,772	88,814
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	60,114	28,619
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)).....	11	
7.2 Net deferred tax liability.....	87,918	271,117
8. Borrowed money \$ and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 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).....	4,121,296	2,345,102
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	4,715,234	2,036,000
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).....		56,000
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$ and interest thereon \$ .....		
25. Aggregate write-ins for liabilities.....	3,051,350	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	20,443,474	8,837,861
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	20,443,474	8,837,861
29. Aggregate write-ins for special surplus funds.....		
30. Common capital stock.....	3,591,990	3,591,990
31. Preferred capital stock.....		
32. Aggregate write-ins for other-than-special surplus funds.....		
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	23,408,012	23,408,012
35. Unassigned funds (surplus).....	302,795	981,989
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).....	27,302,797	27,981,991
38. Totals (Page 2, Line 28, Col. 3).....	47,746,271	36,819,852
Details of Write-Ins		
2501. DEFERRED CEDING FEES.....	3,051,350	
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).....	3,051,350	
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 \$ 13,887,937)	7,686,438	763,903	1,611,142
1.2.	Assumed (written \$ 5,861,801)	4,085,609	604,367	1,243,291
1.3.	Ceded (written \$ 13,887,937)	7,686,438	763,902	1,611,140
1.4.	Net (written \$ 5,861,801)	4,085,609	604,368	1,243,291
Deductions:				
2.	Losses incurred (current accident year \$1,785,429):			
2.1	Direct	5,528,746	402,644	1,408,535
2.2	Assumed	2,225,081	295,671	625,177
2.3	Ceded	5,528,746	402,643	1,408,537
2.4	Net	2,225,081	295,672	625,177
3.	Loss adjustment expenses incurred	1,707,214	586,885	607,440
4.	Other underwriting expenses incurred	2,176,763	224,498	322,238
5.	Aggregate write-ins for underwriting deductions			
6.	Total underwriting deductions (Lines 2 through 5)	6,109,058	1,107,055	1,554,855
7.	Net income of protected cells			
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(2,023,449)	(502,687)	(311,564)
Investment Income				
9.	Net investment income earned	346,055	312,807	417,508
10.	Net realized capital gains (losses) less capital gains tax of \$ (1)	(1)	259,903	321,796
11.	Net investment gain (loss) (Lines 9 + 10)	346,054	572,710	739,304
Other Income				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ )	—		
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income	805,022		
15.	Total other income (Lines 12 through 14)	805,022		
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(872,373)	70,023	427,740
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)	(872,373)	70,023	427,740
19.	Federal and foreign income taxes incurred	(182,828)	30,803	4,467
20.	Net income (Line 18 minus Line 19) (to Line 22)	(689,545)	39,220	423,273
Capital and Surplus Account				
21.	Surplus as regards policyholders, December 31 prior year	27,981,991	27,702,794	27,702,794
22.	Net income (from Line 20)	(689,545)	39,220	423,273
23.	Net transfers (to) from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0			
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax			(89,076)
27.	Change in nonadmitted assets	(45,649)		
28.	Change in provision for reinsurance	56,000	1,000	(55,000)
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1.	Paid in			
32.2.	Transferred from surplus (Stock Dividend)			
32.3.	Transferred to surplus			
33.	Surplus adjustments:			
33.1.	Paid in	—		
33.2.	Transferred to capital (Stock Dividend)			
33.3.	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	(679,194)	40,220	279,197
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	27,302,797	27,743,014	27,981,991
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.	SERVICE INCOME	805,022		
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)	805,022		
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
Cash from Operations			
1. Premiums collected net of reinsurance	4,340,574	166,316	4,642,929
2. Net investment income	361,848	442,199	606,768
3. Miscellaneous income	805,022		
4. Total (Lines 1 to 3)	5,507,444	608,515	5,249,697
5. Benefit and loss related payments	(753,147)	2,849	(355,806)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	3,153,495	(1,581,891)	(1,410,002)
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	359	9,822	11,006
10. Total (Lines 5 through 9)	2,400,707	(1,569,220)	(1,754,802)
11. Net cash from operations (Line 4 minus Line 10)	3,106,737	2,177,735	7,004,499
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	794,711	10,479,537	12,363,054
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets		(62,362)	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(5)		
12.7 Miscellaneous proceeds	–	150,756	150,756
12.8 Total investment proceeds (Lines 12.1 to 12.7)	794,706	10,567,931	12,513,810
13. Cost of investments acquired (long-term only):			
13.1 Bonds		8,398,135	8,398,143
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)	–	8,398,135	8,398,143
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)	794,706	2,169,796	4,115,667
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	–		
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(2,423,892)	(4,701,900)	(10,217,361)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(2,423,892)	(4,701,900)	(10,217,361)
Reconciliation of Cash, Cash Equivalents and Short-Term Investments			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,477,551	(354,369)	902,805
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,798,353	1,895,548	1,895,548
19.2 End of period (Line 18 plus Line 19.1)	4,275,904	1,541,179	2,798,353
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 Obsidian Insurance Company (the "Company" or "OIC") have been prepared in conformity with the statutory accounting practices prescribed or permitted by the State of Ohio Department of Insurance ("the Department"). The Department requires insurance companies domiciled in the State of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) subject to any deviations prescribed or permitted by the Ohio Department of Insurance. The Company has no prescribed or permitted practices exceptions.

	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	\$ (689,545)	\$ 423,273
(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	<u>\$ (689,545)</u>	<u>\$ 423,273</u>
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 27,302,797	\$ 27,981,991
(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	<u>\$ 27,302,797</u>	<u>\$ 27,981,991</u>

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

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affects the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

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

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

Net investment income earned consists primarily in interest and dividends less investment related expense. Interest is recognized on an accrual basis and dividends are recognized on an ex-dividend basis. Net realized capital gains (losses) are recognized on a first in first out basis when sold, redeemed or otherwise disposed. Realized capital losses include write-downs for impairments considered to be other than temporary.

In addition, the Company uses the following accounting policies:

- (1) Short term investments are stated at amortized value using the interest method. Non-investment grade short-term investments are stated at the lower of amortized value or fair value.
- (2) Investment grade bonds not backed by other loans are stated at amortized value using the interest method. Non-investment grade bonds with NAIC designation of 3 through 6 are stated at the lower amortized value or fair value.
- (3) Common stocks, other than investments in stocks of subsidiaries and affiliates are stated at fair value.
- (4) Investment grade redeemable preferred stocks are stated at amortized value. Investment grade perpetual preferred stocks are stated at fair value. Non investment grade preferred stocks are stated at the lower of amortized value or fair value.
- (5) First lien mortgage loans on real estate are stated at their estimated fair value. See Note 5A.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized or fair value. The retrospective adjustment method is used to value all securities.
- (7) The Company has no investments in subsidiary or affiliated companies.
- (8) Investments in joint ventures, most partnerships and limited liability companies are stated at the underlying audited GAAP equity value.
- (9) The Company does not hold investments in derivative instruments as defined by SSAP No. 31.
- (10) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- (12) There have been no changes to the Company's capitalization policy.
- (13) The Company has no pharmaceutical rebate receivables.

D. Going Concern

Management does not have any doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors - Not Applicable

Notes to the Financial Statements

3. Business Combinations and Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

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

B. Debt Restructuring - Not Applicable

C. Reverse Mortgages - Not Applicable

D. Loan-Backed Securities

- (1) Prepayment assumptions for loan-backed and structured securities were obtained from our investment software vendor through an independent third-party source.
- (2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI) - Not Applicable
- (3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities - Not Applicable
- (4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss

All impaired securities (fair value is less than cost or amortized cost) for which other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ (469,317)
2. 12 months or longer	(834,123)
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	\$ 2,645,968
2. 12 months or longer	4,410,445

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company considers various factors when determining other-than temporary impairment, including: Intent or requirement to sell the security, length of time the security has been in a continuous unrealized loss position, depth of amortized value compared to fair value, and expected redemption percentage. The Company asserts that it has the intent and ability to hold these securities long enough for all the cost basis of the securities to be recovered. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities if future events, information and the passage of time causes it to conclude the declines in value are other-than-temporary.

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

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

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

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

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

J. Real Estate - Not Applicable

K. Low-Income Housing Tax Credits (LIHTC) - Not Applicable

Notes to the Financial Statements

5. Investments (Continued)

L. Restricted Assets

(1) Restricted assets (including pledged)

Gross (Admitted & Nonadmitted) Restricted											
Current Year							Current Year				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase / (Decrease) (5 - 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5-8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets, %	Admitted to Total Admitted Assets, %
a. Subject to contractual obligation for which liability is not shown	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....	% .....
b. Collateral held under security lending agreements											
c. Subject to repurchase agreements											
d. Subject to reverse repurchase agreements											
e. Subject to dollar repurchase agreements											
f. Subject to dollar reverse repurchase agreements											
g. Placed under option contracts											
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock											
i. FHLB capital stock											
j. On deposit with states	8,543,241				8,543,241	9,127,888	(584,647)		8,543,241	17.876	17.893
k. On deposit with other regulatory bodies											
l. Pledged as collateral to FHLB (including assets backing funding agreements)											
m. Pledged as collateral not captured in other categories											
n. Other restricted assets											
o. Total restricted assets	\$ 8,543,241	\$ .....	\$ .....	\$ .....	\$ 8,543,241	\$ 9,127,888	\$ (584,647)	\$ .....	\$ 8,543,241	17.876 %	17.893 %

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable
- (4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

M. Working Capital Finance Investments - Not Applicable

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

O. 5GI Securities - Not Applicable

P. Short Sales - Not Applicable

Q. Prepayment Penalty and Acceleration Fees - Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset type

Asset Type	Percent Share
(1) Cash	32.120 %
(2) Cash Equivalents	67.880 %
(3) Short-Term Investments	%
(4) Total	100.000 %

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

A. Nature of Relationships - No Significant Changes

B. Detail of Related Party Transactions - No Significant Changes



Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. Amounts Due From or To Related Parties  

The Company reported \$13,791,429 and \$3,000,244 due from affiliates as of September 30, 2022 and September 30, 2021 respectively. The Company's Cost Sharing and Service Agreement require that intercompany balances be settled in 45 days.
- E. Material Management or Services Contracts and Cost-Sharing Arrangements  

Effective October 1, 2020 and amended July 30, 2021, Obsidian Insurance Company (NAIC #35602), Obsidian Pacific Insurance Company (formerly Western Home Insurance Company at time of filing) (NAIC #26395) and Obsidian Specialty Insurance Company (NAIC #16871) entered into a Cost Sharing and Service Agreement, which has been approved by the Delaware Department of Insurance, Ohio Department of Insurance and Minnesota Department of Commerce, Obsidian Pacific Insurance Company's domiciliary regulator at the time of filing, and the California Department of Insurance. The name change from Western Home Insurance Company to Obsidian Pacific Insurance Company was effectuated on February 24, 2022. Effective September 30, 2022, Obsidian Pacific Insurance Company redomiciled from Minnesota to Delaware.
- F. Guarantees or Contingencies - Not Applicable
- G. Nature of Relationships that Could Affect Operations - Not Applicable
- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

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
- B. Investment Policies and Strategies of Plan Assets - Not Applicable
- C. Fair Value of Each Class of Plan Assets - Not Applicable
- D. Expected Long-Term Rate of Return for the Plan Assets - Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multiemployer Plans - Not Applicable
- G. Consolidated/Holding Company Plans  

The Company participates in a 401(k) savings plan sponsored by Obsidian Insurance Holdings, Inc. (OIH) for substantially all employees of OIH and its affiliates. The Company has no legal obligation for benefits under this plan. The Company is charged for its allocable share of expense for this plan based on its allocated and/or direct salary costs in accordance with its Cost Sharing and Service Agreement. The aggregate total cost of the 401(k) savings plan is \$364,798 since inception.
- H. Postemployment Benefits and Compensated Absences - Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

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

- A. Outstanding Shares - No Significant Changes
- B. Dividend Rate of Preferred Stock - Not Applicable
- C. Dividend restrictions, if any, and an indication if the dividends are cumulative.  

Without the prior approval of the Ohio Department of Insurance, dividends are subject to Ohio insurance code 3901.34.
- D. The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary.  

There was an extraordinary dividend of \$58 million paid on August 24, 2020.
- E. The portion of the reporting entity's profits that may be paid as ordinary dividends to stockholders.  

Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. Surplus Restrictions - Not Applicable
- G. Surplus Advances - Not Applicable
- H. Stock Held for Special Purposes - Not Applicable
- I. Changes in Special Surplus Funds - Not Applicable

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is (\$3,045,102).

K. Company-Issued Surplus Debentures or Similar Obligations - Not Applicable

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations

The Company, through approval of the Commissioner of Insurance of the State of Ohio, reset its December 31, 2019 unassigned surplus funds to \$0 via quasi-reorganization pursuant to the provisions of SSAP 72. The impact of the restatement due to the quasi-reorganization is as follows:

	Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus
Pre Quasi-Reorganization 2019	\$ (9,080,493)	\$ 15,000,000
Post Quasi-Reorganization	—	5,919,507

M. The effective date of a quasi-reorganization for a period of ten years following the reorganization

See note 13.L.

14. Liabilities, Contingencies and Assessments - No Significant Changes

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

(1) Fair value measurements at reporting date

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

- Level 1 - Quoted prices in active markets for identical assets and liabilities: This category is for items measured at fair value on a recurring basis includes exchange-trade stocks. The fair value of these stocks is based on quoted prices in active markets.
- Level 2 Significant observable inputs: The estimated fair values for some of these items are determined by independent pricing services using observable inputs. Others are based on quotes from markets which are not considered actively traded. This category is for items measured at fair value on a recurring basis may include long term bonds.
- Level 3 - Significant unobservable inputs: The estimated fair values for these items may be determined by various parties using methods that are not available to the Company, or that may be unavailable to the general public. This category is for items measured at fair value on a recurring basis may include limited partnerships or other invested assets.

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds	\$ 4,912,859	\$ 15,039,682			\$ 19,952,541
Cash Equivalent	2,910,737				2,910,737
Total assets at fair value/NAV	<u>\$ 7,823,596</u>	<u>\$ 15,039,682</u>	<u>\$</u>	<u>\$</u>	<u>\$ 22,863,278</u>
b. Liabilities at fair value					
Total liabilities at fair value	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

(2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable

(3) Policy on transfers into and out of Level 3 - Not Applicable

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

Bonds carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations as quoted market prices for similar instruments in an active market were utilized. This was accomplished by the use of matrix pricing. Matrix pricing takes quoted prices of bonds with similar features and applies analytic methods to determine the fair value of bonds held. Features that are inputs into the analysis include duration, credit quality, tax status and call and sinking fund features.

Preferred stocks carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because either quoted markets prices for similar instruments in an active market were utilized via matrix pricing as described above or because quoted markets prices for identical instruments trading in an inactive market were utilized.

Common stocks carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because of quoted markets prices for identical instruments trading in an inactive market were utilized. When an equity instrument is illiquid due to limited trading activity, the use of quoted markets prices for identical instruments was determined by the Company to the most reliable method to determine fair value.

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

(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.....	\$..... 19,952,542	\$..... 22,769,466	\$..... 4,912,859	\$..... 15,039,682	\$.....	\$.....	\$.....
Cash Equivalent.....	2,910,737	2,910,737	2,910,737				

D. Not Practicable to Estimate Fair Value - Not Applicable

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

21. Other Items - Not Applicable

22. Events Subsequent

The Company has no material subsequent events through November 11, 2022.

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company does have unsecured aggregate recoverables for paid and unpaid losses, including IBNR, loss adjustment expenses and unearned premium from individual reinsurers authorized or unauthorized, that exceeds 3% of capital and surplus.

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

Individual Reinsurers Who Are Members of a Group

NAIC Group Code	FEIN	Reinsurer Name	Unsecured Amount
.....19720.....	..... 13-4924125.....	Munich Reinsurance America Inc.....	\$..... 2,389,066

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

NAIC Group Code	FEIN	Reinsurer Name	Unsecured Amount
.....19720.....	..... 13-4924125.....	Munich Reinsurance America Inc.....	\$..... 2,389,066
Total.....			<u>\$..... 2,389,066</u>

B. Reinsurance Recoverable in Dispute - Not Applicable

C. Reinsurance Assumed and Ceded

(1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates.....	\$..... 4,121,296	\$.....	\$..... 867,896	\$.....	\$..... 3,253,400	\$.....
b. All other.....			..... 8,413,746	..... 754,872	.....(8,413,746)	.....(754,872)
c. Total.....	<u>\$..... 4,121,296</u>	<u>\$.....</u>	<u>\$..... 9,281,642</u>	<u>\$..... 754,872</u>	<u>\$..... (5,160,346)</u>	<u>\$..... (754,872)</u>
d. Direct unearned premium reserve.....			\$..... 9,281,642			

(2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows:

Reinsurance

	Direct	Assumed	Ceded	Net
a. Contingent commission.....	\$..... 233,661	\$..... 536,428	\$..... 233,661	\$..... 536,428
b. Sliding scale adjustments.....				
c. Other profit commission arrangements.....				
d. Total.....	<u>\$..... 233,661</u>	<u>\$..... 536,428</u>	<u>\$..... 233,661</u>	<u>\$..... 536,428</u>

(3) Risks attributed to each of the company's protected cells - Not Applicable

D. Uncollectible Reinsurance - Not Applicable

E. Commutation of Ceded Reinsurance - Not Applicable

F. Retroactive Reinsurance - Not Applicable

G. Reinsurance Accounted for as a Deposit - Not Applicable

H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements - Not Applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation - Not Applicable

K. Reinsurance Credit - Not Applicable

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

Notes to the Financial Statements

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
- Net incurred losses and loss adjustment expenses attributable to insured events of prior years was largely unchanged decreasing \$92,726 since December 31, 2021. Changes are the result of ongoing analysis of recent loss development trends in the various lines of business. Original estimates are increased and decreased, as additional information becomes known regarding individual claims.
- 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

- A. The Current Pooling Participation Percentages are:
- Obsidian Specialty Insurance Company (NAIC #16871): 35%
  - Obsidian Insurance Company ( NAIC #35602): 35%
  - Obsidian Pacific Insurance Company (NAIC #26395): 30%
- B. Effective October 1, 2020 and amended July 30, 2021, Obsidian Insurance Company (NAIC #35602), Obsidian Pacific Insurance Company (formerly Western Home Insurance Company at time of filing) (NAIC #26395) and Obsidian Specialty Insurance Company (NAIC #16871) entered into a Reinsurance Pooling Agreement, which has been approved by the Delaware Department of Insurance, Ohio Department of Insurance and Minnesota Department of Commerce, Obsidian Pacific Insurance Company's domiciliary regulator at the time of filing. The name change from Western Home Insurance Company to Obsidian Pacific Insurance Company was effectuated on February 24, 2022. Effective September 30, 2022, Obsidian Pacific Insurance Company redomiciled from Minnesota to Delaware.
- C. Not Applicable
- D. Not Applicable
- E. Not Applicable
- F. Under the Reinsurance Pooling Agreement net premium, net losses and net reserves after taking into account all third-party reinsurance of each company are 100% ceded to the pool and then assumed by member companies proportionally per the agreement.
- G. As of September 30, 2022, the total amount under the Reinsurance Pooling Agreement due from the pool was \$12,145,392.

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?.....Yes
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
Obsidian Pacific Insurance Company redomiciled to Delaware from Minnesota effective September 30, 2022.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?.....NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 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?.....NO
- 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. ....12/31/2020
- 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. ....12/31/2020
- 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). ....01/22/2022
- 6.4 By what department or departments?  
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?.....YES
- 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?.....YES
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ 13,791,429

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?.....NO.....
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?.....N/A.....  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.....\$.....
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.....\$.....
- 16.3 Total payable for securities lending reported on the liability page.....\$.....

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	2
Name of Custodian(s)	Custodian Address
US BANK, N.A.....	50 S. 16TH STREET, SUITE 2000, PHILA, PA 19102.....
BANK OF OKLAHOMA.....	ONE WILLIAMS CENTER, TULSA, OK 74172.....
FIRST HORIZON ADVISORS.....	165 MADISON AVENUE, SUITE 1400, MEMPHIS, TN 38103.....
TD BANK.....	2035 LIMESTONE ROAD, WILMINGTON, DELAWARE 19808.....
AVENU INSIGHTS & ANALYTICS.....	100 HANCOCK STREET, 10TH FLOOR, QUINCY, MA 02171.....

- 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	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
NEW ENGLAND ASSET MANAGEMENT, INC.....	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?.....YES.....
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?.....YES.....

- 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105900.....	NEW ENGLAND ASSET MANAGEMENT, INC.	KUR85E5PS4GQFZTFC130.....	SEC.....	DS.....

**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:  
.....
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 participation rate is updated annually in accordance with the pooling agreement.....
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 (1 through 6)	Effective Date of Certified Reinsurer Rating
U.S. Insurers						
	88-1976402	NELNET CAPTIVE INSURANCE COMPANY, LLC	UT	UNAUTHORIZED		
12831	75-1980552	AMBRIDGE PARTNER'S - STATE NATIONAL INS	TX	AUTHORIZED		
27847	95-2769232	INSURANCE COMPANY OF THE WEST	CA	AUTHORIZED		
17088	87-2743381	MASA CAPTIVE INSURANCE COMPANY, INC.	AZ	UNAUTHORIZED		
38776	13-2997499	SIRIUSPOINT AMERICA INSURANCE CO	NY	AUTHORIZED		
All Other Insurers						
	AA-5340310	GENERAL INSURANCE CORP OF INDIA LIMITED	IND	UNAUTHORIZED		
	77-0480869	ALIMCO RE LTD.	BMU	UNAUTHORIZED		
	AA-1128987	AMBRIDGE PARTNERS - LLOYD'S SYNDICATE 29	GBR	AUTHORIZED		
	AA-1120191	CONVEX RE LIMITED	BMU	UNAUTHORIZED		
	AA-3770516	SPAR RE PIC, LTD.	CYM	UNAUTHORIZED		

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

States, Etc.			1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			Active Status (a)	2	3	4	5	6	7
				Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1.	Alabama	AL	L	366,749		2,893		139,831	
2.	Alaska	AK	L						
3.	Arizona	AZ	L	568,536		34,906		83,264	
4.	Arkansas	AR	L	109,917	45,515			45,998	4,491
5.	California	CA	N						
6.	Colorado	CO	L	5,744				2,068	
7.	Connecticut	CT	L	7,516				2,718	
8.	Delaware	DE	L	3,707		898		3,244	
9.	District of Columbia	DC	L	–					
10.	Florida	FL	L					2,000	
11.	Georgia	GA	L	3,177,816		20,544		1,247,618	
12.	Hawaii	HI	L						
13.	Idaho	ID	L	9,275				990	
14.	Illinois	IL	L	1,982,642		1,591		109,097	
15.	Indiana	IN	L	639,320	422,167			272,153	3,945,463
16.	Iowa	IA	L	574,657				293,440	
17.	Kansas	KS	L	1,055				380	
18.	Kentucky	KY	L	22,219				7,999	
19.	Louisiana	LA	L	8,922				3,212	
20.	Maine	ME	L	1,550				28	
21.	Maryland	MD	L	84,254	114,612	3,000,000		2,122,589	25,364
22.	Massachusetts	MA	L						
23.	Michigan	MI	L	1,388,929	159,173			896,025	19,373
24.	Minnesota	MN	L	505,655				235,335	
25.	Mississippi	MS	L	255,986				77,378	
26.	Missouri	MO	L	397,314		18,015		45,602	
27.	Montana	MT	L	10,653				322	
28.	Nebraska	NE	L	28,607				2,515	
29.	Nevada	NV	L	385				2,190	
30.	New Hampshire	NH	L						
31.	New Jersey	NJ	L						
32.	New Mexico	NM	L	19,164	9,337			19,159	714
33.	New York	NY	L	49,299	208,983			212,842	137,402
34.	North Carolina	NC	L	162,428				21,648	
35.	North Dakota	ND	L	–					
36.	Ohio	OH	L	219,172	446,827	13,733,488		1,532,035	15,323,143
37.	Oklahoma	OK	L	18,780				6,792	
38.	Oregon	OR	L	7,035				1,565	
39.	Pennsylvania	PA	L	141,812				28,965	
40.	Rhode Island	RI	L	3,173				1,142	
41.	South Carolina	SC	L	206,420	56,671	7,292		71,662	4,695
42.	South Dakota	SD	L	4,056				541	
43.	Tennessee	TN	L	151,897	210,359	261,885		366,172	50,810
44.	Texas	TX	L	2,689,122	33,610	291,559		763,777	1,627
45.	Utah	UT	L	23,461		3,129		5,833	
46.	Vermont	VT	N						
47.	Virginia	VA	N	–					
48.	Washington	WA	L	1,232				443	
49.	West Virginia	WV	L	16,123				1,618	
50.	Wisconsin	WI	L	23,355				3,873	
51.	Wyoming	WY	L					5,000	
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	13,887,937	1,707,254	17,376,200		8,639,063	19,513,082
Details of Write-Ins									
58001.			XXX						
58002.			XXX						
58003.			XXX						
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX						
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX						

(a) Active Status Counts

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG48

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

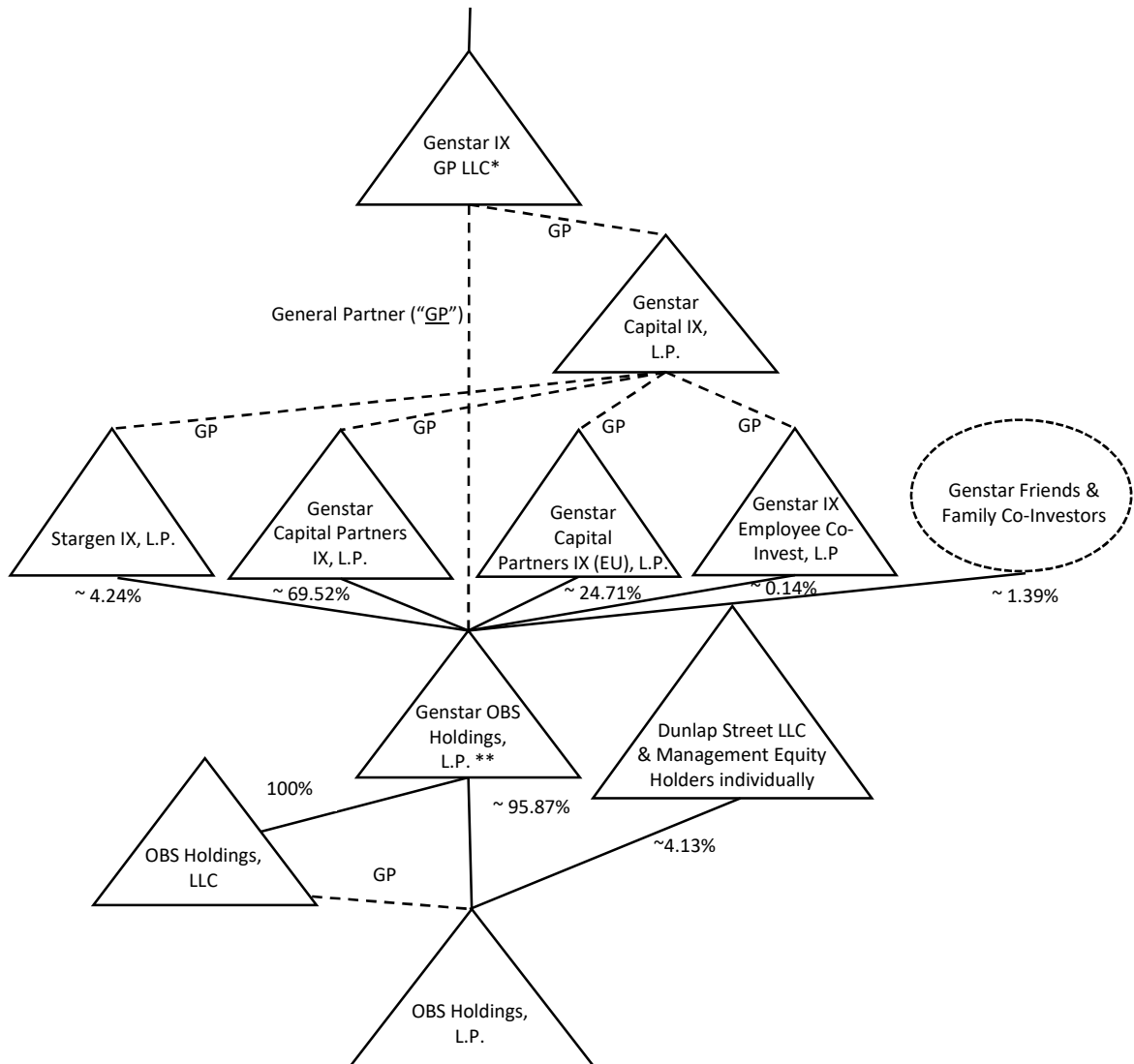
D – Domestic Surplus Lines Insurer (DSL I) - Reporting entities authorized to write surplus lines in the state of domicile.–

R – Registered - Non-domiciled RRGs.–

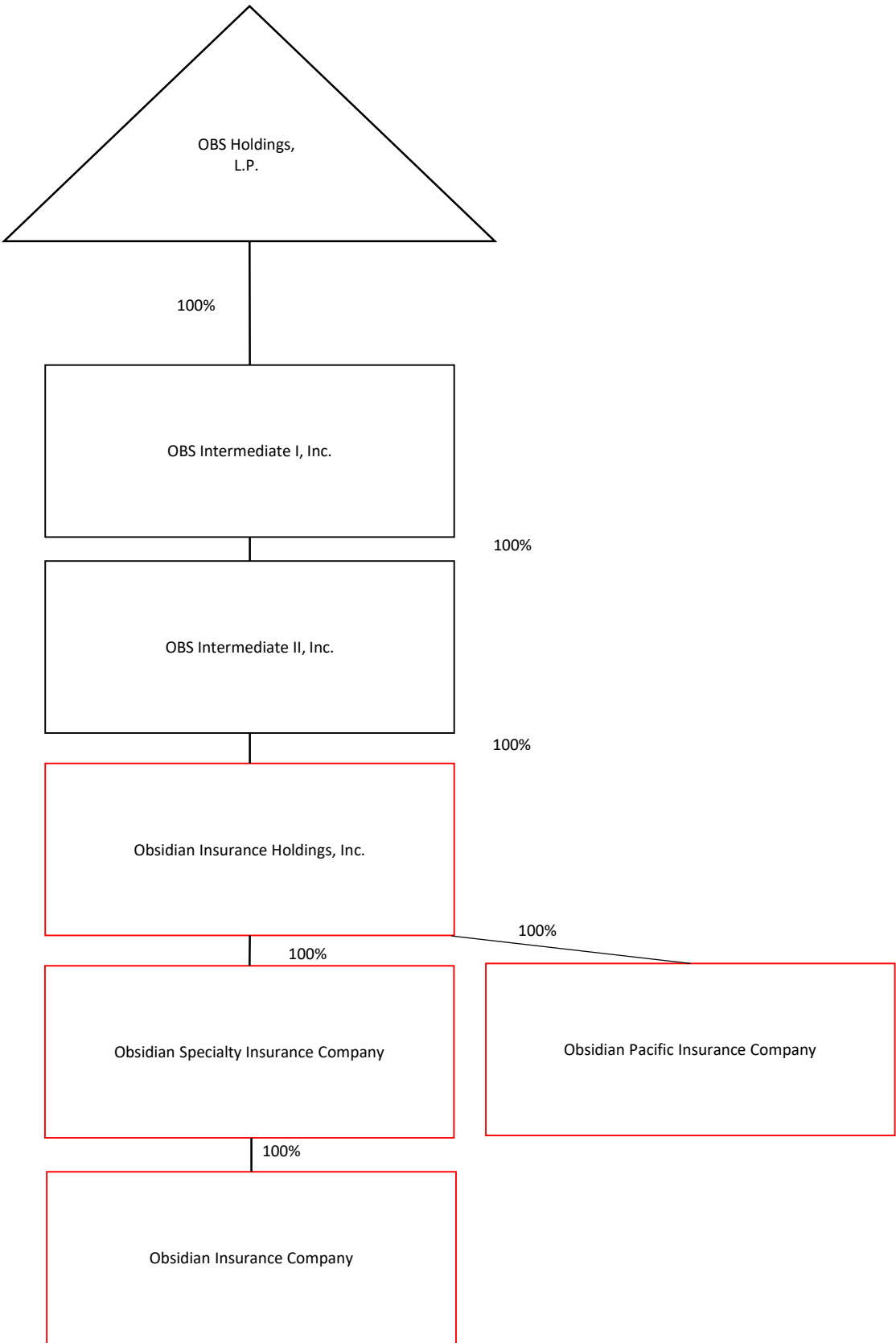
Q – Qualified - Qualified or accredited reinsurer.–

N – None of the above - Not allowed to write business in the state.9

## Obsidian Structure Chart



# Obsidian Structure 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)	*
	GENSTAR IX GP LLC		83-3208310				GENSTAR IX GP LLC	DE	UIP	GENSTAR IX GP LLC				NO	
	GENSTAR CAPITAL IX LP		83-3126286				GENSTAR IX GP LLC	DE	UIP	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
	GENSTAR CAPITAL PARTNERS IX		83-3170510				GENSTAR CAPITAL IX LP	DE	NIA	GENSTAR IX GP LLC	OWNERSHIP	69.520	GENSTAR IX GP LLC	NO	
	GENSTAR CAPITAL PTNRS IX (EU)		83-3159360				GENSTAR CAPITAL IX LP	DE	NIA	GENSTAR IX GP LLC	OWNERSHIP	24.710	GENSTAR IX GP LLC	NO	
	STARGEN IX LP		83-3191143				GENSTAR CAPITAL IX LP	DE	NIA	GENSTAR IX GP LLC	OWNERSHIP	4.240	GENSTAR IX GP LLC	NO	
	GENSTAR IX EMPL CO-INVEST		84-2772105				GENSTAR CAPITAL IX LP	DE	NIA	GENSTAR IX GP LLC	OWNERSHIP	0.140	GENSTAR IX GP LLC	NO	
	DUNLAP STREET, LLC		82-3964017				DUNLAP STREET, LLC	NJ	NIA			4.130		NO	
	GENSTAR OBS HOLDINGS LP		84-2776568				GENSTAR IX GP LLC	DE	UIP	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
	OBS HOLDINGS LLC		32-0606181				GENSTAR OBS HOLDINGS LP	DE	NIA	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
	OBS HOLDINGS LP		84-2807093				GENSTAR OBS HOLDINGS LP	DE	UIP	GENSTAR IX GP LLC	OWNERSHIP	95.870	GENSTAR IX GP LLC	NO	
	OBS INTERMEDIATE I, INC		84-2807093				OBS HOLDINGS LP	DE	UIP	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
	OBS INTERMEDIATE II , INC		84-2817211				OBS INTERMEDIATE I, INC	DE	UIP	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
	OBSIDIAN INSURANCE HOLDINGS, INC.		84-2685941				OBS INTERMEDIATE II, INC	DE	UIP	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
4982	OBSIDIAN SPECIALTY INSURANCE COMPANY	16871	85-1663261				OBSIDIAN INSURANCE HOLDINGS, INC.	DE	UDP	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
4982	OBSIDIAN INSURANCE COMPANY	35602	31-0926059				OBSIDIAN SPECIALTY INSURANCE COMPANY	OH	RE	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
4982	OBSIDIAN PACIFIC INSURANCE COMPANY	26395	41-0997608				OBSIDIAN INSURANCE HOLDINGS, INC.	DE	IA	GENSTAR IX GP LLC	OWNERSHIP	100.000	GENSTAR IX GP LLC	NO	
Asterisk		Explanation													

PART 1 – LOSS EXPERIENCE

		Current Year to Date			4
		1	2	3	Prior Year to Date
Line of Business		Direct Premiums Earned	Direct Losses Incurred	Direct Loss Percentage	Direct Loss Percentage
1.	Fire .....	187,205	99,405	53.100	53.659
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 .....	373,761	181,581	48.582	57.957
10.	Financial guaranty .....				
11.1.	Medical professional liability - occurrence .....		3,136,512		
11.2.	Medical professional liability - claims made .....		(3,136,512)		
12.	Earthquake .....				
13.1.	Comprehensive (hospital and medical) individual .....				
13.2.	Comprehensive (hospital and medical) group .....	2,630	1,112	42.281	
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 .....	408,948	146,333	35.783	67.474
17.2.	Other liability-claims made .....	2,438,801	2,440,622	100.075	52.649
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 .....	233,714	210,342	90.000	
19.3.	Commercial auto no-fault (personal injury protection) .....		1		
19.4.	Other commercial auto liability .....	3,533,538	2,111,440	59.754	
21.1.	Private passenger auto physical damage .....	276,397	248,759	90.001	
21.2.	Commercial auto physical damage .....	231,444	89,151	38.519	
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 .....	7,686,438	5,528,746	71.929	52.709
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 Year to Date	Prior Year Year to Date
1.	Fire .....	333,709	690,282	971
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 .....	368,301	637,767	6,300
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 .....	29,650	29,650	
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 .....	228,616	417,375	1,960
17.2.	Other liability-claims made .....	17,849	1,126,014	1,616,002
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 .....	268,030	533,203	25,280
19.3	Commercial auto no-fault (personal injury protection) .....			
19.4	Other commercial auto liability .....	5,213,227	9,509,964	36,835
21.1	Private passenger auto physical damage .....	316,013	628,691	19,906
21.2	Commercial auto physical damage .....	12,750	314,992	
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 .....	6,788,145	13,887,938	1,707,254
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 Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End			Prior Year-End Known Case Loss and LAE Reserves Developed (Savings) / Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings) / Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings) / Deficiency (Cols. 11+12)
Years in Which Losses Occurred	Prior Year End Known Case Loss and LAE Reserves	Prior Year End IBNR Loss and LAE Reserves	Total Prior Year End Loss and LAE Reserves (Cols. 1+2)	2022 Loss and LAE Payments on Claims Reported as of Prior Year End	2022 Loss and LAE Payments on Claims Unreported as of Prior Year End	Total 2022 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End		Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)			
1. 2019 + Prior.....													
2. 2020.....									1	1		1	1
3. Subtotals 2020 + prior.....									1	1		1	1
4. 2021.....	134	692	826	129	–	129	255		478	733	250	(214)	36
5. Subtotals 2021 + prior.....	134	692	826	129	–	129	255		479	734	250	(213)	37
6. 2022.....	XXX	XXX	XXX	XXX	1,059	1,059	XXX	477	2,359	2,836	XXX	XXX	XXX
7. Totals.....	134	692	826	129	1,059	1,188	255	477	2,838	3,570	250	(213)	37
8. Prior Year-End Surplus As Regards Policyholders.....	27,982										Col. 11, Line 7 As % of Col. 1, Line 7.....	Col. 12, Line 7 As % of Col. 2, Line 7.....	Col. 13, Line 7 As % of Col. 3, Line 7...  Col. 13, Line 7 / Line 8.....  0.132 %
											186.567 %	(30.780)%	4.479 %



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?.....	YES .....
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?.....	YES .....
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. THIS IS NOT APPLICABLE TO THE COMPANY.....
4. ....
5. ....

BARCODES:

1. 

35602202249000003
2. ....
3. 

356022022365000003
4. ....
5. ....

**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION  
Real Estate

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

SCHEDULE B – VERIFICATION  
Mortgage Loans

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition.....		
2.2	Additional investment made after acquisition.....		
3.	Capitalized deferred interest and other.....		
4.	Accrual of discount.....		
5.	Unrealized valuation increase (decrease).....		
6.	Total gain (loss) on disposals.....		
7.	Deduct amounts received on disposals.....		
8.	Deduct amortization of premium and mortgage interest 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 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 December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	23,633,042	27,474,908
2.	Cost of bonds and stocks acquired.....		8,398,143
3.	Accrual of discount.....	11,444	25,278
4.	Unrealized valuation increase (decrease).....		
5.	Total gain (loss) on disposals.....		321,798
6.	Deduct consideration for bonds and stocks disposed of.....	794,709	12,372,652
7.	Deduct amortization of premium.....	80,307	224,031
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.....		9,598
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	22,769,470	23,633,042
12.	Deduct total nonadmitted amounts.....		
13.	Statement value at end of current period (Line 11 minus Line 12).....	22,769,470	23,633,042

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 Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
<b>Bonds</b>								
1. NAIC 1 (a).....	22,478,569		189,153	(19,544)	22,773,816	22,478,569	22,269,872	22,633,559
2. NAIC 2 (a).....	499,554			40	499,515	499,554	499,594	999,477
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	22,978,123		189,153	(19,504)	23,273,331	22,978,123	22,769,466	23,633,036
<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.....	22,978,123		189,153	(19,504)	23,273,331	22,978,123	22,769,466	23,633,036

(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 \$ ; 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 December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	1,929,782	506,598
2.	Cost of cash equivalents acquired.....	22,173,476	19,399,691
3.	Accrual of discount.....		39
4.	Unrealized valuation increase (decrease).....		
5.	Total gain (loss) on disposals.....	(1)	
6.	Deduct consideration received on disposals.....	21,200,559	17,976,546
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).....	2,902,698	1,929,782
11.	Deduct total nonadmitted amounts.....		
12.	Statement value at end of current period (Line 10 minus Line 11).....	2,902,698	1,929,782

(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 Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares	Consideration	Par Value	Actual Cost	Prior Year Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B. / A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book / Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds: U.S. Governments																					
36207J-ZR-7	GOVERNMENT NATL MTG ASSOC #433752		09/01/2022	MBS PAYDOWN	XXX	142	142	143	142						142				7	05/15/2028	1.A FE
36208W-CM-3	GNMA POOL 462776		09/01/2022	MBS PAYDOWN	XXX	249	249	248	249						249				11	07/15/2028	1.A FE
36209N-CP-5	GNMA POOL 476278		09/01/2022	MBS PAYDOWN	XXX	192	192	194	192						192				9	05/15/2028	1.A FE
36295Q-VU-1	GOVERNMENT NATL MTG ASSOC #677527		09/01/2022	MBS PAYDOWN	XXX	294	294	296	295						294				11	11/15/2037	1.A FE
36295X-ZZ-1	GNMA POOL 683960		09/01/2022	MBS PAYDOWN	XXX	3,767	3,767	3,805	3,768		(1)		(1)		3,767				133	02/15/2038	1.A FE
36296G-RY-9	GNMA POOL 690903		09/01/2022	MBS PAYDOWN	XXX	128	128	130	128						128				5	06/15/2038	1.A FE
36296K-MW-9	GNMA POOL 693473		09/01/2022	MBS PAYDOWN	XXX	169	169	170	169						169				6	06/15/2038	1.A FE
0109999999 – Bonds: U.S. Governments						4,941	4,941	4,986	4,943		(1)		(1)		4,941				182	XXX	XXX
Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3133KG-P4-4	UMBS - POOL RA1343		09/01/2022	MBS PAYDOWN	XXX	38,354	38,354	40,266	38,612		(258)		(258)		38,354				766	09/01/2049	1.A FE
31346Y-XK-4	UMBS - POOL QA5182		09/01/2022	MBS PAYDOWN	XXX	37,524	37,524	39,576	37,759		(235)		(235)		37,524				736	12/01/2049	1.A FE
31371K-ZA-2	FEDERAL NATIONAL MTG ASSOC #254637		09/01/2022	MBS PAYDOWN	XXX	1,827	1,827	1,968	1,845		(18)		(18)		1,827				67	02/01/2033	1.A FE
31384V-V3-3	UMBS - POOL 535334		09/01/2022	MBS PAYDOWN	XXX	215	215	223	216						215				11	06/01/2030	1.A FE
31391S-M6-4	FEDERAL NATIONAL MTG ASSOC #675481		09/01/2022	MBS PAYDOWN	XXX	9	9	10	9						9					02/01/2033	1.A FE
31400W-SW-1	UMBS - POOL 699933		09/01/2022	MBS PAYDOWN	XXX	7,440	7,440	7,493	7,452		(12)		(12)		7,440				273	04/01/2033	1.A FE
31406U-K3-1	UMBS - POOL 820314		09/01/2022	MBS PAYDOWN	XXX	645	645	635	644						645				21	08/01/2035	1.A FE
3140KA-RE-8	UMBS - POOL BP3184		09/01/2022	MBS PAYDOWN	XXX	44,793	44,793	47,411	45,081		(289)		(289)		44,793				826	03/01/2050	1.A FE
3140QB-S7-4	UMBS - POOL CA4141		09/01/2022	MBS PAYDOWN	XXX	9,448	9,448	10,410	9,515		(68)		(68)		9,448				186	09/01/2049	1.A FE
31411W-4N-4	UMBS - POOL 917129		09/01/2022	MBS PAYDOWN	XXX	228	228	225	228						228				9	06/01/2037	1.A FE
31414S-YU-1	UMBS - POOL 975123		09/01/2022	MBS PAYDOWN	XXX	98	98	98	98						98				4	05/01/2038	1.A FE
31418D-2V-3	UMBS - POOL MA4387		09/01/2022	MBS PAYDOWN	XXX	20,009	20,009	20,425	20,051		(42)		(42)		20,009				265	07/01/2041	1.A FE
31418D-NA-6	UMBS - POOL MA3984		09/01/2022	MBS PAYDOWN	XXX	23,623	23,623	24,560	23,761		(138)		(138)		23,623				389	04/01/2035	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						184,213	184,213	193,300	185,271		(1,060)		(1,060)		184,213				3,553	XXX	XXX
2509999997 – Subtotals - Bonds - Part 4						189,154	189,154	198,286	190,214		(1,061)		(1,061)		189,154				3,735	XXX	XXX
2509999999 – Subtotals - Bonds						189,154	189,154	198,286	190,214		(1,061)		(1,061)		189,154				3,735	XXX	XXX
6009999999 – Totals						189,154	XXX	198,286	190,214		(1,061)		(1,061)		189,154				3,735	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

SCHEDULE E - PART 1 - CASH  
Month End Depository Balances

1  Depository	2  Code	3  Rate of Interest	4  Amount of Interest Received During Current Quarter	5  Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9  *
					6	7	8	
					First Month	Second Month	Third Month	
TD BANK –					249,657	1,040,192	1,373,066	XXX
USBANK –							140	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories								XXX
0199999 – Total Open Depositories					249,657	1,040,192	1,373,206	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit					249,657	1,040,192	1,373,206	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total					249,657	1,040,192	1,373,206	XXX

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 Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Exempt Money Market Mutual Funds – as Identified by SVO								
31846V-41-9	FIRST AM TREAS OBLI-INS INV		03/01/2022		XXX	300,000		1,189
233809-30-0	FIDELITY INVESTMENTS TREASURY ONLY MMF		09/23/2022		XXX	14,059		
31846V-54-2	FIRST AMER TREASURY OBLIG-Z		09/23/2022		XXX	2,596,679		
8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO						2,910,738		1,189
Other Cash Equivalents								
XXX	NEAM SUSPENSE CASH		09/30/2021			(8,040)		
8509999999 – Other Cash Equivalents						(8,040)		
8609999999 – Total Cash Equivalents						2,902,698		1,189



Physicians

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED  
ALLOCATED BY STATES AND TERRITORES

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1.	Alabama								
2.	Alaska								
3.	Arizona								
4.	Arkansas								
5.	California								
6.	Colorado								
7.	Connecticut								
8.	Delaware								
9.	District of Columbia								
10.	Florida								
11.	Georgia								
12.	Hawaii								
13.	Idaho								
14.	Illinois								
15.	Indiana								
16.	Iowa								
17.	Kansas								
18.	Kentucky								
19.	Louisiana								
20.	Maine								
21.	Maryland					151,000			2,005,000
22.	Massachusetts								
23.	Michigan								
24.	Minnesota								
25.	Mississippi								
26.	Missouri								
27.	Montana								
28.	Nebraska								
29.	Nevada								
30.	New Hampshire								
31.	New Jersey								
32.	New Mexico								
33.	New York								
34.	North Carolina								
35.	North Dakota								
36.	Ohio			13,168,488	3	(4,350,007)	250,000	3	1,654,993
37.	Oklahoma								
38.	Oregon								
39.	Pennsylvania								
40.	Rhode Island								
41.	South Carolina								
42.	South Dakota								
43.	Tennessee								
44.	Texas								
45.	Utah								
46.	Vermont								
47.	Virginia								
48.	Washington								
49.	West Virginia								
50.	Wisconsin								
51.	Wyoming								
52.	American Samoa								
53.	Guam								
54.	Puerto Rico								
55.	US Virgin Islands								
56.	Northern Mariana Islands								
57.	Canada								
58.	Aggregate Other Alien								
59.	Totals			13,168,488	3	(4,199,007)	250,000	3	3,659,993
Details of Write-Ins									
58001									
58002									
58003									
58998 Summary of remaining write-ins for Line 58 from overflow page.									
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)									



Hospitals

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED  
ALLOCATED BY STATES AND TERRITORES

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1.	Alabama								
2.	Alaska								
3.	Arizona								
4.	Arkansas								
5.	California								
6.	Colorado								
7.	Connecticut								
8.	Delaware								
9.	District of Columbia								
10.	Florida								
11.	Georgia								
12.	Hawaii								
13.	Idaho								
14.	Illinois								
15.	Indiana								
16.	Iowa								
17.	Kansas								
18.	Kentucky								
19.	Louisiana								
20.	Maine								
21.	Maryland			3,000,000	1	4,604,000	-	1	
22.	Massachusetts								
23.	Michigan								
24.	Minnesota								
25.	Mississippi								
26.	Missouri								
27.	Montana								
28.	Nebraska								
29.	Nevada								
30.	New Hampshire								
31.	New Jersey								
32.	New Mexico								
33.	New York								
34.	North Carolina								
35.	North Dakota								
36.	Ohio			325,000	1	(404,993)	14	4	(868,488)
37.	Oklahoma								
38.	Oregon								
39.	Pennsylvania								
40.	Rhode Island								
41.	South Carolina								
42.	South Dakota								
43.	Tennessee								
44.	Texas								
45.	Utah								
46.	Vermont								
47.	Virginia								
48.	Washington								
49.	West Virginia								
50.	Wisconsin								
51.	Wyoming								
52.	American Samoa								
53.	Guam								
54.	Puerto Rico								
55.	US Virgin Islands								
56.	Northern Mariana Islands								
57.	Canada								
58.	Aggregate Other Alien								
59.	Totals			3,325,000	2	4,199,007	14	5	(868,488)
Details of Write-Ins									
58001									
58002									
58003									
58998 Summary of remaining write-ins for Line 58 from overflow page.									
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)									

(Supp-455.OP) Supplement "A" to Schedule T - Exhibit of Medical Professional Liability Premiums Written - Other Health Care Professionals

NONE

(Supp-455.OP) Write-Ins for Line 58 - Other Alien - Other Health Care Professionals

NONE

(Supp-455.OF) Supplement "A" to Schedule T - Exhibit of Medical Professional Liability Premiums Written - Other Health Care Facilities

NONE

(Supp-455.OF) Write-Ins for Line 58 - Other Alien - Other Health Care Facilities

NONE

(Supp-455.OVER.PH) Write-Ins for Line 58 - Other Alien - Physicians

NONE

(Supp-455.OVER.HS) Write-Ins for Line 58 - Other Alien - Hospitals

NONE

(Supp-455.OVER.OP) Write-Ins for Line 58 - Other Alien - Other Health Care Professionals

NONE

(Supp-455.OVER.OF) Write-Ins for Line 58 - Other Alien - Other Health Care Facilities

NONE



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended 09/30/2022

NAIC Group Code: 4982  
Company Name: OBSIDIAN INSURANCE COMPANY

NAIC Company Code: 35602

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline policies

1	2	3
Direct Written Premium	Direct Earned Premium	Direct Losses Incurred
\$..... –	\$..... 20,070	\$..... 8,814

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?.....NO.....
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? .....NO.....
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in  
CMP packaged policies

2.31 Amount quantified:.....\$.....

2.32 Amount estimated using reasonable assumptions:.....\$.....
- 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability  
coverage provided in CMP packaged policies.....\$.....