



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

# **National Interstate Insurance Company of Hawaii, Inc**

NAIC Group Code 0084 NAIC Company Code 11051 Employer's ID Number 99-0345306

Organized under the Laws of \_\_\_\_\_ (Current) (Prior) \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_ OH  
Country of Domicile \_\_\_\_\_ United States of America \_\_\_\_\_ OH

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

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

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

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

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

Internet Website Address \_\_\_\_\_ [www.natl.com](http://www.natl.com)

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

## OFFICERS

President	Shawn Vincent Los	Senior VP, Chief Financial Officer, & Treasurer	Julie Ann McGraw
Secretary	Matthew David Felvus	VP, Chief Investment Officer, & Assistant Treasurer	Gary Norman Monda

**OTHER**

Stephen Edward Winborn, Senior Vice President	George Olaf Skuggen, Senior Vice President Magdalena Franziska Kulik Grossman, Chief Compliance Officer	Scott Edward Noerr, Senior Vice President, Chief Information Officer
Anthony Gerald Prinzo, Vice President	Matthew John Stevens, Assistant Treasurer	Jeannine Eileen Novak, Vice President
Leah Marie Blazek, Assistant Vice President	Colleen Frances Shepherd, Vice President	Robert Jude Zbacnik, Assistant Treasurer
Stephen Charles Beraha, Assistant Secretary		

## **DIRECTORS OR TRUSTEES**

State of Ohio County of Summit 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.

Shawn Vincent Los  
President

Matthew David Felvus  
Secretary

Julie Ann McGraw  
Senior VP, Chief Financial Officer, & Treasurer

Subscribed and sworn to before me this  
16th day of February 2024

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Alabama	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12	
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	California	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Colorado	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Connecticut	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Delaware	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	District of Columbia	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Florida	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Georgia	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Hawaii	DURING THE YEAR 2023								NAIC Company Code	11051		
Line of Business				3	4	5	6	7	8	9	10	11	12		
				1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	250	250	0	0	0	0	0	(1,063)	1,207	0	0	213	25	12	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	120,553	109,491	0	53,335	8,925	1,838	99,045	1,045	(11,612)	42,098	17,940	6,263	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	64,028	63,457	0	26,148	0	(39,690)	255,005	73,931	50,833	51,245	9,485	3,174	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	472,737	434,614	0	212,152	52,723	(288,064)	875,363	16,689	22,815	103,499	37,019	26,143	0	0	
17.1 Other Liability - Occurrence .....	156,082	168,480	0	63,320	2,819	36,230	148,117	15,820	33,692	57,141	23,277	8,304	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	32,815	33,712	0	16,189	33,193	(11,471)	2,872	2,890	(376)	435	3,834	1,627	0	0	
19.4 Other Commercial Auto Liability .....	458,779	448,285	0	222,312	263,694	560,110	1,176,991	9,179	730	133,978	50,285	25,524	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	174,668	180,403	0	82,153	137,467	152,269	68,855	4,131	2,006	5,205	19,602	8,658	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	9,145	8,238	0	4,011	0	0	0	0	0	0	0	1,384	453	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	1,489,057	1,446,931	0	679,618	498,820	410,160	2,627,456	123,685	97,901	393,813	162,851	80,157	0	0	
<b>DETAILS OF WRITE-INS</b>															
3401. ....															
3402. ....															
3403. ....															
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ ..... 75

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Idaho		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business			Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
			1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmers Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3402. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3403. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Iowa	DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Kansas	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Kentucky	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Louisiana	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Maine	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Maryland	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Michigan	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	6,310	3,678	0	3,396	0	.610	2,121	0	108	.374	.631	.88
2.1 Allied Lines .....	6,279	4,086	0	3,044	0	1,761	3,996	0	311	.705	.628	.87
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	22,096	26,635	0	7,566	0	4,479	22,340	0	(627)	9,661	2,437	.306
5.2 Commercial Multiple Peril (Liability Portion) .....	7,748	22,754	0	8,672	0	(6,251)	1,468	0	(1,073)	.259	.775	.107
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	814,075	822,515	0	414,593	130,101	126,960	257,150	3,156	(1,832)	26,598	67,319	11,289
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	505,907	468,099	0	177,721	.255,042	108,471	.388,522	15,659	49,654	67,063	32,782	7,016
17.1 Other Liability - Occurrence .....	2,986,000	3,129,972	0	1,111,328	.800	2,516,025	3,780,834	1,117	175,749	625,514	308,043	41,852
17.2 Other Liability - Claims-Made .....	11,550	36,631	0	9,277	0	30,533	72,109	0	5,669	12,725	.765	.160
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	(3,885)	37,141	0	(12)	4,297	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	1,533,578	1,543,755	0	630,916	413,765	158,212	.932,072	380,989	.384,339	201,616	94,822	21,267
19.4 Other Commercial Auto Liability .....	21,110,828	21,726,279	0	7,234,878	7,371,424	12,775,217	31,393,709	1,715,667	1,230,141	4,134,255	1,458,595	298,127
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	10,000	9,281	3,134	0	(87)	.131	0	0
21.2 Commercial Auto Physical Damage .....	5,869,232	6,045,131	0	2,468,445	2,838,354	2,734,367	1,379,553	38,799	24,287	145,524	.475,145	82,422
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	1,129	1,073	0	.397	0	0	0	0	0	0	.116	.16
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	32,874,732	33,830,608	0	12,070,231	11,019,486	18,455,779	38,274,147	2,155,387	1,866,625	5,228,723	2,442,058	462,738
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....100

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Minnesota	DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Missouri	DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Montana	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Nebraska	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Nevada	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3402. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3403. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	New Jersey	DURING THE YEAR 2023							NAIC Company Code	11051		
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12	
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
1. Fire .....	0	0	0	0	0	0	(44)	74	0	(8)	13	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	(20)	38	0	(17)	16	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	61,709	62,516	0	18,241	0	982	17,067	0	0	(730)	2,254	6,355	1,306	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	1,537,305	1,631,657	0	291,813	1,178,570	(180,369)	5,876,508	301,462	372,637	533,559	116,571	54,800		
17.1 Other Liability - Occurrence .....	2,449,554	2,289,962	0	922,116	17,679,023	6,817,786	1,833,444	36,298	51,244	546,394	352,510	51,851		
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0		
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0		
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0		
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0		
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0		
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0		
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	128,476	139,827	0	42,370	65,634	65,434	8,183	44,530	44,171	1,042	6,532	2,720		
19.4 Other Commercial Auto Liability .....	14,444,266	14,181,685	0	5,193,225	9,834,635	13,797,889	18,700,802	1,101,435	850,439	2,591,542	892,788	360,997		
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0		
21.2 Commercial Auto Physical Damage .....	1,366,163	1,292,815	0	466,926	451,493	434,739	264,547	14,885	11,037	28,399	116,615	28,918		
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0		
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0		
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0		
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0		
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0		
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0		
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0		
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0		
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0		
35. Total (a) .....	19,987,473	19,598,462	0	6,934,692	29,309,354	20,936,397	26,700,662	1,498,611	1,328,774	3,703,219	1,491,372	500,592		
<b>DETAILS OF WRITE-INS</b>														
3401. ....	0	0	0	0	0	0	0	0	0	0	0	0		
3402. ....	0	0	0	0	0	0	0	0	0	0	0	0		
3403. ....	0	0	0	0	0	0	0	0	0	0	0	0		
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0		
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0		

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	New York	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	North Dakota	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Oklahoma	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Oregon	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Pennsylvania	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	South Carolina	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	South Dakota	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3402. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3403. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Vermont	DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2023									NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
3401. ....														
3402. ....														
3403. ....														
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3402. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3403. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2023								NAIC Company Code	11051
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2023							NAIC Company Code	11051	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmersowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

NAIC Group Code	0084	BUSINESS IN THE STATE OF	Grand Total	3	4	5	6	7	8	9	10	11	12		
		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		1	2	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	NAIC Company Code	11051	
		Line of Business		Direct Premiums Written	Direct Premiums Earned										
1.	Fire .....		6,310	3,678	0	3,396	0	565	2,195	0	100	387	.631	.88	
2.1	Allied Lines .....		6,529	4,336	0	3,044	0	697	5,203	0	123	.918	.653	.99	
2.2	Multiple Peril Crop .....		0	0	0	0	0	0	0	0	0	0	0	0	
2.3	Federal Flood .....		0	0	0	0	0	0	0	0	0	0	0	0	
2.4	Private Crop .....		0	0	0	0	0	0	0	0	0	0	0	0	
2.5	Private Flood .....		0	0	0	0	0	0	0	0	0	0	0	0	
3.	Farmowners Multiple Peril .....		0	0	0	0	0	0	0	0	0	0	0	0	
4.	Homeowners Multiple Peril .....		0	0	0	0	0	0	0	0	0	0	0	0	
5.1	Commercial Multiple Peril (Non-Liability Portion) .....		142,649	136,126	0	60,901	8,925	6,296	121,422	1,045	(12,256)	51,775	20,377	.6569	
5.2	Commercial Multiple Peril (Liability Portion) .....		71,776	86,212	0	34,820	0	(45,941)	256,473	73,931	49,760	51,504	10,260	3,281	
6.	Mortgage Guaranty .....		0	0	0	0	0	0	0	0	0	0	0	0	
8.	Ocean Marine .....		0	0	0	0	0	0	0	0	0	0	0	0	
9.	Inland Marine .....		875,784	885,031	0	432,834	130,101	127,941	274,217	3,156	(2,562)	28,851	73,675	12,595	
10.	Financial Guaranty .....		0	0	0	0	0	0	0	0	0	0	0	0	
11.1	Medical Professional Liability - Occurrence .....		0	0	0	0	0	0	0	0	0	0	0	0	
11.2	Medical Professional Liability - Claims-Made .....		0	0	0	0	0	0	0	0	0	0	0	0	
12.	Earthquake .....		0	0	0	0	0	0	0	0	0	0	0	0	
13.1	Comprehensive (hospital and medical) ind (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
13.2	Comprehensive (hospital and medical) group (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
14.	Credit A&H (Group and Individual) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.1	Vision Only (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.2	Dental Only (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.3	Disability Income (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.4	Medicare Supplement (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.5	Medicaid Title XIX (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.6	Medicare Title XVIII (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.7	Long-Term Care (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.8	Federal Employees Health Benefits Plan (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
15.9	Other Health (b) .....		0	0	0	0	0	0	0	0	0	0	0	0	
16.	Workers' Compensation .....		2,515,949	2,534,370	0	681,685	1,486,334	(359,962)	7,140,393	333,810	445,106	704,121	186,371	87,958	
17.1	Other Liability - Occurrence .....		5,591,636	5,588,414	0	2,096,764	17,682,642	9,370,041	5,762,395	53,236	260,685	1,229,049	683,830	102,008	
17.2	Other Liability - Claims-Made .....		11,550	36,631	0	9,277	0	30,533	72,109	0	5,669	12,725	.765	.160	
17.3	Excess Workers Compensation .....		0	0	0	0	0	0	0	0	0	0	0	0	
18.1	Products Liability - Occurrence .....		0	0	0	0	0	0	0	0	0	0	0	0	
18.2	Products Liability - Claims-Made .....		0	0	0	0	0	0	0	0	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection) .....		0	0	0	0	0	0	0	0	0	0	0	0	
19.2	Other Private Passenger Auto Liability .....		0	0	0	0	0	(3,885)	37,141	0	(12)	4,297	0	0	
19.3	Commercial Auto No-Fault (Personal Injury Protection) .....		1,694,869	1,717,295	0	689,475	.512,592	212,175	.943,127	428,408	.428,134	.203,092	105,188	25,613	
19.4	Other Commercial Auto Liability .....		36,013,872	36,356,249	0	12,650,415	17,569,752	27,133,217	51,271,502	2,826,281	2,081,311	.6,859,775	2,401,669	684,648	
21.1	Private Passenger Auto Physical Damage .....		0	0	0	0	0	10,000	9,281	3,134	0	(87)	.131	0	
21.2	Commercial Auto Physical Damage .....		7,410,063	7,518,349	0	3,017,524	3,427,313	3,321,375	1,712,954	57,815	37,330	179,129	611,363	119,998	
22.	Aircraft (all perils) .....		0	0	0	0	0	0	0	0	0	0	0	0	
23.	Fidelity .....		0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety .....		0	0	0	0	0	0	0	0	0	0	0	0	
26.	Burglary and Theft .....		0	0	0	0	0	0	0	0	0	0	0	0	
27.	Boiler and Machinery .....		10,274	9,311	0	4,407	0	0	0	0	0	0	1,500	.469	
28.	Credit .....		0	0	0	0	0	0	0	0	0	0	0	0	
29.	International .....		0	0	0	0	0	0	0	0	0	0	0	0	
30.	Warranty .....		0	0	0	0	0	0	0	0	0	0	0	0	
31.	Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
32.	Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
33.	Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
34.	Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
35.	Total (a) .....	54,351,261	54,876,001	0	19,684,542	40,827,660	39,802,336	67,602,265	3,777,682	3,293,300	9,325,755	4,096,280	1,043,487		
<b>DETAILS OF WRITE-INS</b>															
3401.															
3402.															
3403.															
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ .....175

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

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

## SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-1607395	.32620	National Interstate Insurance Company	OH	13,365	600	6,989	7,589	26	0	5,471	0	0	0	0
0199999. Affiliates - U.S. Intercompany Pooling				13,365	600	6,989	7,589	26	0	5,471	0	0	0	0
0499999. Total - U.S. Non-Pool				0	0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)				0	0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates				13,365	600	6,989	7,589	26	0	5,471	0	0	0	0
AA-9991124	.00000	Michigan Automobile Ins Placement Facility	MI	205	0	200	200	0	0	145	(243)	0	0	0
AA-9992114	.00000	NCCI Michigan Pool	MI	31	0	83	83	0	0	6	4	0	0	0
AA-9992118	.00000	National Workers Compensation Reinsurance Pool	NY	10	0	1,213	1,213	0	0	24	12	0	0	0
AA-9991134	.00000	New Jersey Commercial Automobile Ins Procedure	NJ	270	0	924	924	0	0	106	158	0	0	0
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				516	0	2,420	2,420	0	0	281	(69)	0	0	0
1299999. Total - Pools and Associations				516	0	2,420	2,420	0	0	281	(69)	0	0	0
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 Totals				13,881	600	9,409	10,009	26	0	5,752	(69)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

## **SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- ions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
34-1607395 ..	32620 ..	National Interstate Insurance Company .....	OH.....		29,021	(1,648)	(2,290)	17,293	1,460	20,628	6,707	11,413	0	53,563	0	683	0	52,880	0	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					29,021	(1,648)	(2,290)	17,293	1,460	20,628	6,707	11,413	0	53,563	0	683	0	52,880	0	
31-0501234 ..	16691 ..	Great American Insurance Company .....	OH.....		458	0	0	101	3	516	75	143	0	838	0	28	0	810	0	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					458	0	0	101	3	516	75	143	0	838	0	28	0	810	0	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					458	0	0	101	3	516	75	143	0	838	0	28	0	810	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999. Total Authorized - Affiliates					29,479	(1,648)	(2,290)	17,394	1,463	21,144	6,782	11,556	0	54,401	0	711	0	53,690	0	
38-3207001 ..	10166 ..	Accident Fund Insurance Company of America	MI.....		778	0	0	280	6	367	42	318	0	1,013	0	28	0	985	0	
06-1182357 ..	22730 ..	Allied World Insurance Company .....	NH.....		385	9	13	113	2	234	26	140	0	537	0	12	0	525	0	
06-1430254 ..	10348 ..	Arch Reinsurance Company .....	DE.....		184	628	872	0	0	197	53	50	0	1,800	0	0	0	1,800	0	
75-2344200 ..	43460 ..	Aspen American Insurance Co .....	TX.....		323	0	0	45	0	161	14	104	0	324	0	16	0	308	0	
51-0434766 ..	20370 ..	Axis Reinsurance Company .....	NY.....		117	18	25	50	3	168	17	31	0	312	0	11	0	301	0	
47-0574325 ..	32603 ..	Berkley Insurance Company .....	DE.....		127	0	0	0	0	130	15	63	0	208	0	1	0	207	0	
		Church Mutual Insurance Company, Stock																		
39-0712210 ..	18767 ..	Insurer .....	WI.....		12	0	0	0	0	14	0	3	0	17	0	4	0	13	0	
42-0234980 ..	21415 ..	Employers Mutual Casualty Company .....	IA.....		0	0	0	22	1	2	0	0	0	0	25	0	0	0	25	0
35-2293075 ..	11551 ..	Endurance Assurance Corporation .....	DE.....		393	0	0	0	0	217	13	182	0	412	0	70	0	342	0	
22-2005057 ..	26921 ..	Everest Reinsurance Company .....	DE.....		990	650	904	150	0	952	115	330	0	3,101	0	46	0	3,055	0	
05-0316605 ..	21482 ..	Factory Mutual Insurance Company .....	RI.....		10	0	0	0	0	0	0	0	0	0	4	0	1	0	3	0
43-1898350 ..	11054 ..	Fletcher Reinsurance Company .....	MO.....		0	8	8	781	27	121	13	0	0	958	0	0	0	958	0	
13-2673100 ..	22039 ..	General Reinsurance Corporation .....	DE.....		215	4	5	0	0	485	100	34	0	628	0	23	0	605	0	
13-5129825 ..	22292 ..	Hanover Insurance Company .....	NH.....		0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0
95-2769232 ..	27847 ..	Insurance Company of the West .....	CA.....		260	0	0	0	143	6	237	38	84	0	508	0	5	0	503	0
04-1543470 ..	23043 ..	Liberty Mutual Insurance Co .....	MA.....		262	0	0	0	70	0	167	24	109	0	370	0	4	0	366	0
06-1481194 ..	10829 ..	Markel Global Reinsurance Company .....	DE.....		40	0	0	0	0	31	4	19	0	54	0	7	0	47	0	
36-3101262 ..	38970 ..	Markel Insurance Company .....	IL.....		0	0	0	0	0	6	1	0	0	7	0	0	0	7	0	
31-1169435 ..	23612 ..	Midwest Employers Casualty Company .....	DE.....		0	0	0	0	0	2	0	0	0	2	0	0	0	2	0	
13-4924125 ..	10227 ..	Munich Reinsurance America Inc. .....	DE.....		1,345	0	0	0	129	3	1,404	194	399	0	2,129	0	77	0	2,052	0
47-0355979 ..	20087 ..	National Indemnity Company .....	NE.....		40	0	0	0	0	0	46	15	27	0	88	0	0	0	88	0
31-4177100 ..	23787 ..	Nationwide Mutual Insurance Company .....	OH.....		676	114	158	113	2	508	55	213	0	1,163	0	38	0	1,125	0	
13-3138390 ..	42307 ..	Navigators Insurance Company .....	NY.....		95	34	47	0	0	70	6	28	0	185	0	14	0	171	0	
47-0698507 ..	23680 ..	Odyssey Reinsurance Company .....	CT.....		663	0	0	150	0	533	97	248	0	1,028	0	9	0	1,019	0	
13-3031176 ..	38636 ..	Partner Reinsurance Company of the US .....	NY.....		82	0	0	94	4	130	12	43	0	283	0	0	0	283	0	
52-1952955 ..	10357 ..	Renaissance Reinsurance U.S. Inc. .....	MD.....		836	38	53	299	10	867	97	267	0	1,631	0	41	0	1,590	0	
43-0727872 ..	15105 ..	Safety National Casualty Corporation .....	MO.....		8	1	2	872	32	106	5	2	0	1,020	0	2	0	1,018	0	
75-1444207 ..	30058 ..	Scor Reinsurance Company .....	NY.....		1	9	13	0	0	46	5	0	0	73	0	0	0	73	0	
13-1675535 ..	25364 ..	Swiss Reinsurance America Corporation .....	NY.....		236	3	4	74	(3)	347	70	80	0	575	0	2	0	573	0	
31-0542366 ..	10677 ..	The Cincinnati Insurance Company .....	OH.....		379	13	19	75	0	334	40	137	0	618	0	16	0	602	0	
13-2918573 ..	42439 ..	TOA Reinsurance Company of America .....	DE.....		0	0	0	0	0	28	3	0	0	31	0	0	0	31	0	
42-0644327 ..	13021 ..	United Fire and Casualty Co. .....	IA.....		4	0	0	0	0	9	0	0	0	9	0	0	0	9	0	
85-0165753 ..	25011 ..	Wesco Insurance Company .....	DE.....		0	0	0	0	0	3	0	0	0	3	0	0	0	3	0	
13-3088732 ..	40517 ..	WFC National Insurance Co. .....	UT.....		12	0	0	0	0	3	0	3	0	6	0	0	0	6	0	
13-1290712 ..	20583 ..	XL Reinsurance America Inc. .....	NY.....		559	0	0	113	0	402	66	215	0	796	0	70	0	726	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					9,032	1,529	2,123	3,573	93	8,328	1,140	3,133	0	19,919	0	497	0	19,422	0	
AA-9991159 ..	00000 ..	Michigan Catastrophic Claims Association ..	MI.....		296	0	0	0	0	0	0	72	0	72	0	(427)	0	499	0	
1099999. Total Authorized - Pools - Mandatory Pools					296	0	0	0	0	0	0	72	0	72	0	(427)	0	499	0	
AA-1120337 ..	00000 ..	Aspen Insurance UK Ltd .....	GBR.....		2	9	12	0	0	122	17	0	0	160	0	0	0	160	0	
AA-3194130 ..	00000 ..	Endurance Specialty Insurance Ltd .....	BMU.....		1	0	0	0	0	2	0	0	0	2	0	0	0	2	0	

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- ions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers					
AA-1340125 ..	00000 ..	Hannover Rückversicherung AG .....	DEU .....		622 .....	5 .....	8 .....	145 .....	7 .....	835 .....	61 .....	95 .....	0 .....	1,156 .....	0 .....	37 .....	0 .....	1,119 .....	0 .....		
AA-1126033 ..	00000 ..	Lloyd's of London Syndicate #0033 .....	GBR .....		0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	1 .....	0 .....	
AA-1126510 ..	00000 ..	Lloyd's of London Syndicate #0510 .....	GBR .....		0 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	
AA-1126566 ..	00000 ..	Lloyd's of London Syndicate #0566 .....	GBR .....		3 .....	0 .....	0 .....	28 .....	3 .....	38 .....	4 .....	0 .....	0 .....	0 .....	73 .....	0 .....	0 .....	0 .....	0 .....	0 .....	
AA-1126609 ..	00000 ..	Lloyd's of London Syndicate #0609 .....	GBR .....		4 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	4 .....	0 .....	0 .....	0 .....	0 .....	4 .....	
AA-1126623 ..	00000 ..	Lloyd's of London Syndicate #0623 .....	GBR .....		1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	
AA-1126727 ..	00000 ..	Lloyd's of London Syndicate #0727 .....	GBR .....		1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	
AA-1126780 ..	00000 ..	Lloyd's of London Syndicate #0780 .....	GBR .....		0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	
AA-1127084 ..	00000 ..	Lloyd's of London Syndicate #1084 .....	GBR .....		0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	4 .....	0 .....	0 .....	0 .....	4 .....	0 .....	0 .....	0 .....	0 .....	4 .....	
AA-1127414 ..	00000 ..	Lloyd's of London Syndicate #1414 .....	GBR .....		14 .....	0 .....	0 .....	0 .....	0 .....	18 .....	3 .....	2 .....	0 .....	23 .....	0 .....	2 .....	0 .....	0 .....	21 .....	0 .....	
AA-1120102 ..	00000 ..	Lloyd's of London Syndicate #1458 .....	GBR .....		0 .....	0 .....	0 .....	0 .....	0 .....	4 .....	0 .....	0 .....	0 .....	4 .....	0 .....	0 .....	0 .....	0 .....	4 .....	0 .....	
AA-1120198 ..	00000 ..	Lloyd's of London Syndicate #1618 .....	GBR .....		7 .....	0 .....	0 .....	0 .....	0 .....	6 .....	0 .....	0 .....	0 .....	6 .....	0 .....	1 .....	0 .....	0 .....	5 .....	0 .....	
AA-1120156 ..	00000 ..	Lloyd's of London Syndicate #1686 .....	GBR .....		0 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	
AA-1120106 ..	00000 ..	Lloyd's of London Syndicate #1969 .....	GBR .....		2 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	
AA-1128001 ..	00000 ..	Lloyd's of London Syndicate #2001 .....	GBR .....		10 .....	0 .....	0 .....	0 .....	0 .....	13 .....	1 .....	0 .....	0 .....	14 .....	0 .....	0 .....	0 .....	0 .....	14 .....	0 .....	
AA-1128003 ..	00000 ..	Lloyd's of London Syndicate #2003 .....	GBR .....		0 .....	0 .....	0 .....	0 .....	0 .....	5 .....	1 .....	0 .....	0 .....	6 .....	0 .....	0 .....	0 .....	0 .....	6 .....	0 .....	
AA-1128623 ..	00000 ..	Lloyd's of London Syndicate #2623 .....	GBR .....		5 .....	0 .....	0 .....	0 .....	0 .....	6 .....	1 .....	0 .....	0 .....	7 .....	0 .....	0 .....	0 .....	0 .....	7 .....	0 .....	
AA-1128987 ..	00000 ..	Lloyd's of London Syndicate #2987 .....	GBR .....		17 .....	0 .....	0 .....	0 .....	0 .....	23 .....	1 .....	2 .....	0 .....	26 .....	0 .....	3 .....	0 .....	0 .....	23 .....	0 .....	
AA-1129000 ..	00000 ..	Lloyd's of London Syndicate #3000 .....	GBR .....		7 .....	0 .....	0 .....	0 .....	0 .....	13 .....	1 .....	2 .....	0 .....	16 .....	0 .....	2 .....	0 .....	0 .....	14 .....	0 .....	
AA-1126004 ..	00000 ..	Lloyd's of London Syndicate #4444 .....	GBR .....		3 .....	0 .....	0 .....	0 .....	0 .....	3 .....	0 .....	0 .....	0 .....	3 .....	0 .....	0 .....	0 .....	0 .....	3 .....	0 .....	
AA-1126006 ..	00000 ..	Lloyd's of London Syndicate #4472 .....	GBR .....		11 .....	0 .....	0 .....	0 .....	0 .....	14 .....	1 .....	0 .....	0 .....	15 .....	0 .....	1 .....	0 .....	0 .....	14 .....	0 .....	
AA-3190870 ..	00000 ..	Validus Reinsurance Ltd .....	BMU .....		0 .....	0 .....	0 .....	0 .....	0 .....	13 .....	6 .....	0 .....	0 .....	19 .....	0 .....	0 .....	0 .....	0 .....	19 .....	0 .....	
1299999. Total Authorized - Other Non-U.S. Insurers						710 .....	14 .....	20 .....	173 .....	10 .....	1,130 .....	97 .....	101 .....	0 .....	1,545 .....	0 .....	46 .....	0 .....	1,499 .....	0 .....	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)						39,517 .....	(105) .....	(147) .....	21,140 .....	1,566 .....	30,602 .....	8,019 .....	14,862 .....	0 .....	75,937 .....	0 .....	827 .....	0 .....	75,110 .....	0 .....	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool						0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	
AA-3770227 ..	00000 ..	Hudson Indemnity Ltd .....	CYM .....		7,833 .....	0 .....	0 .....	3,914 .....	(54) .....	6,003 .....	1,059 .....	2,630 .....	0 .....	13,552 .....	0 .....	0 .....	0 .....	0 .....	13,552 .....	28,311 .....	
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other						7,833 .....	0 .....	0 .....	3,914 .....	(54) .....	6,003 .....	1,059 .....	2,630 .....	0 .....	13,552 .....	0 .....	0 .....	0 .....	0 .....	13,552 .....	28,311 .....
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)						7,833 .....	0 .....	0 .....	3,914 .....	(54) .....	6,003 .....	1,059 .....	2,630 .....	0 .....	13,552 .....	0 .....	0 .....	0 .....	0 .....	13,552 .....	28,311 .....
2299999. Total Unauthorized - Affiliates						7,833 .....	0 .....	0 .....	3,914 .....	(54) .....	6,003 .....	1,059 .....	2,630 .....	0 .....	13,552 .....	0 .....	0 .....	0 .....	0 .....	13,552 .....	28,311 .....
87-1701962 ..	00000 ..	Atlantic Coastal Insurance LTD .....	NC .....		1,320 .....	55 .....	77 .....	1,003 .....	111 .....	638 .....	113 .....	0 .....	0 .....	1,997 .....	0 .....	(7) .....	0 .....	0 .....	2,004 .....	0 .....	
88-0510281 ..	00000 ..	Nations Builders Insurance Company .....	DC .....		0 .....	(20) .....	(27) .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	(47) .....	0 .....	0 .....	0 .....	(47) .....	0 .....	
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers						1,320 .....	35 .....	50 .....	1,003 .....	111 .....	638 .....	113 .....	0 .....	0 .....	1,950 .....	0 .....	(7) .....	0 .....	0 .....	1,957 .....	0 .....
AA-3770505 ..	00000 ..	Gibraltar .....	CYM .....		1,009 .....	.52 .....	.72 .....	.604 .....	.40 .....	.385 .....	.68 .....	.414 .....	0 .....	1,635 .....	0 .....	.488 .....	0 .....	1,147 .....	0 .....		
AA-3191190 ..	00000 ..	Hamilton Re Ltd .....	BMU .....		0 .....	0 .....	0 .....	0 .....	0 .....	109 .....	16 .....	0 .....	0 .....	125 .....	0 .....	0 .....	0 .....	0 .....	125 .....	0 .....	
AA-1460019 ..	00000 ..	MS Amlin AG .....	CHE .....		4 .....	0 .....	0 .....	0 .....	0 .....	5 .....	0 .....	0 .....	0 .....	5 .....	0 .....	0 .....	0 .....	0 .....	5 .....	0 .....	
AA-1460023 ..	00000 ..	RenaissanceRe Europe AG .....	CHE .....		0 .....	0 .....	0 .....	0 .....	0 .....	22 .....	3 .....	0 .....	0 .....	.25 .....	0 .....	0 .....	0 .....	0 .....	.25 .....	0 .....	
AA-3191321 ..	00000 ..	Limited .....	BMU .....		0 .....	0 .....	0 .....	0 .....	0 .....	2 .....	0 .....	0 .....	0 .....	2 .....	0 .....	0 .....	0 .....	0 .....	2 .....	0 .....	
AA-3770159 ..	00000 ..	TRAX Insurance Ltd .....	CYM .....		1,554 .....	.25 .....	.35 .....	1,980 .....	.95 .....	815 .....	144 .....	126 .....	0 .....	3,220 .....	0 .....	.393 .....	0 .....	2,827 .....	0 .....		
AA-3770000 ..	00000 ..	Wheels Insurance Ltd .....	CYM .....		3,331 .....	404 .....	561 .....	1,833 .....	179 .....	1,925 .....	340 .....	1,818 .....	0 .....	7,060 .....	0 .....	1,992 .....	0 .....	5,068 .....	0 .....		
AA-3191315 ..	00000 ..	XL Bermuda Limited .....	BMU .....		0 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	1 .....	0 .....	0 .....	0 .....	0 .....	1 .....	0 .....	
2699999. Total Unauthorized - Other Non-U.S. Insurers						5,898 .....	481 .....	668 .....	4,417 .....	314 .....	3,264 .....	571 .....	2,358 .....	0 .....	12,073 .....	0 .....	2,873 .....	0 .....	9,200 .....	0 .....	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						15,051 .....	516 .....	718 .....	9,334 .....	371 .....	9,905 .....	1,743 .....	4,988 .....	0 .....	27,575 .....	0 .....	2,866 .....	0 .....	24,709 .....	28,311 .....	
3299999. Total Certified - Affiliates - U.S. Non-Pool						0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	
3599999. Total Certified - Affiliates - Other (Non-U.S.)						0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	
3699999. Total Certified - Affiliates						0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	0 .....	
CR-1460023 ..	00000 ..	RenaissanceRe Europe AG .....	CHE .....		9 .....	0 .....	0 .....	0 .....	0 .....	3 .....	0 .....	0 .....	0 .....	3 .....	0 .....	0 .....	0 .....	0 .....	3 .....	0 .....	

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
4099999. Total Certified - Other Non-U.S. Insurers					9	0	0	0	0	3	0	0	0	3	0	0	0	3	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					9	0	0	0	0	3	0	0	0	3	0	0	0	3	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RJ-1120191 .. .00000 . Convex Insurance UK Limited .....	GBR.....		2		0	0	0	0	0	1	0	1	0	2	0	1	0	1	0
RJ-3191190 .. .00000 . Hamilton Re Ltd. .....	BMU.....		288		0	0	75	0	92	14	114	0	295	0	4	0	291	0	0
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers			290		0	0	75	0	93	14	115	0	297	0	5	0	292	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			290		0	0	75	0	93	14	115	0	297	0	5	0	292	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			54,867		411	571	30,549	1,937	40,603	9,776	19,965	0	103,812	0	3,698	0	100,114	28,311	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals			54,867		411	571	30,549	1,937	40,603	9,776	19,965	0	103,812	0	3,698	0	100,114	28,311	

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk												
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer)
34-1607395 ..	National Interstate Insurance Company .....	0	0	0	0	683	52,880	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		0	0	XXX	0	683	52,880	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
31-0501234 ..	Great American Insurance Company .....	0	0	0	0	28	810	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	28	810	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	28	810	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
0899999. Total Authorized - Affiliates		0	0	XXX	0	711	53,690	0	0	0	0	0	0	0	0	0	0	0	XXX	0	
38-3207001 ..	Accident Fund Insurance Company of America .....	0	0	0	0	28	985	0	1,013	1,216	28	1,188	0	1,188	4	3	0	0	0	0	39
06-1182357 ..	Allied World Insurance Company .....	0	0	0	0	12	525	0	537	644	12	632	0	632	3	0	0	0	0	0	18
06-1430254 ..	Arch Reinsurance Company .....	0	0	0	0	0	1,800	0	1,800	2,160	0	2,160	0	2,160	3	0	0	0	0	0	60
75-2344200 ..	Aspen American Insurance Co .....	0	0	0	0	16	308	0	324	389	16	373	0	373	4	0	0	0	0	0	12
51-0434766 ..	Axis Reinsurance Company .....	0	0	0	0	11	301	0	312	374	11	363	0	363	3	0	0	0	0	0	10
47-0574325 ..	Berkley Insurance Company .....	0	0	0	0	1	207	0	208	250	1	249	0	249	3	0	0	0	0	0	7
39-0712210 ..	Church Mutual Insurance Company, Stock Insurer .....	0	0	0	0	4	13	0	17	20	4	16	0	16	3	0	0	0	0	0	0
42-0234980 ..	Employers Mutual Casualty Company .....	0	0	0	0	0	25	0	25	30	0	30	0	30	3	0	0	0	0	0	1
35-2293075 ..	Endurance Assurance Corporation .....	0	0	0	0	70	342	0	412	494	70	424	0	424	3	0	0	0	0	0	12
22-2005057 ..	Everest Reinsurance Company .....	0	0	0	0	46	3,055	0	3,101	3,721	46	3,675	0	3,675	3	0	0	0	0	0	103
05-0316605 ..	Factory Mutual Insurance Company .....	0	0	0	0	1	3	0	4	5	1	4	0	4	3	0	0	0	0	0	
43-1898350 ..	Fletcher Reinsurance Company .....	0	0	599	599	359	0	958	1,149	0	1,149	599	550	6	550	6	0	0	0	0	18
13-2673100 ..	General Reinsurance Corporation .....	0	0	0	0	23	605	0	628	754	23	731	0	731	2	0	0	0	0	0	15
13-5129825 ..	Hanover Insurance Company .....	0	0	0	0	0	1	0	1	1	0	1	0	1	3	0	0	0	0	0	
95-2769232 ..	Insurance Company of the West .....	0	0	0	0	5	503	0	508	610	5	605	0	605	3	0	0	0	0	0	17
04-1543470 ..	Liberty Mutual Insurance Co. .....	0	0	0	0	4	366	0	370	444	4	440	0	440	3	0	0	0	0	0	12
06-1481194 ..	Markel Global Reinsurance Company .....	0	0	0	0	7	47	0	54	65	7	58	0	58	3	0	0	0	0	0	2
36-3101262 ..	Markel Insurance Company .....	0	0	0	0	0	7	0	7	8	0	8	0	8	3	0	0	0	0	0	
31-1169435 ..	Midwest Employers Casualty Company .....	0	0	0	0	0	2	0	2	2	0	2	0	2	3	0	0	0	0	0	
13-4924125 ..	Munich Reinsurance America Inc. .....	0	0	0	0	77	2,052	0	2,129	2,555	77	2,478	0	2,478	2	0	0	0	0	0	52
47-0355973 ..	National Indemnity Company .....	0	0	0	0	88	0	88	106	0	106	0	106	2	106	2	0	0	0	0	2
31-4177100 ..	Nationwide Mutual Insurance Company .....	0	0	0	0	38	1,125	0	1,163	1,396	38	1,358	0	1,358	3	0	0	0	0	0	38
13-3138390 ..	Navigators Insurance Company .....	0	0	0	0	14	171	34	151	181	14	167	0	167	3	0	0	0	0	0	5
47-0698507 ..	Odyssey Reinsurance Company .....	0	0	0	0	9	1,019	0	1,028	1,234	9	1,225	0	1,225	3	0	0	0	0	0	34
13-3031176 ..	Partner Reinsurance Company of the US .....	0	0	0	0	0	283	0	283	340	0	340	0	340	3	0	0	0	0	0	10
52-1952955 ..	Renaissance Reinsurance U.S. Inc. .....	0	0	0	0	41	1,590	0	1,631	1,957	41	1,916	0	1,916	3	0	0	0	0	0	54
43-0727872 ..	Safety National Casualty Corporation .....	0	0	0	0	2	1,018	0	1,020	1,224	2	1,222	0	1,222	3	0	0	0	0	0	34
75-1444207 ..	Scor Reinsurance Company .....	0	0	0	0	0	73	0	73	.88	0	.88	0	.88	3	0	0	0	0	0	2
13-1675535 ..	Swiss Reinsurance America Corporation .....	0	0	0	0	2	573	0	575	690	2	688	0	688	2	0	0	0	0	0	14
31-0542366 ..	The Cincinnati Insurance Company .....	0	0	0	0	16	602	0	618	742	16	726	0	726	3	0	0	0	0	0	20
13-2918573 ..	TOA Reinsurance Company of America .....	0	0	0	0	0	31	0	31	37	0	37	0	37	3	0	0	0	0	0	1
42-0644327 ..	United Fire and Casualty Co. .....	0	0	0	0	0	9	0	9	11	0	11	0	11	4	0	0	0	0	0	0
85-0165753 ..	Wesco Insurance Company .....	0	0	0	0	0	3	0	3	4	0	4	0	4	4	0	0	0	0	0	0
13-3088732 ..	WFC National Insurance Co. .....	0	0	0	0	0	6	0	6	7	0	7	0	7	3	0	0	0	0	0	0
13-1290712 ..	XL Reinsurance America Inc. .....	0	0	0	0	70	.726	0	.796	.955	70	.885	0	.885	2	0	0	0	0	0	19

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**SCHEDULE F - PART 3 (Continued)**Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk										
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	35	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		0	0	XXX	599	1,096	18,823	34	19,885	23,862	497	23,365	599	22,766	XXX	18	662		
AA-9991159 .. Michigan Catastrophic Claims Association		0	0	0	0	(427)	499	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools		0	0	XXX	0	(427)	499	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337 .. Aspen Insurance UK Ltd		0	0	0	0	0	160	0	160	192	0	192	0	192	4	0	0	0	6
AA-3194130 .. Endurance Specialty Insurance Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1340125 .. Hannover Rückversicherung AG		0	0	0	0	0	37	1,119	0	1,156	1,387	37	1,350	0	1,350	2	0	0	28
AA-1126033 .. Lloyd's of London Syndicate #0033		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
AA-1126510 .. Lloyd's of London Syndicate #0510		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1126566 .. Lloyd's of London Syndicate #0566		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
AA-1126609 .. Lloyd's of London Syndicate #0609		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1126623 .. Lloyd's of London Syndicate #0623		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1126727 .. Lloyd's of London Syndicate #0727		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1126780 .. Lloyd's of London Syndicate #0780		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1127084 .. Lloyd's of London Syndicate #1084		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1127414 .. Lloyd's of London Syndicate #1414		0	0	0	0	0	2	21	0	23	28	2	26	0	0	0	0	0	1
AA-1120102 .. Lloyd's of London Syndicate #1458		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1120198 .. Lloyd's of London Syndicate #1618		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
AA-1120156 .. Lloyd's of London Syndicate #1686		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1120106 .. Lloyd's of London Syndicate #1969		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1128001 .. Lloyd's of London Syndicate #2001		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1128003 .. Lloyd's of London Syndicate #2003		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1128623 .. Lloyd's of London Syndicate #2623		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1128987 .. Lloyd's of London Syndicate #2987		0	0	0	0	0	3	23	0	26	31	3	28	0	0	0	0	0	1
AA-1129000 .. Lloyd's of London Syndicate #3000		0	0	0	0	0	2	14	0	16	19	2	17	0	0	0	0	0	0
AA-1126004 .. Lloyd's of London Syndicate #4444		0	0	0	0	0	0	3	0	3	4	0	0	0	0	0	0	0	0
AA-1126006 .. Lloyd's of London Syndicate #4472		0	0	0	0	0	1	0	0	15	18	1	17	0	0	0	0	0	0
AA-3190870 .. Validus Reinsurance Ltd		0	0	0	0	0	0	19	0	19	23	0	23	0	0	0	0	0	1
1299999. Total Authorized - Other Non-U.S. Insurers		0	0	XXX	0	46	1,499	0	1,545	1,854	46	1,808	0	1,808	XXX	0	0	40	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	599	1,426	74,511	34	21,430	25,716	543	25,173	599	24,574	XXX	18	702		
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3770227 .. Hudson Indemnity Ltd		0	0	XXX	0	0	13,552	0	0	13,552	16,262	16,262	0	0	0	0	0	0	
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other		0	0	XXX	0	13,552	0	0	13,552	16,262	16,262	0	0	0	0	XXX	0	0	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	13,552	0	0	13,552	16,262	16,262	0	0	0	0	XXX	0	0	
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	13,552	0	0	13,552	16,262	16,262	0	0	0	0	XXX	0	0	
87-1701962 .. Atlantic Coastal Insurance LTD		0	2,104	0002	0	1,997	0	0	1,997	2,396	(7)	2,403	2,104	299	6	63	36		
88-0510281 .. Nations Builders Insurance Company		0	0	0	0	(47)	0	0	0	0	0	0	0	0	0	0	0	0	
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers		0	2,104	XXX	0	1,950	0	0	1,997	2,396	(7)	2,403	2,104	299	XXX	63	36		
AA-3770505 .. Gibraltar		0	0	0	1,024	1,512	123	123	1,512	1,814	488	1,326	1,024	302	6	31	36		
AA-3191190 .. Hamilton Re Ltd.		0	0	0	125	125	0	0	125	150	0	150	125	25	4	4	1		
AA-1460019 .. MS Amlin AG		0	0	0	5	5	0	0	5	6	0	6	5	1	3	0	0	0	
AA-1460023 .. RenaissanceRe Europe AG		0	0	0	25	25	0	0	25	30	0	30	25	5	3	1	0	0	

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk										36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)		
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	
AA-3191321 ..	SiriusPoint Bermuda Insurance Company Limited .....	.0	0	2	2	0	0	2	0	0	0	0	0	0	0	2	2	0	4	0	0
AA-3770159 ..	TRAX Insurance Ltd .....	.0	0	2,827	3,220	0	0	3,220	3,220	0	0	3,864	393	393	3,471	2,827	644	644	85	6	77
AA-3770000 ..	Wheels Insurance Ltd .....	.0	0	5,068	7,060	0	0	7,060	7,060	0	0	8,472	1,992	1,992	6,480	5,068	1,412	6	152	152	169
AA-3191315 ..	XL Bermuda Limited .....	.0	21	0001	0	1	0	0	0	1	0	0	0	0	0	1	0	2	0	0	0
2699999. Total Unauthorized - Other Non-U.S. Insurers		0	21	XXX	9,076	11,950	123	123	11,950	14,340	2,873	11,467	9,077	2,390	XXX	272	272	284			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	2,125	XXX	9,076	27,452	123	123	27,499	32,999	19,128	13,870	11,181	2,689	XXX	335	335	320			
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
CR-1460023 .. RenaissanceRe Europe AG .....		0	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
4099999. Total Certified - Other Non-U.S. Insurers		0	0	XXX	3	3	0	0	0	0	3	4	0	0	4	3	3	1	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	3	3	0	0	0	3	4	0	0	4	3	1	XXX	0	0	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
RJ-1120191 .. Convex Insurance UK Limited .....		0	0	0	1	2	0	0	0	0	2	2	1	1	1	0	4	0	0	0	0
RJ-3191190 .. Hamilton Re Ltd. .....		0	0	0	179	183	112	0	295	354	4	350	4	350	179	171	4	5	6	4	6
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		0	0	XXX	180	185	112	0	297	356	5	351	5	351	180	171	XXX	5	6		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	180	185	112	0	297	356	5	351	5	351	180	171	XXX	5	6		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	2,125	XXX	9,858	29,066	74,746	157	49,229	59,074	19,676	39,398	11,963	27,435	XXX	359	359	1,028			
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	XXX	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		0	2,125	XXX	9,858	29,066	74,746	157	49,229	59,074	19,676	39,398	11,963	27,435	XXX	359	359	1,028			

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Col. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
		37 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
34-1607395 ..	National Interstate Insurance Company .....	(3,938)	0	0	0	0	0	(3,938)	0	(3,938)	0	0	0	0	0	0	0	YES.....0									
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		(3,938)	0	0	0	0	0	(3,938)	0	(3,938)	0	0	0	0	0	0	0	XXX.....0									
31-0501234 ..	Great American Insurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.....0									
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.....0									
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.....0									
0899999. Total Authorized - Affiliates		(3,938)	0	0	0	0	0	(3,938)	0	(3,938)	0	0	0	0	0	0	0	XXX.....0									
38-3207001 ..	Accident Fund Insurance Company of America .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
06-1182357 ..	Allied World Insurance Company .....	0	22	0	0	0	0	22	22	0	0	22	0	100.0	0	0	0	YES.....0									
06-1430254 ..	Arch Reinsurance Company .....	0	1,500	0	0	0	0	1,500	1,500	0	0	1,500	0	100.0	0	0	0	YES.....0									
75-2344200 ..	Aspen American Insurance Co .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
51-0434766 ..	Axis Reinsurance Company .....	0	43	0	0	0	0	43	43	0	0	43	0	100.0	0	0	0	YES.....0									
47-0574325 ..	Berkley Insurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
39-0712210 ..	Church Mutual Insurance Company, Stock Insurer .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
42-0234980 ..	Employers Mutual Casualty Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
35-2293075 ..	Endurance Assurance Corporation .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
22-2005057 ..	Everest Reinsurance Company .....	0	1,554	0	0	0	0	1,554	1,554	0	0	1,554	0	100.0	0	0	0	YES.....0									
05-0316605 ..	Factory Mutual Insurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
43-1898350 ..	Fletcher Reinsurance Company .....	13	1	.1	.1	0	0	3	16	0	0	16	1	18.8	6.3	0	0	YES.....1									
13-2673100 ..	General Reinsurance Corporation .....	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
13-5129825 ..	Hanover Insurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
95-2769232 ..	Insurance Company of the West .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
04-1543470 ..	Liberty Mutual Insurance Co. ....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
06-1481194 ..	Markel Global Reinsurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
36-3101262 ..	Markel Insurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
31-1169435 ..	Midwest Employers Casualty Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
13-4924125 ..	Munich Reinsurance America Inc. ....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
47-0355979 ..	National Indemnity Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
31-4177100 ..	Nationwide Mutual Insurance Company .....	0	272	0	0	0	0	272	272	0	0	272	0	100.0	0	0	0	YES.....0									
13-3138390 ..	Navigators Insurance Company .....	0	11	0	0	0	0	70	81	0	0	81	70	100.0	86.4	86.4	NO.....0										
47-0698507 ..	Odyssey Reinsurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
13-3031176 ..	Partner Reinsurance Company of the US .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
52-1952955 ..	Renaissance Reinsurance U.S. Inc. ....	48	43	0	0	0	0	43	91	0	0	91	0	47.3	0	0	0	YES.....0									
43-0727872 ..	Safety National Casualty Corporation .....	3	0	0	0	0	0	3	0	0	0	3	0	0	0	0	0	YES.....0									
75-1444207 ..	Scor Reinsurance Company .....	0	22	0	0	0	0	22	22	0	0	22	0	100.0	0	0	0	YES.....0									
13-1675535 ..	Swiss Reinsurance America Corporation .....	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	YES.....0									
31-0542366 ..	The Cincinnati Insurance Company .....	0	32	0	0	0	0	32	32	0	0	32	0	100.0	0	0	0	YES.....0									
13-2918573 ..	TOA Reinsurance Company of America .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
42-0644327 ..	United Fire and Casualty Co. ....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
85-0165753 ..	Wesco Insurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									
13-3088732 ..	WFC National Insurance Co. ....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	YES.....0									

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Col. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
		37 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
13-1290712 .. XL Reinsurance America Inc.		0	0	0	0	0	0							0	0.0	0.0	0.0	YES.....0									
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		80	3,500	1	1	70	3,572	3,652	0	0	3,652	71	0	97.8	1.9	1.9	XXX	1									
AA-9991159 .. Michigan Catastrophic Claims Association		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
1099999. Total Authorized - Pools - Mandatory Pools		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0									
AA-1120337 .. Aspen Insurance UK Ltd		0	21	0	0	0	0	21	21	0	0	21	0	0	100.0	0.0	0.0	YES.....0									
AA-3194130 .. Endurance Specialty Insurance Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1340125 .. Hannover Rückversicherung AG		2	11	0	0	0	0	11	13	0	0	13	0	0	84.6	0.0	0.0	YES.....0									
AA-1126033 .. Lloyd's of London Syndicate #0033		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126510 .. Lloyd's of London Syndicate #0510		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126566 .. Lloyd's of London Syndicate #0566		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126609 .. Lloyd's of London Syndicate #0609		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126623 .. Lloyd's of London Syndicate #0623		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126727 .. Lloyd's of London Syndicate #0727		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126780 .. Lloyd's of London Syndicate #0780		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1127084 .. Lloyd's of London Syndicate #1084		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1127414 .. Lloyd's of London Syndicate #1414		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1120102 .. Lloyd's of London Syndicate #1458		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1120198 .. Lloyd's of London Syndicate #1618		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1120156 .. Lloyd's of London Syndicate #1686		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1120106 .. Lloyd's of London Syndicate #1969		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1128001 .. Lloyd's of London Syndicate #2001		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1128003 .. Lloyd's of London Syndicate #2003		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1128623 .. Lloyd's of London Syndicate #2623		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1128987 .. Lloyd's of London Syndicate #2987		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1129000 .. Lloyd's of London Syndicate #3000		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126004 .. Lloyd's of London Syndicate #4444		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-1126006 .. Lloyd's of London Syndicate #4472		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
AA-3190870 .. Validus Reinsurance Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
1299999. Total Authorized - Other Non-U.S. Insurers		2	32	0	0	0	32	34	0	0	34	0	0	94.1	0.0	0.0	XXX	0									
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		(3,856)	3,532	1	1	70	3,604	(252)	0	0	(252)	71	0	(1,430.2)	0.0	(27.8)	XXX	1									
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0									
AA-3770227 .. Hudson Indemnity Ltd		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES.....0										
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0									
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0									
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0									
87-1701962 .. Atlantic Coastal Insurance LTD		132	0	0	0	0	0	0	132	0	0	132	0	0.0	0.0	0.0	YES.....0										
88-0510281 .. Nations Builders Insurance Company		(61)	14	0	0	0	14	(47)	0	0	(47)	0	0	(29.8)	0.0	0.0	YES.....0										
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers		71	14	0	0	0	14	85	0	0	85	0	0	16.5	0.0	0.0	XXX	0									
AA-3770505 .. Gibraltar		124	0	0	0	0	0	124	0	0	124	0	0	0.0	0.0	0.0	YES.....0										

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44	45	46	47	48	49	50	51	52	53										
		37	Overdue																								
			38	39	40	41	42																				
			Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	Percentage More Than 120 Days Overdue (Col. 41/[Cols. 46+48])	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50								
AA-3191190 ..	Hamilton Re Ltd. ....	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
AA-1460019 ..	MS Amlin AG .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
AA-1460023 ..	RenaissanceRe Europe AG .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
AA-3191321 ..	SiriusPoint Bermuda Insurance Company Limited .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
AA-3770159 ..	TRAX Insurance Ltd .....	60	0	0	0	0	0	60	0	0	0	60	0	0	0.0	0.0	YES.....	0									
AA-3770000 ..	Wheels Insurance Ltd .....	965	0	0	0	0	0	965	0	0	0	965	0	0	0.0	0.0	YES.....	0									
AA-3191315 ..	XL Bermuda Limited .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
2699999. Total Unauthorized - Other Non-U.S. Insurers		1,149	0	0	0	0	0	1,149	0	0	0	1,149	0	0	0.0	0.0	XXX	0									
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		1,220	14	0	0	0	0	14	1,234	0	0	1,234	0	0	1.1	0.0	0.0	XXX	0								
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
CR-1460023 .. RenaissanceRe Europe AG .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
4099999. Total Certified - Other Non-U.S. Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
RJ-1120191 .. Convex Insurance UK Limited .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
RJ-3191190 .. Hamilton Re Ltd. ....		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	YES.....	0									
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		(2,636)	3,546	1	1	70	3,618	982	0	0	982	71	0	368.4	7.2	7.1	XXX	1									
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	XXX	0									
9999999 Totals		(2,636)	3,546	1	1	70	3,618	982	0	0	982	71	0	368.4	7.2	7.1	XXX	1									

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 45 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67				
34-1607395 ..	National Interstate Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
31-0501234 ..	Great American Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0499999. Total Authorized - Affiliates - U.S. Non-Pool .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0799999. Total Authorized - Affiliates - Other (Non-U.S.) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0899999. Total Authorized - Affiliates .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
38-3207001 ..	Accident Fund Insurance Company of America .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
06-1182357 ..	Allied World Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
06-1430254 ..	Arch Reinsurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
75-2344200 ..	Aspen American Insurance Co .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
51-0434766 ..	Axis Reinsurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47-0574325 ..	Berkley Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
39-0712210 ..	Church Mutual Insurance Company, Stock Insurer .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42-0234980 ..	Employers Mutual Casualty Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
35-2293075 ..	Endurance Assurance Corporation .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
22-2005057 ..	Everest Reinsurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
05-0316605 ..	Factory Mutual Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43-1898350 ..	Fletcher Reinsurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-2673100 ..	General Reinsurance Corporation .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-5129825 ..	Hanover Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
95-2769232 ..	Insurance Company of the West .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
04-1543470 ..	Liberty Mutual Insurance Co. .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
06-1481194 ..	Markel Global Reinsurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36-3101262 ..	Markel Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
31-1169435 ..	Midwest Employers Casualty Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-4924125 ..	Munich Reinsurance America Inc. .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47-0355979 ..	National Indemnity Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
31-4177100 ..	Nationwide Mutual Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-3138390 ..	Navigators Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47-0698507 ..	Odyssey Reinsurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-3031176 ..	Partner Reinsurance Company of the US .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
52-1952955 ..	Renaissance Reinsurance U.S. Inc. .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43-0727872 ..	Safety National Casualty Corporation .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
75-1444207 ..	Scor Reinsurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-1675535 ..	Swiss Reinsurance America Corporation .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
31-0542366 ..	The Cincinnati Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-2918573 ..	TOA Reinsurance Company of America .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42-0644327 ..	United Fire and Casualty Co. .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
85-0165753 ..	Wesco Insurance Company .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-3088732 ..	WFC National Insurance Co. .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67				
13-1290712 ..	XL Reinsurance America Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-9991159 ..	Michigan Catastrophic Claims Association	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1099999. Total Authorized - Pools - Mandatory Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120337 ..	Aspen Insurance UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3194130 ..	Endurance Specialty Insurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1340125 ..	Hannover Rückversicherung AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126033 ..	Lloyd's of London Syndicate #0033	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126510 ..	Lloyd's of London Syndicate #0510	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126566 ..	Lloyd's of London Syndicate #0566	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126609 ..	Lloyd's of London Syndicate #0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126623 ..	Lloyd's of London Syndicate #0623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126727 ..	Lloyd's of London Syndicate #0727	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126780 ..	Lloyd's of London Syndicate #0780	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1127084 ..	Lloyd's of London Syndicate #1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1127414 ..	Lloyd's of London Syndicate #1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120102 ..	Lloyd's of London Syndicate #1458	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120198 ..	Lloyd's of London Syndicate #1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120156 ..	Lloyd's of London Syndicate #1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120106 ..	Lloyd's of London Syndicate #1969	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128001 ..	Lloyd's of London Syndicate #2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128003 ..	Lloyd's of London Syndicate #2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128623 ..	Lloyd's of London Syndicate #2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128987 ..	Lloyd's of London Syndicate #2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1129000 ..	Lloyd's of London Syndicate #3000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126004 ..	Lloyd's of London Syndicate #4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126006 ..	Lloyd's of London Syndicate #4472	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3190870 ..	Validus Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1299999. Total Authorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3770227 ..	Hudson Indemnity Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2299999. Total Unauthorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
87-1701962 ..	Atlantic Coastal Insurance LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
88-0510281 ..	Nations Builders Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3770505 ..	Gibraltar	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3191190 ..	Hamilton Re Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 45 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67				
AA-1460019 ..	MS Amlin AG .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1460023 ..	RenaissanceRe Europe AG .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3191321 ..	SiriusPoint Bermuda Insurance Company Limited .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3770159 ..	TRAX Insurance Ltd .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3770000 ..	Wheels Insurance Ltd .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3191315 ..	XL Bermuda Limited .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2699999. Total Unauthorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	0			
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	0			
3699999. Total Certified - Affiliates		XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	0			
CR-1460023 .. RenaissanceRe Europe AG .....	3 .....	01/01/2016 ..	20.0	0	3	1	100.0	100.0	0	3	0	0	0	0	0	0	0			
4099999. Total Certified - Other Non-U.S. Insurers		XXX	0	3	1	XXX	XXX	0	3	0	0	0	0	0	0	0	0			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	0	3	1	XXX	XXX	0	3	0	0	0	0	0	0	0	0			
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5099999. Total Reciprocal Jurisdiction - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-1120191 .. Convex Insurance UK Limited .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-3191190 .. Hamilton Re Ltd. .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		XXX	0	3	1	XXX	XXX	0	3	0	0	0	0	0	0	0	0			
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	0			
9999999 Totals		XXX	0	3	1	XXX	XXX	0	3	0	0	0	0	0	0	0	0			

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
				72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Col. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Col. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78 Total Provision for Reinsurance (Col. 75 + 76 + 77)	
34-1607395 ..	National Interstate Insurance Company .....	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		0	XXX	XXX	0	0	0	0	XXX	XXX	0
31-0501234 ..	Great American Insurance Company .....	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	XXX	XXX	0	0	0	0	XXX	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	0	0	0	XXX	XXX	0
38-3207001 ..	Accident Fund Insurance Company of America .....	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0
06-1182357 ..	Allied World Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX.	XXX	0
06-1430254 ..	Arch Reinsurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
75-2344200 ..	Aspen American Insurance Co .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
51-0434766 ..	Axis Reinsurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
47-0574325 ..	Berkley Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
39-0712210 ..	Church Mutual Insurance Company, Stock Insurer .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
42-0234980 ..	Employers Mutual Casualty Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
35-2293075 ..	Endurance Assurance Corporation .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
22-2005057 ..	Everest Reinsurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
05-0316605 ..	Factory Mutual Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
43-1898350 ..	Fletcher Reinsurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
13-2673100 ..	General Reinsurance Corporation .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
13-5129825 ..	Hanover Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
95-2769232 ..	Insurance Company of the West .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
04-1543470 ..	Liberty Mutual Insurance Co. .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
06-1481194 ..	Markel Global Reinsurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
36-3101262 ..	Markel Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
31-1169435 ..	Midwest Employers Casualty Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
13-4924125 ..	Munich Reinsurance America Inc. .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
47-0355979 ..	National Indemnity Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
31-4177100 ..	Nationwide Mutual Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
13-3138390 ..	Navigators Insurance Company .....	14	XXX.	XXX	0	0	34	34	XXX	XXX	34
47-0698507 ..	Odyssey Reinsurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
13-3031176 ..	Partner Reinsurance Company of the US .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
52-1952955 ..	Renaissance Reinsurance U.S. Inc. .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
43-0727872 ..	Safety National Casualty Corporation .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
75-1444207 ..	Scor Reinsurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
13-1675535 ..	Swiss Reinsurance America Corporation .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
31-0542366 ..	The Cincinnati Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
13-2918573 ..	TOA Reinsurance Company of America .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
42-0644327 ..	United Fire and Casualty Co. .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0
85-0165753 ..	Wesco Insurance Company .....	0	XXX.	XXX	0	0	0	0	XXX	XXX	0

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

## SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		72 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		73 Complete if Col. 52 = "Yes"; Otherwise Enter 0		74 Complete if Col. 52 = "No"; Otherwise Enter 0		75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Col. 26 * 20% or Cols. [40 + 41] * 20%)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 70 + 20% of the Amount in Col. 16)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 20% of Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Col. 26 * 20% or Cols. [40 + 41] * 20%)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)				
13-3088732 ..	WFC National Insurance Co.	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
13-1290712 ..	XL Reinsurance America Inc.	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		14	XXX	XXX	0	0	34	34	XXX	XXX	0	34	XXX	0
AA-9991159 ..	Michigan Catastrophic Claims Association	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
1099999. Total Authorized - Pools - Mandatory Pools		0	XXX	XXX	0	0	0	0	XXX	XXX	0	0	XXX	0
AA-1120337 ..	Aspen Insurance UK Ltd	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-3194130 ..	Endurance Specialty Insurance Ltd	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1340125 ..	Hannover Rückversicherung AG	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126033 ..	Lloyd's of London Syndicate #0033	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126510 ..	Lloyd's of London Syndicate #0510	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126566 ..	Lloyd's of London Syndicate #0566	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126609 ..	Lloyd's of London Syndicate #0609	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126623 ..	Lloyd's of London Syndicate #0623	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126727 ..	Lloyd's of London Syndicate #0727	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126780 ..	Lloyd's of London Syndicate #0780	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1127084 ..	Lloyd's of London Syndicate #1084	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1127414 ..	Lloyd's of London Syndicate #1414	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1120102 ..	Lloyd's of London Syndicate #1458	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1120198 ..	Lloyd's of London Syndicate #1618	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1120156 ..	Lloyd's of London Syndicate #1686	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1120106 ..	Lloyd's of London Syndicate #1969	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1128001 ..	Lloyd's of London Syndicate #2001	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1128003 ..	Lloyd's of London Syndicate #2003	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1128623 ..	Lloyd's of London Syndicate #2623	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1128987 ..	Lloyd's of London Syndicate #2987	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1129000 ..	Lloyd's of London Syndicate #3000	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126004 ..	Lloyd's of London Syndicate #4444	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-1126006 ..	Lloyd's of London Syndicate #4472	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
AA-3190870 ..	Validus Reinsurance Ltd	0	XXX.	XXX.	0	0	0	0	XXX.	XXX.	0	0	XXX.	0
1299999. Total Authorized - Other Non-U.S. Insurers		0	XXX	XXX	0	0	0	0	XXX	XXX	0	0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		14	XXX	XXX	0	34	34	34	XXX	XXX	0	34	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0
AA-3770227 ..	Hudson Indemnity Ltd	0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) - Other		0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0
87-1701962 ..	Atlantic Coastal Insurance LTD	0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0
88-0510281 ..	Nations Builders Insurance Company	0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers		0	0	0	XXX	XXX	XXX	XXX	0	XXX	0	0	XXX	0

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	70 Provision for Unauthorized Reinsurance		71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)		72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)		73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([(Col. 47 * 20%) + [Col. 45 * 20%])]		74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)		75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)		76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)		77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)		78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
			71	72	73	74	75	76	77	78										
AA-3770505 ..	Gibraltar ..	0	123	0	XXX	XXX	XXX	XXX	XXX	123	XXX	123	XXX	XXX	XXX	XXX	XXX	123		
AA-3191190 ..	Hamilton Re Ltd. ..	0	0	0	XXX	XXX	XXX	XXX	XXX	0	XXX	0	XXX	XXX	XXX	XXX	XXX	0		
AA-1460019 ..	MS Amlin AG ..	0	0	0	XXX	XXX	XXX	XXX	XXX	0	XXX	0	XXX	XXX	XXX	XXX	XXX	0		
AA-1460023 ..	RenaissanceRe Europe AG ..	0	0	0	XXX	XXX	XXX	XXX	XXX	0	XXX	0	XXX	XXX	XXX	XXX	XXX	0		
AA-3191321 ..	SiriusPoint Bermuda Insurance Company Limited ..	0	0	0	XXX	XXX	XXX	XXX	XXX	0	XXX	0	XXX	XXX	XXX	XXX	XXX	0		
AA-3770159 ..	TRAX Insurance Ltd ..	0	0	0	XXX	XXX	XXX	XXX	XXX	0	XXX	0	XXX	XXX	XXX	XXX	XXX	0		
AA-3770000 ..	Wheels Insurance Ltd ..	0	0	0	XXX	XXX	XXX	XXX	XXX	0	XXX	0	XXX	XXX	XXX	XXX	XXX	0		
AA-3191315 ..	XL Bermuda Limited ..	0	0	0	XXX	XXX	XXX	XXX	XXX	0	XXX	0	XXX	XXX	XXX	XXX	XXX	0		
2699999 ..	Total Unauthorized - Other Non-U.S. Insurers	0	123	0	XXX	XXX	XXX	XXX	XXX	123	XXX	123	XXX	XXX	XXX	XXX	XXX	123		
2899999 ..	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	123	0	XXX	XXX	XXX	XXX	XXX	123	XXX	123	XXX	XXX	XXX	XXX	XXX	123		
3299999 ..	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
3599999 ..	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
3699999 ..	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
CR-1460023 ..	RenaissanceRe Europe AG ..	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
4099999 ..	Total Certified - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
4299999 ..	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		
4699999 ..	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	0		
4999999 ..	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	0		
5099999 ..	Total Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	0		
RJ-1120191 ..	Convex Insurance UK Limited ..	0	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	0		
RJ-3191190 ..	Hamilton Re Ltd. ..	0	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	0		
5499999 ..	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers	0	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	0		
5699999 ..	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	0		
5799999 ..	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	14	123	0	0	0	34	34	34	123	0	0	0	0	0	0	0	157		
5899999 ..	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9999999 Totals		14	123	0	0	0	34	34	34	123	0	0	0	0	0	0	0	157		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

## **SCHEDULE F - PART 4**

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
1.	Accident Fund Insurance Company of America .....	26.000 .....	416 .....
2.	Odyssey Reinsurance Company .....	26.000 .....	320 .....
3.	Everest Reinsurance Company .....	26.000 .....	320 .....
4.	Munich Reinsurance America Inc. .....	26.000 .....	272 .....
5.	Renaissance Reinsurance U.S. Inc. .....	26.000 .....	240 .....

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

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> Affiliated
6.	National Interstate Insurance Company .....	53,563 .....	29,021 .....	Yes [ X ] No [ ]
7.	Hudson Indemnity Ltd .....	13,552 .....	7,833 .....	Yes [ X ] No [ ]
8.	Wheels Insurance Ltd .....	7,060 .....	3,331 .....	Yes [ ] No [ X ]
9.	TRAX Insurance Ltd .....	3,220 .....	1,554 .....	Yes [ ] No [ X ]
10.	Everest Reinsurance Company .....	3,101 .....	990 .....	Yes [ ] No [ X ]

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	52,023,922	0	52,023,922
2. Premiums and considerations (Line 15) .....	13,646,599	0	13,646,599
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	981,749	(981,749)	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	(68,750)	0	(68,750)
5. Other assets .....	11,057,526	0	11,057,526
6. Net amount recoverable from reinsurers .....	0	71,573,515	71,573,515
7. Protected cell assets (Line 27) .....	0	0	0
8. Totals (Line 28) .....	77,641,046	70,591,766	148,232,812
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	18,221,162	82,864,859	101,086,021
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	1,597,166	0	1,597,166
11. Unearned premiums (Line 9) .....	5,471,205	19,893,039	25,364,244
12. Advance premiums (Line 10) .....	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	3,697,629	(3,697,629)	0
15. Funds held by company under reinsurance treaties (Line 13) .....	28,311,303	(28,311,303)	0
16. Amounts withheld or retained by company for account of others (Line 14) .....	833,870	0	833,870
17. Provision for reinsurance (Line 16) .....	157,200	(157,200)	0
18. Other liabilities .....	480,398	0	480,398
19. Total liabilities excluding protected cell business (Line 26) .....	58,769,933	70,591,766	129,361,699
20. Protected cell liabilities (Line 27) .....	0	0	0
21. Surplus as regards policyholders (Line 37)	18,871,113	XXX	18,871,113
22. Totals (Line 38)	77,641,046	70,591,766	148,232,812

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

If yes, give full explanation: .....

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**  
**PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS**

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written .....	3,837	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
2. Premiums earned .....	4,026	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
3. Incurred claims .....	8,763	217.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses .....	611	15.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	9,374	232.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a) .....	1,272	31.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
8. Other general insurance expenses .....	643	16.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9. Taxes, licenses and fees .....	4	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10. Total other expenses incurred .....	1,918	47.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .....	(7,267)	(180.5)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds .....	(7,267)	(180.5)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>DETAILS OF WRITE-INS</b>														
1101. ....														
1102. ....														
1103. ....														
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written .....	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
2. Premiums earned .....	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
3. Incurred claims .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	217.7
4. Cost containment expenses .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	611
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	232.9
6. Increase in contract reserves .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	1,272
8. Other general insurance expenses .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	643
9. Taxes, licenses and fees .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.1
10. Total other expenses incurred .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	1,918
11. Aggregate write-ins for deductions .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	(180.5)
13. Dividends or refunds .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	(180.5)
<b>DETAILS OF WRITE-INS</b>												
1101. ....												
1102. ....												
1103. ....												
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)****PART 2. - RESERVES AND LIABILITIES**

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums .....	2,076	0	0	0	0	0	0	0	0	0	0	0	2,076
2. Advance premiums .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for rate credits .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year .....	2,076	0	0	0	0	0	0	0	0	0	0	0	2,076
5. Total premium reserves, prior year .....	2,265	0	0	0	0	0	0	0	0	0	0	0	2,265
6. Increase in total premium reserves .....	(189)	0	0	0	0	0	0	0	0	0	0	0	(189)
B. Contract Reserves:													
1. Additional reserves (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:													
1. Total current year .....	19,378	0	0	0	0	0	0	0	0	0	0	0	19,378
2. Total prior year .....	16,610	0	0	0	0	0	0	0	0	0	0	0	16,610
3. Increase .....	2,768	0	0	0	0	0	0	0	0	0	0	0	2,768

**PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES**

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year .....	5,982	0	0	0	0	0	0	0	0	0	0	0	5,982
1.2 On claims incurred during current year .....	14	0	0	0	0	0	0	0	0	0	0	0	14
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year .....	17,877	0	0	0	0	0	0	0	0	0	0	0	17,877
2.2 On claims incurred during current year .....	1,501	0	0	0	0	0	0	0	0	0	0	0	1,501
3. Test:													
3.1 Lines 1.1 and 2.1 .....	23,859	0	0	0	0	0	0	0	0	0	0	0	23,859
3.2 Claim reserves and liabilities, December 31, prior year .....	16,610	0	0	0	0	0	0	0	0	0	0	0	16,610
3.3 Line 3.1 minus Line 3.2 .....	7,249	0	0	0	0	0	0	0	0	0	0	0	7,249

**PART 4. - REINSURANCE**

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written .....	3,837	0	0	0	0	0	0	0	0	0	0	0	3,837
2. Premiums earned .....	4,026	0	0	0	0	0	0	0	0	0	0	0	4,026
3. Incurred claims .....	8,763	0	0	0	0	0	0	0	0	0	0	0	8,763
4. Commissions .....	1,272	0	0	0	0	0	0	0	0	0	0	0	1,272
B. Reinsurance Ceded:													
1. Premiums written .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premiums earned .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred claims .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Commissions .....	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... 0 premium deficiency reserve.

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Beginning claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Ending claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Claims paid .....	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Assumed Reinsurance:													
1. Incurred claims .....	0	0	0	0	0	0	0	0	0	0	0	8,763	8,763
2. Beginning claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	16,610	16,610
3. Ending claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	19,378	19,378
4. Claims paid .....	0	0	0	0	0	0	0	0	0	0	0	5,996	5,996
C. Ceded Reinsurance:													
1. Incurred claims .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Beginning claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Ending claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Claims paid .....	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Net:													
1. Incurred claims .....	0	0	0	0	0	0	0	0	0	0	0	8,763	8,763
2. Beginning claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	16,610	16,610
3. Ending claim reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	19,378	19,378
4. Claims paid .....	0	0	0	0	0	0	0	0	0	0	0	5,996	5,996
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses .....	0	0	0	0	0	0	0	0	0	0	0	9,374	9,374
2. Beginning reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	19,148	19,148
3. Ending reserves and liabilities .....	0	0	0	0	0	0	0	0	0	0	0	22,168	22,168
4. Paid claims and cost containment expenses .....	0	0	0	0	0	0	0	0	0	0	0	6,354	6,354

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2014.....													
3. 2015.....													
4. 2016.....													
5. 2017.....													
6. 2018.....													
7. 2019.....													
8. 2020.....													
9. 2021.....													
10. 2022.....													
11. 2023.....													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....																
2. 2014.....																
3. 2015.....																
4. 2016.....																
5. 2017.....																
6. 2018.....																
7. 2019.....																
8. 2020.....																
9. 2021.....																
10. 2022.....																
11. 2023.....																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)				Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid		36 Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....		
2. 2014.....												
3. 2015.....												
4. 2016.....												
5. 2017.....												
6. 2018.....												
7. 2019.....												
8. 2020.....												
9. 2021.....												
10. 2022.....												
11. 2023.....												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX				XXX		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
2. 2014.....	202.....	104.....	98.....	61.....	2.....	3.....	0.....	2.....	0.....	0.....	64.....	10.....	
3. 2015.....	188.....	92.....	96.....	88.....	3.....	9.....	3.....	2.....	0.....	0.....	93.....	12.....	
4. 2016.....	166.....	72.....	94.....	84.....	12.....	3.....	0.....	3.....	0.....	1.....	78.....	11.....	
5. 2017.....	86.....	8.....	78.....	65.....	8.....	7.....	2.....	1.....	0.....	0.....	63.....	8.....	
6. 2018.....	19.....	2.....	17.....	3.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	2.....	
7. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
8. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
9. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
10. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
11. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
12. Totals	XXX	XXX	XXX	301	25	23	5	8	0	1	301	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....			
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
3. 2015.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....			
4. 2016.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....			
5. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
6. 2018.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
7. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
8. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
9. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
10. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
11. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
12. Totals	0	0	4	2	0	0	1	0	1	0	0	4	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	1.....	0.....
2. 2014.....	67.....	2.....	64.....	33.0.....	2.2.....	65.6.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	100.....	6.....	94.....	53.4.....	6.9.....	98.0.....	0.....	0.....	0.0.....	1.....	0.....
4. 2016.....	91.....	12.....	79.....	55.0.....	17.0.....	84.1.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	74.....	10.....	63.....	85.9.....	130.7.....	81.3.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	4.....	0.....	3.....	19.5.....	15.5.....	19.9.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	2	2

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	8.....	3.....	6.....	5.....	1.....	0.....	0.....	0.....	7.....	
2. 2014.....	8,372.....	4,489.....	3,883.....	6,867.....	4,424.....	780.....	508.....	217.....	0.....	21.....	2,932.....	591.....	
3. 2015.....	8,263.....	4,617.....	3,646.....	4,312.....	1,881.....	530.....	265.....	240.....	0.....	13.....	2,936.....	586.....	
4. 2016.....	9,105.....	5,617.....	3,488.....	3,904.....	1,985.....	529.....	278.....	233.....	0.....	10.....	2,403.....	552.....	
5. 2017.....	5,917.....	2,206.....	3,711.....	4,021.....	1,925.....	506.....	258.....	247.....	0.....	11.....	2,590.....	575.....	
6. 2018.....	6,813.....	2,447.....	4,366.....	5,142.....	2,486.....	596.....	300.....	277.....	0.....	14.....	3,228.....	599.....	
7. 2019.....	7,732.....	2,900.....	4,832.....	5,590.....	2,701.....	623.....	302.....	348.....	0.....	73.....	3,557.....	630.....	
8. 2020.....	8,217.....	2,870.....	5,347.....	3,502.....	1,388.....	445.....	215.....	314.....	0.....	13.....	2,659.....	406.....	
9. 2021.....	9,653.....	3,513.....	6,140.....	4,148.....	1,848.....	460.....	245.....	386.....	0.....	17.....	2,902.....	541.....	
10. 2022.....	11,116.....	4,058.....	7,058.....	3,038.....	1,456.....	278.....	167.....	424.....	0.....	12.....	2,117.....	596.....	
11. 2023.....	12,132.....	4,576.....	7,555.....	1,076.....	631.....	123.....	88.....	305.....	0.....	6.....	785.....	536.....	
12. Totals	XXX	XXX	XXX	41,608	20,727	4,875	2,631	2,992	0	189	26,117	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	4.....	1.....	160.....	130.....	3.....	2.....	33.....	23.....	8.....	0.....	0.....	52.....	0.....			
2. 2014.....	1.....	0.....	99.....	68.....	1.....	0.....	17.....	12.....	3.....	0.....	0.....	40.....	0.....			
3. 2015.....	25.....	10.....	49.....	40.....	4.....	1.....	10.....	7.....	4.....	0.....	0.....	32.....	0.....			
4. 2016.....	16.....	0.....	99.....	69.....	2.....	0.....	16.....	12.....	5.....	0.....	0.....	57.....	1.....			
5. 2017.....	160.....	54.....	128.....	74.....	6.....	2.....	20.....	10.....	7.....	0.....	0.....	181.....	1.....			
6. 2018.....	247.....	66.....	197.....	107.....	13.....	4.....	39.....	16.....	15.....	0.....	0.....	318.....	3.....			
7. 2019.....	366.....	107.....	169.....	73.....	31.....	(2).....	61.....	9.....	20.....	0.....	1.....	460.....	4.....			
8. 2020.....	873.....	363.....	676.....	438.....	47.....	5.....	132.....	69.....	31.....	0.....	0.....	882.....	7.....			
9. 2021.....	1,452.....	571.....	911.....	493.....	95.....	23.....	234.....	68.....	50.....	0.....	2.....	1,587.....	.17.....			
10. 2022.....	2,315.....	954.....	2,381.....	967.....	116.....	39.....	302.....	108.....	100.....	0.....	.4.....	3,148.....	.36.....			
11. 2023.....	2,805.....	1,451.....	5,241.....	2,156.....	178.....	99.....	589.....	238.....	265.....	0.....	16.....	5,134.....	112.....			
12. Totals	8,263.....	3,578.....	10,111.....	4,615.....	495.....	173.....	1,453.....	572.....	508.....	0.....	24.....	11,893.....	181.....			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	34.....	19.....
2. 2014.....	7,985.....	5,012.....	2,972.....	.95.4.....	111.7.....	76.5.....	0.....	0.....	0.0.....	32.....	9.....
3. 2015.....	5,173.....	2,205.....	2,969.....	.62.6.....	47.8.....	.81.4.....	0.....	0.....	0.0.....	23.....	9.....
4. 2016.....	4,804.....	2,344.....	2,460.....	.52.8.....	41.7.....	.70.5.....	0.....	0.....	0.0.....	47.....	10.....
5. 2017.....	5,094.....	2,323.....	2,772.....	.86.1.....	105.3.....	.74.7.....	0.....	0.....	0.0.....	161.....	21.....
6. 2018.....	6,526.....	2,980.....	3,546.....	.95.8.....	121.8.....	.81.2.....	0.....	0.....	0.0.....	.270.....	.48.....
7. 2019.....	7,206.....	3,190.....	4,017.....	.93.2.....	110.0.....	.83.1.....	0.....	0.....	0.0.....	.355.....	.105.....
8. 2020.....	6,020.....	2,479.....	3,541.....	.73.3.....	86.4.....	.66.2.....	0.....	0.....	0.0.....	.747.....	.135.....
9. 2021.....	7,737.....	3,248.....	4,490.....	.80.2.....	92.4.....	.73.1.....	0.....	0.....	0.0.....	1,299.....	.288.....
10. 2022.....	8,955.....	3,690.....	5,265.....	.80.6.....	90.9.....	.74.6.....	0.....	0.....	0.0.....	2,776.....	.372.....
11. 2023.....	10,583.....	4,664.....	5,919.....	.87.2.....	101.9.....	.78.3.....	0.....	0.....	0.0.....	4,438.....	.696.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0.....	0.....	XXX.....	10,181.....	1,712.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	47.....	24.....	9.....	5.....	8.....	0.....	3.....	35.....	XXX.....	
2. 2014.....	7,840.....	5,537.....	2,303.....	4,311.....	3,487.....	568.....	499.....	129.....	0.....	14.....	1,022.....	163.....	
3. 2015.....	12,027.....	9,256.....	2,771.....	4,969.....	4,040.....	457.....	384.....	160.....	0.....	20.....	1,161.....	186.....	
4. 2016.....	11,504.....	8,449.....	3,055.....	4,487.....	3,500.....	397.....	337.....	186.....	0.....	26.....	1,233.....	179.....	
5. 2017.....	5,165.....	2,052.....	3,113.....	2,275.....	1,219.....	261.....	210.....	204.....	0.....	20.....	1,311.....	179.....	
6. 2018.....	5,099.....	1,981.....	3,118.....	1,974.....	1,059.....	264.....	198.....	183.....	0.....	29.....	1,165.....	170.....	
7. 2019.....	5,101.....	1,977.....	3,124.....	1,883.....	1,019.....	245.....	190.....	195.....	0.....	25.....	1,113.....	178.....	
8. 2020.....	4,240.....	1,764.....	2,476.....	1,729.....	992.....	221.....	165.....	149.....	0.....	5.....	943.....	138.....	
9. 2021.....	4,298.....	1,736.....	2,563.....	1,673.....	1,007.....	210.....	163.....	144.....	0.....	11.....	.857.....	143.....	
10. 2022.....	4,726.....	1,896.....	2,829.....	1,331.....	.886.....	150.....	121.....	121.....	0.....	2.....	.595.....	131.....	
11. 2023.....	4,955.....	1,999.....	2,956.....	539.....	382.....	54.....	47.....	70.....	0.....	1.....	234.....	110.....	
12. Totals	XXX	XXX	XXX	25,219	17,615	2,837	2,321	1,548	0	157	9,668	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	457.....	283.....	228.....	60.....	12.....	5.....	34.....	10.....	18.....	0.....	1.....	.391.....	2.....			
2. 2014.....	49.....	18.....	59.....	4.....	2.....	0.....	6.....	0.....	8.....	0.....	1.....	.100.....	0.....			
3. 2015.....	119.....	76.....	49.....	4.....	5.....	2.....	10.....	1.....	10.....	0.....	.3.....	.110.....	1.....			
4. 2016.....	52.....	15.....	256.....	183.....	3.....	0.....	44.....	.27.....	16.....	0.....	.6.....	.145.....	1.....			
5. 2017.....	130.....	49.....	206.....	108.....	5.....	3.....	42.....	.17.....	24.....	0.....	.6.....	.228.....	1.....			
6. 2018.....	190.....	70.....	308.....	212.....	6.....	(1).....	62.....	.34.....	23.....	0.....	15.....	.273.....	2.....			
7. 2019.....	157.....	52.....	371.....	261.....	9.....	2.....	76.....	.43.....	29.....	0.....	20.....	.285.....	2.....			
8. 2020.....	424.....	313.....	438.....	288.....	18.....	10.....	80.....	.47.....	.30.....	0.....	11.....	.332.....	4.....			
9. 2021.....	400.....	199.....	433.....	243.....	22.....	11.....	79.....	.38.....	.32.....	0.....	23.....	.475.....	7.....			
10. 2022.....	618.....	365.....	701.....	295.....	45.....	30.....	110.....	.45.....	.60.....	0.....	27.....	.799.....	15.....			
11. 2023.....	828.....	543.....	1,281.....	566.....	72.....	52.....	172.....	.88.....	.107.....	0.....	28.....	1,211.....	39.....			
12. Totals	3,423	1,983	4,330	2,225	199	115	715	351	357	0	142	4,349	74			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	.343.....	.48.....
2. 2014.....	5,132.....	4,010.....	1,122.....	65.5.....	72.4.....	48.7.....	0.....	0.....	0.0.....	.85.....	.15.....
3. 2015.....	5,778.....	4,507.....	1,271.....	.48.0.....	48.7.....	.45.9.....	0.....	0.....	0.0.....	.88.....	.22.....
4. 2016.....	5,441.....	4,063.....	1,378.....	.47.3.....	48.1.....	.45.1.....	0.....	0.....	0.0.....	.109.....	.36.....
5. 2017.....	3,147.....	1,608.....	1,539.....	.60.9.....	78.4.....	.49.5.....	0.....	0.....	0.0.....	.179.....	.50.....
6. 2018.....	3,010.....	1,572.....	1,438.....	.59.0.....	79.4.....	.46.1.....	0.....	0.....	0.0.....	.215.....	.58.....
7. 2019.....	2,965.....	1,568.....	1,398.....	.58.1.....	79.3.....	.44.7.....	0.....	0.....	0.0.....	.215.....	.70.....
8. 2020.....	3,090.....	1,815.....	1,275.....	.72.9.....	102.9.....	.51.5.....	0.....	0.....	0.0.....	.260.....	.72.....
9. 2021.....	2,993.....	1,662.....	1,332.....	.69.6.....	95.7.....	.52.0.....	0.....	0.....	0.0.....	.391.....	.84.....
10. 2022.....	3,137.....	1,743.....	1,394.....	.66.4.....	91.9.....	.49.3.....	0.....	0.....	0.0.....	.658.....	.140.....
11. 2023.....	3,122.....	1,677.....	1,445.....	.63.0.....	83.9.....	.48.9.....	0.....	0.....	0.0.....	1,001.....	.210.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3,544	805

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
2. 2014.....	169.....	104.....	65.....	26.....	0.....	10.....	1.....	3.....	0.....	1.....	38.....	2.....	
3. 2015.....	167.....	73.....	94.....	31.....	0.....	6.....	1.....	4.....	0.....	0.....	40.....	3.....	
4. 2016.....	155.....	45.....	110.....	42.....	8.....	22.....	0.....	7.....	0.....	1.....	64.....	4.....	
5. 2017.....	151.....	33.....	118.....	171.....	102.....	16.....	4.....	6.....	0.....	1.....	87.....	4.....	
6. 2018.....	138.....	30.....	108.....	51.....	22.....	3.....	0.....	3.....	0.....	0.....	35.....	3.....	
7. 2019.....	134.....	32.....	102.....	70.....	48.....	6.....	2.....	5.....	0.....	0.....	31.....	2.....	
8. 2020.....	123.....	38.....	85.....	28.....	18.....	1.....	1.....	2.....	0.....	0.....	12.....	2.....	
9. 2021.....	123.....	39.....	84.....	29.....	4.....	3.....	0.....	3.....	0.....	0.....	31.....	2.....	
10. 2022.....	130.....	46.....	84.....	14.....	3.....	1.....	0.....	1.....	0.....	0.....	14.....	1.....	
11. 2023.....	144.....	56.....	88.....	23.....	7.....	1.....	0.....	1.....	0.....	0.....	18.....	1.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	486.....	212.....	69.....	10.....	36.....	0.....	4.....	369.....	XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	0.....	0.....	2.....	1.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	1.....			
2. 2014.....	0.....	0.....	1.....	1.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	1.....			
3. 2015.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....			
4. 2016.....	25.....	0.....	1.....	0.....	2.....	0.....	1.....	0.....	2.....	0.....	0.....	31.....	0.....			
5. 2017.....	0.....	0.....	2.....	1.....	0.....	0.....	2.....	0.....	1.....	0.....	0.....	4.....	0.....			
6. 2018.....	0.....	0.....	1.....	0.....	0.....	0.....	1.....	0.....	2.....	0.....	0.....	3.....	0.....			
7. 2019.....	1.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....	0.....	4.....	0.....			
8. 2020.....	0.....	0.....	2.....	1.....	0.....	0.....	2.....	0.....	1.....	0.....	0.....	4.....	0.....			
9. 2021.....	21.....	5.....	3.....	1.....	1.....	5.....	0.....	2.....	0.....	0.....	0.....	25.....	0.....			
10. 2022.....	0.....	0.....	12.....	5.....	0.....	0.....	4.....	0.....	1.....	0.....	0.....	12.....	0.....			
11. 2023.....	7.....	3.....	25.....	11.....	0.....	0.....	4.....	1.....	2.....	0.....	0.....	23.....	0.....			
12. Totals.....	55.....	8.....	52.....	22.....	4.....	1.....	20.....	3.....	12.....	0.....	0.....	110.....	1.....			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	1.....	1.....
2. 2014.....	41.....	2.....	39.....	24.2.....	1.6.....	60.3.....	0.....	0.....	0.0.....	1.....	1.....
3. 2015.....	43.....	1.....	42.....	25.8.....	2.0.....	44.3.....	0.....	0.....	0.0.....	1.....	1.....
4. 2016.....	103.....	9.....	94.....	66.4.....	19.0.....	85.7.....	0.....	0.....	0.0.....	26.....	5.....
5. 2017.....	199.....	107.....	91.....	131.5.....	325.0.....	77.3.....	0.....	0.....	0.0.....	1.....	3.....
6. 2018.....	60.....	23.....	38.....	43.8.....	76.1.....	34.8.....	0.....	0.....	0.0.....	1.....	2.....
7. 2019.....	86.....	51.....	35.....	64.2.....	158.9.....	34.5.....	0.....	0.....	0.0.....	2.....	2.....
8. 2020.....	35.....	20.....	15.....	28.5.....	52.0.....	18.0.....	0.....	0.....	0.0.....	1.....	3.....
9. 2021.....	67.....	12.....	56.....	54.8.....	29.6.....	66.5.....	0.....	0.....	0.0.....	18.....	7.....
10. 2022.....	34.....	8.....	26.....	26.5.....	17.7.....	31.2.....	0.....	0.....	0.0.....	8.....	4.....
11. 2023.....	63.....	22.....	41.....	44.0.....	40.0.....	46.5.....	0.....	0.....	0.0.....	18.....	5.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	77.....	33.....

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence  
**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2014	7	5	2	.6	.6	0	0	0	0	0	0	0	
3. 2015	7	6	1	.2	.2	0	0	0	0	0	0	0	
4. 2016	9	8	1	.0	.0	0	0	0	0	0	0	0	
5. 2017	2	1	1	.0	.0	0	0	0	0	0	0	0	
6. 2018	2	2	0	.1	.1	0	0	0	0	0	0	0	
7. 2019	2	2	0	.1	.1	0	0	0	0	0	0	0	
8. 2020	2	2	0	.0	.0	0	0	0	0	0	0	0	
9. 2021	3	3	0	.0	.0	0	0	0	0	0	0	0	
10. 2022	3	3	0	.0	.0	0	0	0	0	0	0	0	
11. 2023	4	4	0	1	1	0	0	0	0	0	0	XXX	
12. Totals	XXX	XXX	XXX	11	11	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. 2020	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. 2022	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. 2023	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2014	6	6	0	.85.7	120.0	.0.0	0	0	0.0	0	0
3. 2015	2	2	0	.28.6	33.3	.0.0	0	0	0.0	0	0
4. 2016	0	0	0	.0.1	.0.0	.0.7	0	0	0.0	0	0
5. 2017	0	0	0	.2.2	.0.0	.4.4	0	0	0.0	0	0
6. 2018	1	1	0	.50.2	.50.0	.0.0	0	0	0.0	0	0
7. 2019	1	1	0	.52.2	.50.0	.0.0	0	0	0.0	0	0
8. 2020	0	0	0	.3.0	.0.4	.0.0	0	0	0.0	0	0
9. 2021	0	0	0	.5.8	.4.7	.28.7	0	0	0.0	0	0
10. 2022	0	0	0	.5.0	.3.5	.30.0	0	0	0.0	0	0
11. 2023	1	1	0	.24.1	.23.8	.28.7	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	(1).....	(2).....	1.....	0.....	0.....	0.....	0.....	0.....	1.....	
2. 2014.....	1,035.....	.721.....	.314.....	.695.....	.465.....	.62.....	.30.....	.21.....	.0.....	.3.....	.283.....	.26.....	
3. 2015.....	1,179.....	.833.....	.346.....	.828.....	.622.....	.36.....	.11.....	.22.....	.0.....	.5.....	.253.....	.28.....	
4. 2016.....	1,446.....	1,111.....	.335.....	.847.....	.637.....	.52.....	.21.....	.23.....	.0.....	.4.....	.263.....	.39.....	
5. 2017.....	1,276.....	.932.....	.344.....	.810.....	.635.....	.57.....	.29.....	.21.....	.0.....	.2.....	.224.....	.26.....	
6. 2018.....	1,131.....	.797.....	.334.....	.731.....	.546.....	.35.....	.21.....	.24.....	.0.....	.3.....	.223.....	.26.....	
7. 2019.....	1,257.....	.881.....	.376.....	1,071.....	.873.....	.47.....	.29.....	.31.....	.0.....	.3.....	.248.....	.24.....	
8. 2020.....	1,525.....	1,109.....	.416.....	.514.....	.400.....	.39.....	.18.....	.28.....	.0.....	.3.....	.162.....	.21.....	
9. 2021.....	1,857.....	1,468.....	.388.....	.760.....	.627.....	.16.....	.10.....	.24.....	.0.....	.0.....	.164.....	.27.....	
10. 2022.....	2,115.....	1,614.....	.501.....	.441.....	.359.....	.9.....	.4.....	.22.....	.0.....	.0.....	.109.....	.24.....	
11. 2023	2,279	1,717	561	212	188	3	3	7	0	0	32	12	
12. Totals	XXX	XXX	XXX	6,907	5,348	357	177	223	0	24	1,962	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	1.....	0.....	.37.....	.28.....	3.....	0.....	.6.....	.5.....	.2.....	0.....	0.....	.16.....	0.....			
2. 2014.....	6.....	.4.....	.5.....	.4.....	0.....	0.....	.1.....	.1.....	1.....	0.....	0.....	.4.....	0.....			
3. 2015.....	0.....	0.....	.17.....	.11.....	0.....	0.....	.3.....	.2.....	1.....	0.....	0.....	.7.....	0.....			
4. 2016.....	0.....	0.....	.18.....	.13.....	3.....	0.....	.6.....	.4.....	1.....	0.....	0.....	.10.....	0.....			
5. 2017.....	.56.....	.33.....	.17.....	.12.....	2.....	1.....	0.....	0.....	1.....	0.....	0.....	.29.....	0.....			
6. 2018.....	.62.....	.28.....	.20.....	.15.....	1.....	1.....	.4.....	.3.....	3.....	0.....	0.....	.43.....	0.....			
7. 2019.....	.39.....	.12.....	.67.....	.45.....	3.....	(4).....	.27.....	.15.....	3.....	0.....	0.....	.70.....	0.....			
8. 2020.....	.51.....	.17.....	.198.....	.149.....	3.....	0.....	.45.....	.31.....	4.....	0.....	0.....	.104.....	0.....			
9. 2021.....	.73.....	.35.....	.248.....	.193.....	5.....	2.....	.99.....	.74.....	6.....	0.....	0.....	.127.....	1.....			
10. 2022.....	.66.....	.15.....	.494.....	.355.....	8.....	3.....	.54.....	.38.....	10.....	0.....	1.....	.223.....	2.....			
11. 2023	241	178	786	581	7	6	145	103	24	0	1	335	3			
12. Totals	595	322	1,906	1,406	35	10	390	275	54	0	2	968	7			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	10.....	6.....
2. 2014.....	.790.....	.504.....	.287.....	.76.3.....	.69.8.....	.91.3.....	0.....	0.....	0.0.....	.3.....	.1.....
3. 2015.....	906.....	.646.....	.260.....	.76.9.....	.77.5.....	.75.3.....	0.....	0.....	0.0.....	.6.....	.2.....
4. 2016.....	949.....	.676.....	.273.....	.65.6.....	.60.8.....	.81.6.....	0.....	0.....	0.0.....	.4.....	.5.....
5. 2017.....	964.....	.710.....	.253.....	.75.5.....	.76.2.....	.73.7.....	0.....	0.....	0.0.....	.27.....	.2.....
6. 2018.....	880.....	.613.....	.266.....	.77.8.....	.77.0.....	.79.7.....	0.....	0.....	0.0.....	.39.....	.4.....
7. 2019.....	1,287.....	.969.....	.318.....	.102.4.....	.110.0.....	.84.5.....	0.....	0.....	0.0.....	.48.....	.21.....
8. 2020.....	881.....	.615.....	.267.....	.57.8.....	.55.5.....	.64.1.....	0.....	0.....	0.0.....	.84.....	.21.....
9. 2021.....	1,231.....	.940.....	.291.....	.66.3.....	.64.1.....	.74.8.....	0.....	0.....	0.0.....	.93.....	.34.....
10. 2022.....	1,105.....	.773.....	.332.....	.52.3.....	.47.9.....	.66.3.....	0.....	0.....	0.0.....	.191.....	.31.....
11. 2023	1,425	1,058	367	62.5	61.6	65.4	0	0	0.0	268	67
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	774	195

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
2. 2014.....	1.....	0.....	1.....	2.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	
3. 2015.....	1.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	
4. 2016.....	7.....	1.....	6.....	8.....	1.....	3.....	0.....	0.....	0.....	0.....	0.....	10.....	
5. 2017.....	16.....	6.....	10.....	2.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	3.....	
6. 2018.....	19.....	7.....	12.....	8.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	8.....	
7. 2019.....	21.....	8.....	13.....	36.....	12.....	4.....	1.....	0.....	0.....	0.....	0.....	27.....	
8. 2020.....	25.....	10.....	15.....	46.....	20.....	13.....	6.....	0.....	0.....	0.....	0.....	33.....	
9. 2021.....	27.....	9.....	18.....	12.....	1.....	7.....	1.....	0.....	0.....	0.....	0.....	17.....	
10. 2022.....	28.....	8.....	20.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	
11. 2023.....	20.....	7.....	13.....	4.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	3.....	
12. Totals	XXX	XXX	XXX	121	35	30	10	1	0	0	107	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	0.....	0.....	(2).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	(2).....	0.....			
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
3. 2015.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....			
4. 2016.....	0.....	0.....	2.....	0.....	1.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	3.....			
5. 2017.....	0.....	0.....	2.....	2.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	1.....			
6. 2018.....	0.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....			
7. 2019.....	0.....	0.....	4.....	2.....	0.....	0.....	4.....	0.....	0.....	0.....	0.....	0.....	5.....			
8. 2020.....	0.....	0.....	4.....	3.....	0.....	0.....	5.....	0.....	0.....	0.....	0.....	0.....	5.....			
9. 2021.....	8.....	1.....	5.....	1.....	1.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	12.....			
10. 2022.....	6.....	2.....	15.....	3.....	1.....	0.....	3.....	1.....	0.....	0.....	0.....	0.....	19.....			
11. 2023.....	4.....	2.....	16.....	4.....	1.....	1.....	3.....	1.....	0.....	0.....	0.....	0.....	16.....			
12. Totals	18	5	47	15	4	2	18	3	0	0	0	63	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	(2).....	0.....
2. 2014.....	2.....	0.....	2.....	165.3.....	0.0.....	164.9.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	2.....	0.....	2.....	219.7.....	0.0.....	213.9.....	0.....	0.....	0.0.....	1.....	0.....
4. 2016.....	14.....	1.....	13.....	203.9.....	144.6.....	213.8.....	0.....	0.....	0.0.....	2.....	1.....
5. 2017.....	6.....	2.....	4.....	37.7.....	29.2.....	42.8.....	0.....	0.....	0.0.....	0.....	1.....
6. 2018.....	11.....	2.....	10.....	58.5.....	21.6.....	80.0.....	0.....	0.....	0.0.....	1.....	0.....
7. 2019.....	48.....	16.....	33.....	230.4.....	195.6.....	251.7.....	0.....	0.....	0.0.....	2.....	4.....
8. 2020.....	68.....	29.....	39.....	270.6.....	291.2.....	256.8.....	0.....	0.....	0.0.....	1.....	5.....
9. 2021.....	34.....	5.....	30.....	124.4.....	49.4.....	161.6.....	0.....	0.....	0.0.....	11.....	2.....
10. 2022.....	26.....	6.....	20.....	93.3.....	74.3.....	100.7.....	0.....	0.....	0.0.....	16.....	3.....
11. 2023.....	29.....	9.....	19.....	141.5.....	125.4.....	150.7.....	0.....	0.....	0.0.....	14.....	2.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	46	17

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	16	13	0	0	0	0	0	0	3	
2. 2022	212	58	154	69	23	2	1	4	0	1	1	51	
3. 2023	233	64	169	42	16	2	1	3	0	1	29	XXX	
4. Totals	XXX	XXX	XXX	127	53	5	3	7	0	3	83	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21		22		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	21 Direct and Assumed	Ceded	
1. Prior	0	0	58	48	0	0	8	8	3	0	1	13	0
2. 2022	0	0	8	7	0	0	1	1	0	0	1	1	1
3. 2023	18	7	15	13	1	0	2	2	1	0	1	16	2
4. Totals	18	7	81	68	1	0	12	11	4	0	3	30	3

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	10	4
2. 2022	86	33	53	40.3	56.7	34.1	0	0	0.0	1	0
3. 2023	84	39	45	36.2	61.2	26.7	0	0	0.0	14	2
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	24	6

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(15)	(14)	3	2	7	0	15	8	XXX	
2. 2022	2,371	672	1,698	1,207	545	19	11	96	0	109	766	139	
3. 2023	2,588	758	1,830	860	424	15	11	69	0	42	509	107	
4. Totals	XXX	XXX	XXX	2,053	955	37	24	172	0	166	1,283	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed				
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR										
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior	2	0	225	207	1	1	51	37	13	0	14	.47	5				
2. 2022	14	8	30	52	0	0	14	11	10	0	27	(2)	5				
3. 2023	178	110	147	123	4	2	21	20	39	0	81	135	18				
4. Totals	194	118	403	382	5	3	86	67	62	0	122	179	28				

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	20	27
2. 2022	1,391	627	764	58.7	93.3	45.0	0	0	0.0	(17)	14
3. 2023	1,333	689	644	51.5	90.9	35.2	0	0	0.0	93	42
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	96	83

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 1K - FIDELITY/SURETY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2022	0	0	0	0	0	0	0	0	0	0	0	XXX	
3. 2023	0	0	0	0	0	0	0	0	0	0	0	XXX	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	1	0	0	0	0	0	0	0	0	1	0			
2. 2022	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2023	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Totals	0	0	1	0	0	0	0	0	0	0	0	1	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1	0	
2. 2022	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	
3. 2023	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1	0	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	8	3	0	0	0	0	0	0	6	
2. 2022	22	7	15	3	1	1	0	0	0	0	0	2	
3. 2023	5	1	4	0	0	0	0	0	0	0	0	XXX	
4. Totals	XXX	XXX	XXX	11	4	1	0	0	0	0	0	8	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	5	2	14	4	0	0	2	1	1	0	0	17	0			
2. 2022	0	0	4	0	0	0	1	0	0	0	0	5	0			
3. 2023	0	0	2	0	0	0	0	0	0	0	0	2	0			
4. Totals	5	2	20	4	0	0	4	1	1	0	0	23	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	14	3
2. 2022	8	1	7	37.3	20.5	44.8	0	0	0.0	4	1
3. 2023	2	0	2	44.6	49.0	44.1	0	0	0.0	2	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	19	3

Schedule P - Part 1M - International  
**N O N E**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property  
**N O N E**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability  
**N O N E**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines  
**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence  
**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made  
**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty  
**N O N E**

Schedule P - Part 1T - Warranty  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

## **SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS**

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

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

1.	Prior.	3,341	3,702	4,240	4,218	4,037	3,797	3,755	3,726	3,729	3,731	2	5
2.	2014.	2,840	2,966	2,940	2,967	2,939	2,817	2,778	2,763	2,758	2,752	(6)	(10)
3.	2015.	XXX	2,649	2,806	2,788	2,758	2,776	2,726	2,709	2,702	2,725	22	15
4.	2016.	XXX	XXX	2,342	2,346	2,247	2,278	2,175	2,170	2,215	2,222	8	53
5.	2017.	XXX	XXX	XXX	2,561	2,549	2,613	2,458	2,445	2,517	2,518	0	73
6.	2018.	XXX	XXX	XXX	XXX	3,016	3,060	3,047	3,071	3,256	3,254	(2)	182
7.	2019.	XXX	XXX	XXX	XXX	XXX	3,265	3,230	3,277	3,604	3,649	.46	372
8.	2020.	XXX	XXX	XXX	XXX	XXX	XXX	3,303	3,279	3,158	3,196	39	(83)
9.	2021.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,034	4,022	4,053	31	19
10.	2022.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,755	4,741	(15)	XXX
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,349	XXX	XXX	
										12. Totals		124	626

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

1. Prior.	2,130	2,305	2,148	2,122	2,125	2,126	2,062	2,014	1,991	1,950	(41)	(64)		
2. 2014.	1,435	1,262	1,171	1,144	1,067	1,050	1,005	993	980	986	6	(7)		
3. 2015.	XXX	1,527	1,349	1,338	1,277	1,227	1,171	1,133	1,126	1,100	(26)	(32)		
4. 2016.	XXX	XXX	1,627	1,612	1,579	1,406	1,345	1,227	1,180	1,176	(3)	(50)		
5. 2017.	XXX	XXX	XXX	1,739	1,709	1,534	1,424	1,359	1,333	1,311	(22)	(47)		
6. 2018.	XXX	XXX	XXX	XXX	1,606	1,517	1,418	1,352	1,277	1,232	(45)	(121)		
7. 2019.	XXX	XXX	XXX	XXX	XXX	1,545	1,345	1,299	1,126	1,174	48	(125)		
8. 2020.	XXX	XXX	XXX	XXX	XXX	XXX	1,291	1,143	1,131	1,096	(35)	(47)		
9. 2021.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,296	1,126	1,155	30	(141)		
10. 2022.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,264	1,213	(51)	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,269	XXX	XXX			
										12. Totals	(140)	(635)		

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**NONE**

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

1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX											
10. 2022	XXX				XXX							
11. 2023	XXX		XXX	XXX								
12. Totals												

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

1. Prior	0	0	1	1	1	0	0	0	0	0	0	0
2. 2014	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015	XXX	1	0	0	0	0	0	0	0	0	0	0
4. 2016	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2017	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals												0

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

1. Prior	231	221	281	302	306	350	348	356	350	347	(3)	(9)
2. 2014	177	174	224	230	238	261	265	265	265	265	0	0
3. 2015	XXX	233	234	224	254	248	248	244	242	238	(5)	(6)
4. 2016	XXX	XXX	309	279	280	244	248	251	249	249	1	(11)
5. 2017	XXX	XXX	XXX	242	241	234	216	215	223	231	8	16
6. 2018	XXX	XXX	XXX	XXX	245	232	218	205	225	240	15	35
7. 2019	XXX	XXX	XXX	XXX	232	282	273	272	284	13	11	
8. 2020	XXX	XXX	XXX	XXX	XXX	209	291	279	234	(44)	(56)	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	180	244	261	17	81	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	314	300	(13)	XXX	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	336	XXX	XXX	
12. Totals												(12)
												71

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

1. Prior	8	15	23	23	23	31	31	33	33	30	(3)	(3)
2. 2014	0	1	2	2	2	2	2	2	2	2	(1)	(1)
3. 2015	XXX	2	1	1	1	2	2	2	2	2	0	0
4. 2016	XXX	XXX	16	14	15	14	14	13	13	13	0	0
5. 2017	XXX	XXX	XXX	11	10	8	8	8	8	4	(4)	(4)
6. 2018	XXX	XXX	XXX	XXX	11	11	11	12	10	10	0	(2)
7. 2019	XXX	XXX	XXX	XXX	XXX	14	19	22	34	33	(1)	10
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	14	26	40	38	(1)	12
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	19	23	29	29	6	11
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20	20	0	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	XXX	XXX	
12. Totals												(4)
												23

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	40	34	27	(7)	(13)
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	32	48	16	XXX.....
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	XXX	XXX
								4. Totals		9		(13)

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX.....	261	170	160	(10)	(101)						
2. 2022.....	XXX.....	690	657	(33)	XXX.....							
3. 2023	XXX	XXX	536	XXX	XXX							
								4. Totals		(43)		(101)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior.....	XXX.....	1	1	1	0	0						
2. 2022.....	XXX.....	0	0	0	XXX.....							
3. 2023	XXX	XXX	0	XXX	XXX							
								4. Totals		0		0

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

1. Prior.....	XXX.....	22	21	29	.8	7						
2. 2022.....	XXX.....	7	7	.0	XXX.....							
3. 2023	XXX	XXX	2	XXX	XXX							
								4. Totals		8		7

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2021.....	XXX.....											
10. 2022.....	XXX.....				XXX.....							
11. 2023	XXX	XXX	XXX	XXX								
									12. Totals			

**NONE**

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property  
**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability  
**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines  
**N O N E**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence  
**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made  
**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty  
**N O N E**

Schedule P - Part 2T - Warranty  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

## SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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

1.	Prior..	000..	20	30	32	32	32	33	34	34	34	0	0
2.	2014..	17	36	51	53	63	63	63	62	62	62	5	5
3.	2015..	XXX..	26	68	75	86	91	91	91	91	91	7	5
4.	2016..	XXX..	XXX..	33	62	69	73	75	75	75	75	6	5
5.	2017..	XXX..	XXX..	XXX..	15	40	46	50	51	51	62	4	4
6.	2018..	XXX..	XXX..	XXX..	XXX..	3	3	3	3	3	3	1	1
7.	2019..	XXX..	XXX..	XXX..	XXX..	XXX..	0	0	0	0	0	0	0
8.	2020..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	0	0	0	0	0	0
9.	2021..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	0	0	0	0	0
10.	2022..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	0	0	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

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

1.	Prior..	000..	1,810	2,795	3,227	3,478	3,613	3,667	3,671	3,680	3,686	54	0
2.	2014..	457	1,096	1,674	2,159	2,469	2,624	2,690	2,715	2,727	2,715	236	354
3.	2015..	XXX..	279	984	1,775	2,144	2,414	2,522	2,591	2,618	2,696	226	360
4.	2016..	XXX..	XXX..	272	781	1,217	1,627	1,849	1,993	2,113	2,170	190	361
5.	2017..	XXX..	XXX..	XXX..	275	858	1,270	1,738	1,895	2,259	2,343	203	371
6.	2018..	XXX..	XXX..	XXX..	XXX..	326	1,138	1,700	2,168	2,762	2,951	211	385
7.	2019..	XXX..	XXX..	XXX..	XXX..	XXX..	362	1,170	2,011	2,712	3,209	223	403
8.	2020..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	261	984	1,805	2,345	139	261
9.	2021..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	370	1,322	2,516	166	358
10.	2022..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	396	1,693	171	389
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	480	104	320	

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

1.	Prior.....	000.....	.492	.824	1,101	1,249	1,385	1,459	1,511	1,550	1,577	.46	0
2.	2014.....	193.....	.480	.643	.762	.800	.833	.852	.870	.881	.893	.112	.50
3.	2015.....	XXX.....	.205	.537	.752	.857	912	943	964	987	1,001	.114	.71
4.	2016.....	XXX.....	XXX.....	.223	.580	.807	916	.970	1,005	1,011	1,047	.122	.56
5.	2017.....	XXX.....	XXX.....	XXX.....	.276	.672	.892	.990	1,040	1,085	1,107	.123	.54
6.	2018.....	XXX.....	XXX.....	XXX.....	XXX.....	.236	.592	.823	.897	.956	.981	.112	.56
7.	2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	212	.543	714	.858	.919	.111	.64
8.	2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	214	.495	.674	.794	.83	.51
9.	2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	209	.519	.713	.84	.53
10.	2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	175	.474	.66	.50
11.	2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	36	36

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

1. Prior...	000...	.5	13	17	30	30	30	30	30	30	30	0	0
2. 2014...	8	23	31	34	35	35	35	35	35	35	35	1	1
3. 2015...	XXX	15	24	28	31	35	35	36	36	36	36	2	1
4. 2016...	XXX	XXX	18	31	44	48	52	52	54	56	56	2	2
5. 2017...	XXX	XXX	XXX	16	44	56	68	69	81	81	81	2	2
6. 2018...	XXX	XXX	XXX	XXX	13	25	28	29	31	31	31	2	1
7. 2019...	XXX	XXX	XXX	XXX	XXX	11	17	16	24	26	26	1	1
8. 2020...	XXX	XXX	XXX	XXX	XXX	XXX	5	7	10	10	10	0	1
9. 2021...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	22	28	28	1	1
10. 2022...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	13	13	1	1
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	0	0	1	1

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior.....000.....												
2. 2014.....0.....												
3. 2015.....XXX.....												
4. 2016.....XXX.....XXX.....												
5. 2017.....XXX.....XXX.....XXX.....												
6. 2018.....XXX.....XXX.....XXX.....X.....												
7. 2019.....XXX.....XXX.....XXX.....XXX.....X.....												
8. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

**NONE**

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

1. Prior.....000.....												
2. 2014.....0.....												
3. 2015.....XXX.....												
4. 2016.....XXX.....XXX.....												
5. 2017.....XXX.....XXX.....XXX.....												
6. 2018.....XXX.....XXX.....XXX.....XXX.....												
7. 2019.....XXX.....XXX.....XXX.....XXX.....XX.....												
8. 2020.....XXX.....XXX.....XXX.....XXX.....XX.....XX.....												
9. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XX.....												
10. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XX.....												
11. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XX.....												

**NONE**

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

1. Prior.....000.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
2. 2014.....0.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
3. 2015.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
4. 2016.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
5. 2017.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
6. 2018.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
7. 2019.....XXX.....XXX.....XXX.....XXX.....XX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
8. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
9. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
10. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....
11. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	XXX.....	XXX.....

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

1. Prior.....000.....	108	197	226	271	310	324	329	332	333	5	0	
2. 2014.....41	86	176	225	241	245	255	256	256	262	16	10	
3. 2015.....XXX.....	42	119	165	196	212	224	225	226	231	18	10	
4. 2016.....XXX.....XXX.....	67	135	154	187	215	228	239	241	25	25	14	
5. 2017.....XXX.....XXX.....XXX.....	35	99	131	154	170	180	203	203	203	16	9	
6. 2018.....XXX.....XXX.....XXX.....XXX.....	48	103	122	142	177	199	199	199	199	15	11	
7. 2019.....XXX.....XXX.....XXX.....XXX.....XX.....	36	105	144	176	176	217	217	217	217	15	9	
8. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....	40	73	105	134	134	134	134	134	134	13	8	
9. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	31	96	140	140	140	140	140	140	140	16	10	
10. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	25	87	87	87	87	87	87	87	87	15	8	
11. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	24	5	5	5	5	5	5	5	5	4	4	

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

1. Prior.....000.....	5	11	22	22	30	31	32	32	32	0	0	
2. 2014.....0	0	2	2	2	2	2	2	2	2	0	0	
3. 2015.....XXX.....	0	0	0	1	1	1	1	1	1	0	0	
4. 2016.....XXX.....XXX.....	1	9	10	10	10	9	10	10	10	0	0	
5. 2017.....XXX.....XXX.....XXX.....	1	2	2	2	2	3	3	3	3	0	0	
6. 2018.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	8	8	8	8	0	0	
7. 2019.....XXX.....XXX.....XXX.....XXX.....XX.....	0	11	18	27	27	27	27	27	27	0	0	
8. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	17	29	33	33	33	33	33	33	0	0	
9. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	1	4	17	17	17	17	17	17	17	0	0	
10. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	1	1	1	1	1	1	1	1	1	0	0	
11. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	3	0	0	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	14.....	16.....	XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20.....	47.....	XXX.....	XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	26.....	XXX.....	XXX.....

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

1. Prior.....	XXX.....	000.....	126.....	126.....	3.....	3.....						
2. 2022.....	XXX.....	475.....	670.....	55.....	80.....							
3. 2023.....	XXX.....	440.....	33.....	55.....								

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

1. Prior.....	XXX.....	000.....			XXX.....	XXX.....						
2. 2022.....	XXX.....			XXX.....	XXX.....							
3. 2023.....	XXX.....			XXX.....	XXX.....							

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

1. Prior.....	XXX.....	000.....	7.....	13.....	XXX.....	XXX.....						
2. 2022.....	XXX.....	2.....	2.....	XXX.....	XXX.....							
3. 2023.....	XXX.....	0.....	XXX.....	XXX.....								

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

1. Prior.....	000.....										XXX.....	XXX.....
2. 2014.....											XXX.....	XXX.....
3. 2015.....	XXX.....										XXX.....	XXX.....
4. 2016.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2017.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....						XXX.....	XXX.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....					XXX.....	XXX.....
9. 2021.....	XXX.....				XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2022.....	XXX.....			XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property  
**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability  
**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines  
**N O N E**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence  
**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made  
**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty  
**N O N E**

Schedule P - Part 3T - Warranty  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XX	XX	XXX	XXX				
6. 2018	XXX	XXX	XX	XX	XXX	XXX				
7. 2019	XXX	XXX	XX	XX	XXX	XXX				
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior	24	20	4	6	6	3	2	2	3	1
2. 2014	30	19	4	6	1	3	3	3	1	0
3. 2015	XXX	30	13	10	5	2	3	2	1	1
4. 2016	XXX	XXX	.27	14	12	2	1	1	1	1
5. 2017	XXX	XXX	XXX	23	12	10	9	1	2	0
6. 2018	XXX	XXX	XXX	XXX	1	1	1	1	1	0
7. 2019	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2020	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	1,380	729	826	647	422	118	.72	.48	41	.41
2. 2014	1,565	984	596	392	291	136	49	.34	28	.36
3. 2015	XXX	1,460	908	451	236	168	.87	.40	32	12
4. 2016	XXX	XXX	1,384	910	531	322	138	.86	30	.35
5. 2017	XXX	XXX	XXX	1,665	1,030	711	.278	108	93	.65
6. 2018	XXX	XXX	XXX	XXX	1,855	1,005	.579	252	161	113
7. 2019	XXX	XXX	XXX	XXX	XXX	2,058	1,061	420	.258	148
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,298	1,262	.566	300
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,599	1,300	.584
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,084	1,609
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,436

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

1. Prior	975	863	575	461	394	421	338	270	.256	.192
2. 2014	977	.566	325	254	169	140	.83	.76	55	60
3. 2015	XXX	1,017	530	405	292	235	155	106	82	.55
4. 2016	XXX	XXX	1,112	731	570	369	.269	150	100	.89
5. 2017	XXX	XXX	XXX	1,123	743	456	.266	165	138	.122
6. 2018	XXX	XXX	XXX	XXX	1,035	609	.379	278	.194	.123
7. 2019	XXX	XXX	XXX	XXX	XXX	1,050	.543	370	.127	.143
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	.788	411	.268	.183
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	751	.370	.232
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.820	.471
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	799

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

1. Prior	8	4	9	1	9	2	2	2	1	1
2. 2014	17	3	6	3	4	2	2	1	1	1
3. 2015	XXX	.33	13	13	10	6	3	2	2	1
4. 2016	XXX	XXX	.33	28	15	9	5	2	2	2
5. 2017	XXX	XXX	XXX	25	11	19	13	7	3	3
6. 2018	XXX	XXX	XXX	XXX	28	18	11	3	2	1
7. 2019	XXX	XXX	XXX	XXX	XXX	21	15	9	3	1
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	22	17	4	2
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	13	7
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	11
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....								
5. 2017.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
6. 2018.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
7. 2019.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
8. 2020.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
9. 2021.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....	XXX.....			
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

**NONE**

**SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....								
5. 2017.....	XXX.....	XXX.....	XX.....							
6. 2018.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
7. 2019.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
8. 2020.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
9. 2021.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

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

1. Prior.....	0.....	0.....	1.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2015.....	XXX.....		1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....

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

1. Prior.....	117.....	.37.....	.31.....	24.....	3.....	19.....	14.....	.12.....	11.....	10.....
2. 2014.....	90.....	20.....	.23.....	(11).....	(15).....	7.....	4.....	.2.....	1.....	1.....
3. 2015.....	XXX.....	120.....	.63.....	23.....	.36.....	18.....	14.....	.8.....	7.....	7.....
4. 2016.....	XXX.....	XXX.....	171.....	.116.....	.104.....	.34.....	.22.....	.16.....	7.....	6.....
5. 2017.....	XXX.....	XXX.....	XXX.....	157.....	.101.....	.57.....	.30.....	.20.....	9.....	4.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	.144.....	.92.....	.59.....	.39.....	15.....	6.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.133.....	.113.....	.84.....	.47.....	.34.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.XXX.....	.141.....	.141.....	.102.....	.63.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.XXX.....	.XXX.....	.104.....	.96.....	.81.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.238.....	.156.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	247.....

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

1. Prior.....	4.....	1.....	0.....	0.....	(1).....	0.....	1.....	1.....	1.....	(2).....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2015.....	XXX.....	1.....	0.....	1.....	0.....	1.....	1.....	1.....	1.....	1.....
4. 2016.....	XXX.....	XXX.....	9.....	.4.....	.5.....	.3.....	4.....	.3.....	3.....	2.....
5. 2017.....	XXX.....	XXX.....	XXX.....	10.....	8.....	.5.....	5.....	.5.....	5.....	1.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	11.....	.6.....	6.....	1.....	1.....	1.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.13.....	4.....	1.....	6.....	5.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.XXX.....	8.....	.5.....	9.....	5.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.XXX.....	.XXX.....	.10.....	6.....	5.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	14.....	14.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	14.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	25	17	10
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4	1
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX.....	150	40	.32						
2. 2022.....	XXX.....	60	(18)							
3. 2023.....	XXX.....	25								

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior.....	XXX.....	1	1	1						
2. 2022.....	XXX.....	0	0							
3. 2023.....	XXX.....	0								

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

1. Prior.....	XXX.....	14	14	12						
2. 2022.....	XXX.....	3	5							
3. 2023.....	XXX.....	2								

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior.....	XXX.....									
2. 2014.....	XXX.....									
3. 2015.....	XXX.....									
4. 2016.....	XXX.....									
5. 2017.....	XXX.....									
6. 2018.....	XXX.....									
7. 2019.....	XXX.....									
8. 2020.....	XXX.....									
9. 2021.....	XXX.....									
10. 2022.....	XXX.....									
11. 2023.....	XXX.....									

**NONE**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property  
**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability  
**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines  
**N O N E**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence  
**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made  
**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty  
**N O N E**

Schedule P - Part 4T - Warranty  
**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1  
**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2  
**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	2	0	0	0	0	0	0	0	0	0
2. 2014.....	4	5	5	5	5	5	5	5	5	5
3. 2015.....	XXX	5	7	7	7	7	7	7	7	7
4. 2016.....	XXX	XXX	4	6	6	6	6	6	6	6
5. 2017.....	XXX	XXX	XXX	3	4	4	4	4	4	4
6. 2018.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	1	0	0	0	0	0	0	0	0	0
2. 2014.....	2	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	3	1	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	3	1	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	2	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	1	(1)	0	0	0	0	0	0	0	0
2. 2014.....	10	10	10	10	10	10	10	10	10	10
3. 2015.....	XXX	12	13	12	12	12	12	12	12	12
4. 2016.....	XXX	XXX	10	12	11	11	11	11	11	11
5. 2017.....	XXX	XXX	XXX	8	8	8	8	8	8	8
6. 2018.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	103	29	13	10	2	0	0	0	0	0
2. 2014.....	147	211	224	231	234	235	236	236	236	236
3. 2015.....	XXX.....	142	201	215	220	223	225	225	226	226
4. 2016.....	XXX.....	XXX.....	119	172	181	185	188	189	190	190
5. 2017.....	XXX.....	XXX.....	XXX.....	123	181	192	198	201	202	203
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	129	187	201	206	209	211
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	130	198	213	219	223
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	82	124	134	139
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	92	150	166
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	104	171
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	70	37	16	5	1	1	0	0	0	0
2. 2014.....	126	32	15	7	3	1	1	0	0	0
3. 2015.....	XXX.....	114	32	15	8	3	1	1	1	0
4. 2016.....	XXX.....	XXX.....	109	27	14	7	4	2	1	1
5. 2017.....	XXX.....	XXX.....	XXX.....	105	28	15	7	4	2	1
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	107	31	17	11	6	3
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	118	33	18	9	4
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	80	26	13	7
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	112	34	17
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	118	36
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	45	9	(1)	1	(1)	1	(1)	1	0	0
2. 2014.....	545	581	587	590	591	590	591	591	591	591
3. 2015.....	XXX.....	538	575	583	585	585	586	586	586	586
4. 2016.....	XXX.....	XXX.....	506	544	549	551	552	552	552	552
5. 2017.....	XXX.....	XXX.....	XXX.....	530	567	573	574	575	575	575
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	549	590	597	599	599	599
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	570	620	628	629	630
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	365	400	404	406
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	482	530	541
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	532	596
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	536

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	52	15	9	7	3	4	4	2	1	1
2. 2014.....	50	86	97	103	106	108	110	111	112	112
3. 2015.....	XXX.....	42	86	100	106	109	112	113	114	114
4. 2016.....	XXX.....	XXX.....	55	99	110	116	119	121	122	122
5. 2017.....	XXX.....	XXX.....	XXX.....	62	102	113	118	120	122	123
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	54	92	104	108	110	112
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	50	92	103	108	111
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	39	71	79	83
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	44	75	84
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	39	66
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	46	26	16	13	9	7	5	4	3	2
2. 2014.....	61	20	10	5	3	2	1	1	1	0
3. 2015.....	XXX.....	53	22	10	5	3	2	2	1	1
4. 2016.....	XXX.....	XXX.....	61	19	10	5	3	2	1	1
5. 2017.....	XXX.....	XXX.....	XXX.....	56	19	9	5	3	2	1
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	54	18	8	5	3	2
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	59	19	9	5	2
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	44	14	7	4
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	44	14	7
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	40	15
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	12	1	0	4	(1)	2	3	1	1	1
2. 2014.....	143	150	154	156	158	160	161	162	163	163
3. 2015.....	XXX.....	142	172	177	179	181	184	186	186	186
4. 2016.....	XXX.....	XXX.....	155	169	173	175	177	178	179	179
5. 2017.....	XXX.....	XXX.....	XXX.....	155	171	174	176	177	178	179
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	148	162	166	168	169	170
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	155	170	174	176	178
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	121	133	136	138
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	128	140	143
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	119	131
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2014.....	1	1	1	1	1	1	1	1	1	1
3. 2015.....	XXX	1	2	2	2	2	2	2	2	2
4. 2016.....	XXX	XXX	1	2	2	2	2	2	2	2
5. 2017.....	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2018.....	XXX	XXX	XXX	XXX	1	2	2	2	2	2
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2014.....	1	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	1	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	1	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	1	1	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0
2. 2014.....	3	2	2	2	2	2	2	2	2	2
3. 2015.....	XXX	3	3	3	3	3	3	3	3	3
4. 2016.....	XXX	XXX	3	4	4	4	4	4	4	4
5. 2017.....	XXX	XXX	XXX	4	5	4	4	4	4	4
6. 2018.....	XXX	XXX	XXX	XXX	3	3	3	3	3	3
7. 2019.....	XXX	XXX	XXX	XXX	XXX	3	2	2	2	2
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	2	2
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	2	2
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A  
**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A  
**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A  
**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B  
**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B  
**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE  
SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	10	2	0	2	0	1	0	0	0	0
2. 2014.....	7	13	14	14	14	16	16	16	16	16
3. 2015.....	XXX	6	14	15	15	18	18	18	18	18
4. 2016.....	XXX	XXX	10	21	22	25	25	25	25	25
5. 2017.....	XXX	XXX	XXX	6	11	15	16	16	16	16
6. 2018.....	XXX	XXX	XXX	XXX	4	13	14	15	15	15
7. 2019.....	XXX	XXX	XXX	XXX	XXX	7	13	14	15	15
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	6	11	13	13
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	15	16
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	15
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	7	3	3	0	0	0	0	0	0	0
2. 2014.....	5	2	1	0	0	0	0	0	0	0
3. 2015.....	XXX	6	2	1	1	0	0	0	0	0
4. 2016.....	XXX	XXX	12	2	1	1	0	0	0	0
5. 2017.....	XXX	XXX	XXX	4	2	2	1	1	0	0
6. 2018.....	XXX	XXX	XXX	XXX	4	2	1	1	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	4	2	1	1	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	5	2	1	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	2	1
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	2
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	7	2	(1)	(1)	0	1	0	0	0	0
2. 2014.....	17	23	24	24	24	26	26	26	26	26
3. 2015.....	XXX	17	25	26	26	28	28	28	28	28
4. 2016.....	XXX	XXX	28	35	36	40	39	39	39	39
5. 2017.....	XXX	XXX	XXX	15	21	26	26	26	26	26
6. 2018.....	XXX	XXX	XXX	XXX	14	25	26	26	26	26
7. 2019.....	XXX	XXX	XXX	XXX	XXX	16	23	24	24	24
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	15	20	21	21
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	26	27
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	24
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	0	0	2	0	0	0	0	0	0	0
2. 2014.....	0	0	1	0	0	0	0	0	0	0
3. 2015.....	XXX	0	1	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	4	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....	0	0	2	(2)	0	0	0	0	0	0
2. 2014.....	0	0	1	0	0	0	0	0	0	0
3. 2015.....	XXX	0	1	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	4	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A  
**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A  
**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A  
**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B  
**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B  
**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B  
**N O N E**

Schedule P - Part 5T - Warranty - Section 1  
**N O N E**

Schedule P - Part 5T - Warranty - Section 2  
**N O N E**

Schedule P - Part 5T - Warranty - Section 3  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	8,372	8,372	8,372	8,372	8,372	8,372	8,372	8,372	8,372	8,372	0
3. 2015.....	XXX	8,263	8,263	8,263	8,263	8,263	8,263	8,263	8,263	8,263	0
4. 2016.....	XXX	XXX	9,105	9,105	9,105	9,105	9,105	9,105	9,105	9,105	0
5. 2017.....	XXX	XXX	XXX	5,917	5,917	5,917	5,917	5,917	5,917	5,917	0
6. 2018.....	XXX	XXX	XXX	XXX	6,813	6,813	6,813	6,813	6,813	6,813	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	7,732	7,732	7,732	7,732	7,732	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	8,217	8,217	8,217	8,217	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,653	9,653	9,653	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,116	11,116	11,116	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,132	12,132	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,132
13. Earned Premiums (Sch P-Pt. 1)	8,372	8,263	9,105	5,917	6,813	7,732	8,217	9,653	11,116	12,132	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	4,489	4,489	4,489	4,489	4,489	4,489	4,489	4,489	4,489	4,489	0
3. 2015.....	XXX	4,617	4,617	4,617	4,617	4,617	4,617	4,617	4,617	4,617	0
4. 2016.....	XXX	XXX	5,617	5,617	5,617	5,617	5,617	5,617	5,617	5,617	0
5. 2017.....	XXX	XXX	XXX	2,206	2,206	2,206	2,206	2,206	2,206	2,206	0
6. 2018.....	XXX	XXX	XXX	XXX	2,447	2,447	2,447	2,447	2,447	2,447	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	2,900	2,900	2,900	2,900	2,900	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	2,870	2,870	2,870	2,870	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,513	3,513	3,513	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,058	4,058	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,576	4,576
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,576
13. Earned Premiums (Sch P-Pt. 1)	4,489	4,617	5,617	2,206	2,447	2,900	2,870	3,513	4,058	4,576	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	7,840	7,840	7,840	7,840	7,840	7,840	7,840	7,840	7,840	7,840	0
3. 2015.....	XXX	12,027	12,027	12,027	12,027	12,027	12,027	12,027	12,027	12,027	0
4. 2016.....	XXX	XXX	11,504	11,504	11,504	11,504	11,504	11,504	11,504	11,504	0
5. 2017.....	XXX	XXX	XXX	5,165	5,165	5,165	5,165	5,165	5,165	5,165	0
6. 2018.....	XXX	XXX	XXX	XXX	5,099	5,099	5,099	5,099	5,099	5,099	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	5,101	5,101	5,101	5,101	5,101	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	4,240	4,240	4,240	4,240	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,298	4,298	4,298	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,726	4,726	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955	4,955
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955
13. Earned Premiums (Sch P-Pt. 1)	7,840	12,027	11,504	5,165	5,099	5,101	4,240	4,298	4,726	4,955	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,537	0
3. 2015.....	XXX	9,256	9,256	9,256	9,256	9,256	9,256	9,256	9,256	9,256	0
4. 2016.....	XXX	XXX	8,449	8,449	8,449	8,449	8,449	8,449	8,449	8,449	0
5. 2017.....	XXX	XXX	XXX	2,052	2,052	2,052	2,052	2,052	2,052	2,052	0
6. 2018.....	XXX	XXX	XXX	XXX	1,981	1,981	1,981	1,981	1,981	1,981	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1,977	1,977	1,977	1,977	1,977	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	1,764	1,764	1,764	1,764	1,764	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,736	1,736	1,736	1,736	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,896	1,896	1,896	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,999	1,999	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,999
13. Earned Premiums (Sch P-Pt. 1)	5,537	9,256	8,449	2,052	1,981	1,977	1,764	1,736	1,896	1,999	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	169	169	169	169	169	169	169	169	169	169	0
3. 2015.....	XXX	167	167	167	167	167	167	167	167	167	0
4. 2016.....	XXX	XXX	155	155	155	155	155	155	155	155	0
5. 2017.....	XXX	XXX	XXX	151	151	151	151	151	151	151	0
6. 2018.....	XXX	XXX	XXX	XXX	138	138	138	138	138	138	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	134	134	134	134	134	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	123	123	123	123	123	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	123	123	123	123	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	130	0	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	144	144	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	144
13. Earned Premiums (Sch P-Pt. 1)	169	167	155	151	138	134	123	123	130	144	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	104	104	104	104	104	104	104	104	104	104	0
3. 2015.....	XXX	73	73	73	73	73	73	73	73	73	0
4. 2016.....	XXX	XXX	45	45	45	45	45	45	45	45	0
5. 2017.....	XXX	XXX	XXX	33	33	33	33	33	33	33	0
6. 2018.....	XXX	XXX	XXX	XXX	30	30	30	30	30	30	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	32	32	32	32	32	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	38	38	38	38	38	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	39	39	39	39	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	46	46	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56
13. Earned Premiums (Sch P-Pt. 1)	104	73	45	33	30	32	38	39	46	56	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	0
3. 2015.....	XXX	1,179	1,179	1,179	1,179	1,179	1,179	1,179	1,179	1,179	0
4. 2016.....	XXX	XXX	1,446	1,446	1,446	1,446	1,446	1,446	1,446	1,446	0
5. 2017.....	XXX	XXX	XXX	1,276	1,276	1,276	1,276	1,276	1,276	1,276	0
6. 2018.....	XXX	XXX	XXX	XXX	1,131	1,131	1,131	1,131	1,131	1,131	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1,257	1,257	1,257	1,257	1,257	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	1,525	1,525	1,525	1,525	1,525	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,857	1,857	1,857	1,857	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,115	2,115	2,115	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,279	2,279	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,279
13. Earned Premiums (Sch P-Pt. 1)	1,035	1,179	1,446	1,276	1,131	1,257	1,525	1,857	2,115	2,115	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	721	721	721	721	721	721	721	721	721	721	0
3. 2015.....	XXX	833	833	833	833	833	833	833	833	833	0
4. 2016.....	XXX	XXX	1,111	1,111	1,111	1,111	1,111	1,111	1,111	1,111	0
5. 2017.....	XXX	XXX	XXX	932	932	932	932	932	932	932	0
6. 2018.....	XXX	XXX	XXX	XXX	797	797	797	797	797	797	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	881	881	881	881	881	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	1,109	1,109	1,109	1,109	1,109	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,468	1,468	1,468	1,468	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,614	1,614	1,614	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,717	1,717	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,717
13. Earned Premiums (Sch P-Pt. 1)	721	833	1,111	932	797	881	1,109	1,468	1,614	1,717	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE  
SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	1	1	1	1	1	1	1	1	1	0
4. 2016.....	XXX	XXX	7	7	7	7	7	7	7	7	0
5. 2017.....	XXX	XXX	XXX	16	16	16	16	16	16	16	0
6. 2018.....	XXX	XXX	XXX	XXX	19	19	19	19	19	19	0
7. 2019.....	XXX	XXX	XXX	XXX	21	21	21	21	21	21	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	25	25	25	25	25	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	27	27	27	27	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	28	28	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20
13. Earned Premiums (Sch P-Pt. 1)			1	7	16	19	21	25	27	28	20
											XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2017.....	XXX	XXX	XXX	6	6	6	6	6	6	6	0
6. 2018.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7	0
7. 2019.....	XXX	XXX	XXX	XXX	8	8	8	8	8	8	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	10	10	10	10	10	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	9	9	9	9	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	8	8	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7
13. Earned Premiums (Sch P-Pt. 1)		0	0	1	6	7	8	10	9	8	7
											XXX

**SCHEDULE P - PART 6M - INTERNATIONAL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX									
11. 2023.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX									
11. 2023.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

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

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

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

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A  
**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A  
**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B  
**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

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

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	0	0	0.0	0	0	0.0
2. Private Passenger Auto Liability/ Medical .....	4	0	0.0	0	0	0.0
3. Commercial Auto/Truck Liability/ Medical .....	11,893	0	0.0	7,656	0	0.0
4. Workers' Compensation .....	4,349	0	0.0	2,990	0	0.0
5. Commercial Multiple Peril .....	110	0	0.0	90	0	0.0
6. Medical Professional Liability - Occurrence .....	0	0	0.0	0	0	0.0
7. Medical Professional Liability - Claims - Made .....	0	0	0.0	0	0	0.0
8. Special Liability .....	0	0	0.0	0	0	0.0
9. Other Liability - Occurrence .....	.968	0	0.0	642	0	0.0
10. Other Liability - Claims-Made .....	63	0	0.0	13	0	0.0
11. Special Property .....	30	0	0.0	169	0	0.0
12. Auto Physical Damage .....	179	0	0.0	1,802	0	0.0
13. Fidelity/Surety .....	1	0	0.0	0	0	0.0
14. Other .....	23	0	0.0	4	0	0.0
15. International .....	0	0	0.0	0	0	0.0
16. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence .....	0	0	0.0	0	0	0.0
20. Products Liability - Claims-Made .....	0	0	0.0	0	0	0.0
21. Financial Guaranty/Mortgage Guaranty .....	0	0	0.0	0	0	0.0
22. Warranty .....	0	0	0.0	0	0	0.0
23. Totals .....	17,621	0	0.0	13,365	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2014	2	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	2023
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX	XX	XX							
6. 2018.....	XXX	XXX	XX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XXX						
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2014	2	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	2023
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX	XX	XX							
6. 2018.....	XXX	XXX	XX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XXX						
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (Continued)**  
**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....								
5. 2017.....	XXX.....	XXX.....	XX.....							
6. 2018.....	XXX.....	XXX.....	XX.....	XXX.....						
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....								
5. 2017.....	XXX.....	XXX.....	XX.....							
6. 2018.....	XXX.....	XXX.....	XX.....	XXX.....						
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)**  
**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	0	0	0.0	0	0	0.0
2. Private Passenger Auto Liability/Medical .....	4	0	0.0	0	0	0.0
3. Commercial Auto/Truck Liability/Medical .....	11,893	0	0.0	7,656	0	0.0
4. Workers' Compensation .....	4,349	0	0.0	2,990	0	0.0
5. Commercial Multiple Peril .....	110	0	0.0	90	0	0.0
6. Medical Professional Liability - Occurrence .....	0	0	0.0	0	0	0.0
7. Medical Professional Liability - Claims - Made .....	0	0	0.0	0	0	0.0
8. Special Liability .....	0	0	0.0	0	0	0.0
9. Other Liability - Occurrence .....	968	0	0.0	642	0	0.0
10. Other Liability - Claims-Made .....	63	0	0.0	13	0	0.0
11. Special Property .....	30	0	0.0	169	0	0.0
12. Auto Physical Damage .....	179	0	0.0	1,802	0	0.0
13. Fidelity/Surety .....	1	0	0.0	0	0	0.0
14. Other .....	23	0	0.0	4	0	0.0
15. International .....	0	0	0.0	0	0	0.0
16. Reinsurance - Nonproportional Assumed Property .....	0	0	0.0	0	0	0.0
17. Reinsurance - Nonproportional Assumed Liability .....	0	0	0.0	0	0	0.0
18. Reinsurance - Nonproportional Assumed Financial Lines .....	0	0	0.0	0	0	0.0
19. Products Liability - Occurrence .....	0	0	0.0	0	0	0.0
20. Products Liability - Claims-Made .....	0	0	0.0	0	0	0.0
21. Financial Guaranty/Mortgage Guaranty .....	0	0	0.0	0	0	0.0
22. Warranty .....	0	0	0.0	0	0	0.0
23. Totals .....	17,621	0	0.0	13,365	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2014	2	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior .....										
2. 2014 .....										
3. 2015 .....	XXX									
4. 2016 .....	XXX	XXX								
5. 2017 .....	XXX	XXX	XX	XX						
6. 2018 .....	XXX	XXX	XX	XX	XX					
7. 2019 .....	XXX	XXX	XX	XXX	XXX					
8. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2014	2	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior .....										
2. 2014 .....										
3. 2015 .....	XXX									
4. 2016 .....	XXX	XXX								
5. 2017 .....	XXX	XXX	XX	XX						
6. 2018 .....	XXX	XXX	XX	XX	XX					
7. 2019 .....	XXX	XXX	XX	XXX	XXX					
8. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)**  
**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....	XX.....							
5. 2017.....	XXX.....	XXX.....	XX.....	XX.....						
6. 2018.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2019.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....	XX.....							
5. 2017.....	XXX.....	XXX.....	XX.....	XX.....						
6. 2018.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2019.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

**SECTION 6**

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....	XX.....							
5. 2017.....	XXX.....	XXX.....	XX.....	XX.....						
6. 2018.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2019.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

**SECTION 7**

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX.....									
4. 2016.....	XXX.....	XXX.....	XX.....							
5. 2017.....	XXX.....	XXX.....	XX.....	XX.....						
6. 2018.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2019.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ 0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ X ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ X ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ X ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....	0	0
1.602 2014 .....	0	0
1.603 2015 .....	0	0
1.604 2016 .....	0	0
1.605 2017 .....	0	0
1.606 2018 .....	0	0
1.607 2019 .....	0	0
1.608 2020.....	0	0
1.609 2021.....	0	0
1.610 2022.....	0	0
1.611 2023.....	0	0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other" ) reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]

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

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

5. What were the net premiums in force at the end of the year for:  
(in thousands of dollars)
- 5.1 Fidelity ..... 0
- 5.2 Surety ..... 0
6. Claim count information is reported per claim or per claimant (Indicate which). ..... per claimant.....  
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ ] No [ X ]
- 7.2 (An extended statement may be attached.)

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama .....	AL	0	0	0	0	0	0
2. Alaska .....	AK	0	0	0	0	0	0
3. Arizona .....	AZ	0	0	0	0	0	0
4. Arkansas .....	AR	0	0	0	0	0	0
5. California .....	CA	0	0	0	0	0	0
6. Colorado .....	CO	0	0	0	0	0	0
7. Connecticut .....	CT	0	0	0	0	0	0
8. Delaware .....	DE	0	0	0	0	0	0
9. District of Columbia .....	DC	0	0	0	0	0	0
10. Florida .....	FL	0	0	0	0	0	0
11. Georgia .....	GA	0	0	0	0	0	0
12. Hawaii .....	HI	0	0	0	0	0	0
13. Idaho .....	ID	0	0	0	0	0	0
14. Illinois .....	IL	0	0	0	0	0	0
15. Indiana .....	IN	0	0	0	0	0	0
16. Iowa .....	IA	0	0	0	0	0	0
17. Kansas .....	KS	0	0	0	0	0	0
18. Kentucky .....	KY	0	0	0	0	0	0
19. Louisiana .....	LA	0	0	0	0	0	0
20. Maine .....	ME	0	0	0	0	0	0
21. Maryland .....	MD	0	0	0	0	0	0
22. Massachusetts .....	MA	0	0	0	0	0	0
23. Michigan .....	MI	0	0	0	0	0	0
24. Minnesota .....	MN	0	0	0	0	0	0
25. Mississippi .....	MS	0	0	0	0	0	0
26. Missouri .....	MO	0	0	0	0	0	0
27. Montana .....	MT	0	0	0	0	0	0
28. Nebraska .....	NE	0	0	0	0	0	0
29. Nevada .....	NV	0	0	0	0	0	0
30. New Hampshire .....	NH	0	0	0	0	0	0
31. New Jersey .....	NJ	0	0	0	0	0	0
32. New Mexico .....	NM	0	0	0	0	0	0
33. New York .....	NY	0	0	0	0	0	0
34. North Carolina .....	NC	0	0	0	0	0	0
35. North Dakota .....	ND	0	0	0	0	0	0
36. Ohio .....	OH	0	0	0	0	0	0
37. Oklahoma .....	OK	0	0	0	0	0	0
38. Oregon .....	OR	0	0	0	0	0	0
39. Pennsylvania .....	PA	0	0	0	0	0	0
40. Rhode Island .....	RI	0	0	0	0	0	0
41. South Carolina .....	SC	0	0	0	0	0	0
42. South Dakota .....	SD	0	0	0	0	0	0
43. Tennessee .....	TN	0	0	0	0	0	0
44. Texas .....	TX	0	0	0	0	0	0
45. Utah .....	UT	0	0	0	0	0	0
46. Vermont .....	VT	0	0	0	0	0	0
47. Virginia .....	VA	0	0	0	0	0	0
48. Washington .....	WA	0	0	0	0	0	0
49. West Virginia .....	WV	0	0	0	0	0	0
50. Wisconsin .....	WI	0	0	0	0	0	0
51. Wyoming .....	WY	0	0	0	0	0	0
52. American Samoa .....	AS	0	0	0	0	0	0
53. Guam .....	GU	0	0	0	0	0	0
54. Puerto Rico .....	PR	0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	0	0	0	0	0	0
57. Canada .....	CAN	0	0	0	0	0	0
58. Aggregate Other Alien .....	OT	0	0	0	0	0	0
59. Total .....		0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000		00000	31-1544320	0	0001042046	NYSE	American Financial Group, Inc. ....	.OH....	.UIP....		Ownership.....	0.000		NO	0
.0000		00000	86-3438529	0	0		AFG Real Estate Holding Company, LLC .....	.OH....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	84-4395026	0	0		Bay Bridge Holding Company, LLC .....	.MD....	.NIA....	AFG Real Estate Holding Company, LLC .....	Ownership.....	65.000	American Financial Group, Inc. ....	NO	1
.0000		00000	84-4395026	0	0		Bay Bridge Holding Company, LLC .....	.MD....	.NIA....	Great American Insurance Company .....	Ownership.....	35.000	American Financial Group, Inc. ....	NO	1
.0000		00000	27-4078277	0	0			.MD....	.NIA....	Bay Bridge Holding Company, LLC .....	Ownership.....	.85.000	American Financial Group, Inc. ....	NO	0
.0000		00000	27-0513333	0	0		Bay Bridge Marina Management, LLC .....	.MD....	.NIA....	Bay Bridge Holding Company, LLC .....	Ownership.....	.85.000	American Financial Group, Inc. ....	NO	0
.0000		00000	20-4604276	0	0		GALIC - Bay Bridge Marina, LLC .....	.MD....	.NIA....	Bay Bridge Marina Management, LLC .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	84-3355051	0	0		Charleston Harbor Holding Company, LLC .....	.SC....	.NIA....	AFG Real Estate Holding Company, LLC .....	Ownership.....	.50.000	American Financial Group, Inc. ....	NO	1
.0000		00000	84-3355051	0	0		Charleston Harbor Holding Company, LLC .....	.SC....	.NIA....	Great American Insurance Company .....	Ownership.....	.50.000	American Financial Group, Inc. ....	NO	1
.0000		00000	81-3737639	0	0		Charleston Harbor Fishing, LLC .....	.SC....	.NIA....	Charleston Harbor Holding Company, LLC .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	84-4574243	0	0		Mountain View Grand Holding Company, LLC .....	.NH....	.NIA....	AFG Real Estate Holding Company, LLC .....	Ownership.....	.65.000	American Financial Group, Inc. ....	NO	1
.0000		00000	84-4574243	0	0		Mountain View Grand Holding Company, LLC .....	.NH....	.NIA....	Great American Insurance Company .....	Ownership.....	.35.000	American Financial Group, Inc. ....	NO	1
.0000		00000	86-3225970	0	0		Sailfish Holding Company, LLC .....	.FL....	.NIA....	AFG Real Estate Holding Company, LLC .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	84-2654660	0	0		Skipjack Holding Company, LLC .....	.MD....	.NIA....	AFG Real Estate Holding Company, LLC .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	52-2179330	0	0		Skipjack Marina Corp. ....	.MD....	.NIA....	Skipjack Holding Company, LLC .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-0996797	0	0		American Financial Enterprises, Inc. ....	.CT....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-0828578	0	0		American Money Management Corporation .....	.OH....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	27-1577326	0	0		American Real Estate Capital Company, LLC .....	.OH....	.NIA....	American Money Management Corporation .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	27-2829629	0	0		Mid-Market Capital Partners, LLC .....	.DE....	.NIA....	American Money Management Corporation .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	41-2112001	0	0		APU Holding Company .....	.OH....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	23-6000765	0	0		American Premier Underwriters, Inc. ....	.PA....	.NIA....	APU Holding Company .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	13-6400464	0	0		Lehigh Valley Railroad Company .....	.PA....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	46-1665396	0	0		Pennsylvania Lehigh Oil & Gas Holdings LLC .....	.PA....	.NIA....	Lehigh Valley Railroad Company .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	20-1548213	0	0		Magnolia Alabama Holdings, Inc. ....	.DE....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	20-1574094	0	0		Magnolia Alabama Holdings LLC .....	.AL....	.NIA....	Magnolia Alabama Holdings, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	46-1852532	0	0		Michigan Oil & Gas Holdings, LLC .....	.MI....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	46-1480078	0	0		Ohio Oil & Gas Holdings, LLC .....	.OH....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	13-6021353	0	0		The Owasco River Railway, Inc. ....	.NY....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	76-0080537	0	0		PCC Technical Industries, Inc. ....	.DE....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	46-3246684	0	0		Pennsylvania Oil & Gas Holdings, LLC .....	.PA....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	23-6000766	0	0		Pennsylvania-Reading Seashore Lines .....	.NJ....	.NIA....	American Premier Underwriters, Inc. ....	Ownership.....	.66.670	American Financial Group, Inc. ....	NO	0
.0000		00000	98-1073776	0	0		GAI Insurance Company, Ltd. ....	.BMU....	.IA....	APU Holding Company .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-1446308	0	0		Hangar Acquisition Corp. ....	.OH....	.NIA....	APU Holding Company .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	91-1242743	0	0		Premier Lease & Loan Services Insurance Agency, Inc. ....	.WA....	.NIA....	APU Holding Company .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	91-1508644	0	0		Premier Lease & Loan Services of Canada, Inc. ....	.WA....	.NIA....	APU Holding Company .....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-0823725	0	0		Dixie Terminal Corporation .....	.OH....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	06-1356481	0	0		Great American Financial Resources, Inc. ....	.DE....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	34-1017531	0	0		Ceres Group, Inc. ....	.DE....	.NIA....	Great American Financial Resources, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	47-0717079	0	0		Continental General Corporation .....	.NE....	.NIA....	Ceres Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	34-1947042	0	0		QQAgency of Texas, Inc. ....	.TX....	.NIA....	Ceres Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	20-1246122	0	0		Brothers Management, LLC .....	.FL....	.NIA....	Great American Financial Resources, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-1391777	0	0		GALIC Brothers, Inc. ....	.OH....	.NIA....	Great American Financial Resources, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-0686194	0	0		Helium Holdings Limited .....	.BMU....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-1119320	0	0		One East Fourth, Inc. ....	.OH....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-0728327	0	0		TEJ Holdings, Inc. ....	.OH....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0
.0000		00000	31-1119320	0	0		Three East Fourth, Inc. ....	.OH....	.NIA....	American Financial Group, Inc. ....	Ownership.....	100.000	American Financial Group, Inc. ....	NO	0

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000		00000	81-4361220	0	0	Verikai Inc.		.DE.	.NIA.	American Financial Group, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	42-1575938	0	0	Great American Holding, Inc.		.OH.	.UIP.	American Financial Group, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	80-0333563	0	0	ABA Insurance Services, Inc.		.OH.	.NIA.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	27-3062314	0	0	Agricultural Services, LLC		.OH.	.NIA.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	39-1404033	0	0	Farmers Crop Insurance Alliance, Inc.		.KS.	.NIA.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	37-1122370	0	0	Crop Risk Services		.IL.	.NIA.	Farmers Crop Insurance Alliance, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	10646	36-4079497	0	0	Great American Contemporary Insurance Company		.OH.	.IA.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	10701	59-1835212	0	0	Bridgefield Employers Insurance Company		.FL.	.IA.	Great American Contemporary Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	10335	59-3269531	0	0	Bridgefield Casualty Insurance Company		.FL.	.IA.	Bridgefield Employers Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	16618	83-1694393	0	0	Bridgefield Indemnity Insurance Company		.OH.	.IA.	Bridgefield Employers Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	22179	95-2801326	0	0	Republic Indemnity Company of America		.CA.	.IA.	Great American Contemporary Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	43753	31-1054123	0	0	Republic Indemnity Company of California		.CA.	.IA.	Republic Indemnity Company of America	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000		0	0	Great American Holding (Europe) Limited		.GBR.	.NIA.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000		0	0	Great American Europe Limited		.GBR.	.NIA.	Great American Holding (Europe) Limited	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	AA-1784136	0	0	Great American International Insurance (EU)		.IRL.	.IA.	Great American Europe Limited	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	AA-1120817	0	0	Designated Activity Company		.IRL.	.IA.	Great American Europe Limited	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	73-0556513	0	0	Great American International Insurance (UK) Limited		.GBR.	.IA.	Great American Europe Limited	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	23418	73-0556513	0	0	Mid-Continent Casualty Company		.OH.	.IA.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	15380	73-1406844	0	0	Mid-Continent Assurance Company		.OH.	.IA.	Mid-Continent Casualty Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	13794	38-3803661	0	0	Mid-Continent Excess and Surplus Insurance Company		.OH.	.IA.	Mid-Continent Casualty Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	30-0571535	0	0	Mid-Continent Specialty Insurance Services, Inc.		.OK.	.NIA.	Mid-Continent Casualty Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	23426	73-0773259	0	0	Oklahoma Surety Company		.OH.	.IA.	Mid-Continent Casualty Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	34-1607394	0	0	National Interstate Corporation		.OH.	.UIP.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	34-1899058	0	0	American Highways Insurance Agency, Inc.		.OH.	.NIA.	National Interstate Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-1548235	0	0	Explorer RV Insurance Agency, Inc.		.OH.	.NIA.	National Interstate Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	98-0191335	0	0	Hudson Indemnity, Ltd.		.CVM.	.IA.	National Interstate Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	34-1607396	0	0	National Interstate Insurance Agency, Inc.		.OH.	.NIA.	National Interstate Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	36-4670968	0	0	Commercial For Hire Transportation Purchasing Group		.SC.	.NIA.	National Interstate Insurance Agency, Inc.	Management.	0.00	American Financial Group, Inc.	NO	2
.0084	American Financial Group, Inc.	32620	34-1607395	0	0	National Interstate Insurance Company		.OH.	.UDP.	National Interstate Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	11051	99-0345306	0	0	National Interstate Insurance Company of Hawaii, Inc.		.OH.	.RE.	National Interstate Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	43-1254631	0	0	TransProtection Service Company		.MO.	.NIA.	National Interstate Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	41106	95-3623282	0	0	Triumphant Casualty Company		.OH.	.IA.	National Interstate Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	21172	86-0114294	0	0	Vanliner Insurance Company		.OH.	.IA.	National Interstate Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	20-5546054	0	0	Safety Claims & Litigation Services, LLC		.MT.	.NIA.	National Interstate Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	46-4570914	0	0	Safety, Claims and Litigation Services, LLC		.OH.	.NIA.	National Interstate Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	87-1038842	0	0	Radion Insurance Holdings, LLC		.DE.	.NIA.	Great American Holding, Inc.	Ownership.	32.00	American Financial Group, Inc.	NO	0
.0000		00000	87-1053786	0	0	Radion Health, Inc.		.DE.	.NIA.	Radion Insurance Holdings, LLC	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000		0	0	Radion Re, Inc.		.CVM.	.NIA.	Radion Insurance Holdings, LLC	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	59-1683711	0	0	Summit Consulting, LLC		.FL.	.NIA.	Great American Holding, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	59-3385208	0	0	Heritage Summit Healthcare, LLC		.FL.	.NIA.	Summit Consulting, LLC	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	16691	31-0501234	0	0	Great American Insurance Company		.OH.	.IA.	American Financial Group, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	37990	31-0973761	0	0	American Empire Insurance Company		.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Rela- tionship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
.0000		00000	31-1463075	0	0		American Signature Underwriters, Inc.	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	59-2840291	0	0		Brothers Property Corporation	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	59-2840294	0	0		Brothers Property Management Corporation	.OH.	.NIA.	Brothers Property Corporation	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-1277904	0	0		Crop Managers Insurance Agency, Inc.	.KS.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	83-1767590	0	0		CropSurance Agency, LLC	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-0589001	0	0		Dempsey & Siders Agency, Inc.	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	84-2358400	0	0		Human and Social Services Risk Purchasing Group, LLC	.OH.	.NIA.	Dempsey & Siders Agency, Inc.	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-1341668	0	0		Eden Park Insurance Brokers, Inc.	.CA.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000					El Águila, Compañía de Seguros, S.A. de C.V.	.MEX.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	YES	0
.0000		00000					Foreign Credit Insurance Association	.NY.	.OTH.	Great American Insurance Company	Management.	0.00	American Financial Group, Inc.	NO	2
.0000		00000	81-0814136	0	0		GAI Mexico Holdings, LLC	.DE.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-1753938	0	0		GAI Warranty Company	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-1765544	0	0		GAI Warranty Company of Florida	.FL.	.NIA.	GAI Warranty Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	61-1329718	0	0		Global Premier Finance Company	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	26832	95-1542353	0	0		Great American Alliance Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	26344	15-6020948	0	0		Great American Assurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	39896	61-0983091	0	0		Great American Casualty Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	37532	31-0954439	0	0		Great American E & S Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	41858	31-1036473	0	0		Great American Fidelity Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-1652643	0	0		Great American Insurance Agency, Inc.	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	22136	13-5539046	0	0		Great American Insurance Company of New York	.NY.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-0856644	0	0		Great American Management Services, Inc.	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	38580	31-1288778	0	0		Great American Protection Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-0918893	0	0		Great American Re Inc.	.DE.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	35351	31-0912199	0	0		Great American Risk Solutions Surplus Lines Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	31135	31-1209419	0	0		Great American Security Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0084	American Financial Group, Inc.	33723	31-1237970	0	0		Great American Spirit Insurance Company	.OH.	.IA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	31-1293064	0	0		Professional Risk Brokers, Inc.	.IL.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000					Shelter Rock Holdings, LLC	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000	88-1379846	0	0		Trusted Coverage Professionals Agency, LLC	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0
.0000		00000					Westline Industrial, LLC	.OH.	.NIA.	Great American Insurance Company	Ownership.	100.00	American Financial Group, Inc.	NO	0

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

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
....00000	31-1544320	American Financial Group, Inc.	743,957,114	0	0	0	138,239,754	0	*	0	882,194,105	0
....00000	41-2112001	APU Holding Company	4,000,000	0	0	0	0	0	*	0	4,000,000	0
....10335	59-3269531	Bridgefield Casualty Insurance Company	0	0	0	0	0	0	*	0	0	(5,262,000)
....10701	59-1835212	Bridgefield Employers Insurance Company	0	10,957,114	0	0	0	0	*	0	10,954,351	0
....00000		El Aguila, Compañía de Seguros, S.A. de C.V.	0	4,000,000	0	0	0	0	*	0	4,000,000	0
....00000	98-1073776	GAI Insurance Company, Ltd.	(4,000,000)	0	0	0	0	0	*	0	(4,000,000)	(4,819,000)
....31-1765544		GAI Warranty Company of Florida	0	0	0	0	0	0	*	0	0	27,000
....00000	61-1329718	Global Premier Finance Company	(1,200,000)	0	0	0	0	0	*	0	(1,200,000)	0
....10646	36-4079497	Great American Contemporary Insurance Company	(80,000,000)	0	0	0	0	0	*	0	(80,000,000)	1,227,000
....00000	42-1575938	Great American Holding, Inc.	130,024,544	(10,957,114)	0	0	0	0	*	0	119,070,193	0
....16691	31-0501234	Great American Insurance Company	(722,781,658)	(4,000,000)	0	0	(138,239,754)	0	*	0	(865,018,649)	(51,494,000)
....00000		Great American International Insurance (EU) Designated Activity Company	0	0	0	0	0	0	*	0	0	45,304,000
....00000		Great American International Insurance (UK) Limited	0	0	0	0	0	0	*	0	0	26,459,000
....00000	98-0191335	Hudson Indemnity, Ltd.	0	0	0	0	0	0	*	0	0	(463,010,000)
....23418	73-0556513	Mid-Continent Casualty Company	(50,000,000)	0	0	0	0	0	*	0	(50,000,000)	(9,175,000)
....00000	34-1607394	National Interstate Corporation	40,000,000	0	0	0	0	0	*	0	40,000,000	0
....32620	34-1607395	National Interstate Insurance Company	(40,000,000)	0	0	0	0	0	*	0	(40,000,000)	305,046,000
....11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.	0	0	0	0	0	0	*	0	0	14,390,000
....00000	31-1293064	Professional Risk Brokers, Inc.	(20,000,000)	0	0	0	0	0	*	0	(20,000,000)	0
....22179	95-2801326	Republic Indemnity Company of America	0	0	0	0	0	0	*	0	0	(33,433,000)
....41106	95-3623282	Triumphe Casualty Company	0	0	0	0	0	0	*	0	0	34,844,000
....21172	86-0114294	Vanliner Insurance Company	0	0	0	0	0	0	*	0	0	128,236,000
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0
												(11,660,000)

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

## SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 5 Over Column 6 (Yes/No)	8 Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No)
American Empire Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Bridgefield Casualty Insurance Company .....	Bridgefield Employers Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Bridgefield Employers Insurance Company .....	Great American Contemporary Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Bridgefield Indemnity Insurance Company .....	Bridgefield Employers Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Alliance Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Assurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Casualty Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Contemporary Insurance Company .....	Great American Holding, Inc. .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American E&S Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Fidelity Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Insurance Company of New York .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Protection Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Risk Solutions Surplus Lines Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Security Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Great American Spirit Insurance Company .....	Great American Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Mid-Continent Assurance Company .....	Mid-Continent Casualty Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Mid-Continent Casualty Company .....	Great American Holding, Inc. .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Mid-Continent Excess and Surplus Insurance Company .....	Mid-Continent Casualty Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
National Interstate Insurance Company .....	National Interstate Corporation .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
National Interstate Insurance Company of Hawaii, Inc. .....	National Interstate Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Oklahoma Surety Company .....	Mid-Continent Casualty Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Republic Indemnity Company of America .....	Great American Contemporary Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Republic Indemnity Company of California .....	Republic Indemnity Company of America .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Triumphé Casualty Company .....	National Interstate Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....
Vanliner Insurance Company .....	National Interstate Insurance Company .....	100.000	.....NO.....	American Financial Group, Inc. .....	N/A .....	.....0.000	.....NO.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

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

**MARCH FILING**

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

**APRIL FILING**

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

**MAY FILING**

8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
9. Will an audited financial report be filed by June 1? .....	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

**JUNE FILING**

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

**SUPPLEMENTAL FILINGS**

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

**MARCH FILING**

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

**APRIL FILING**

30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? .....	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	NO
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO

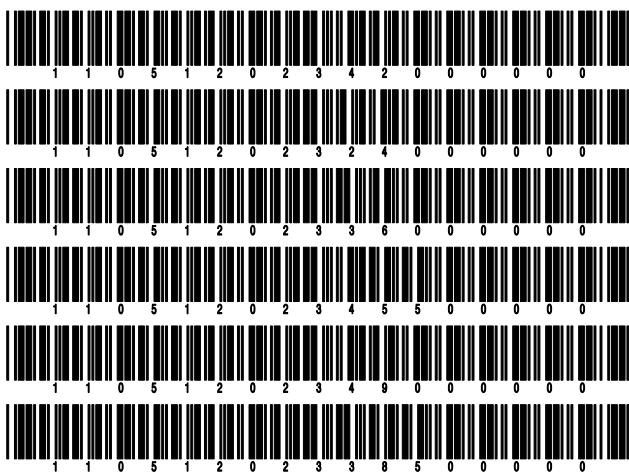
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
--	-----

**Explanations:**

11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.
35. The data for this supplement is not required to be filed.
36. The data for this supplement is not required to be filed.
37. The data for this supplement is not required to be filed.

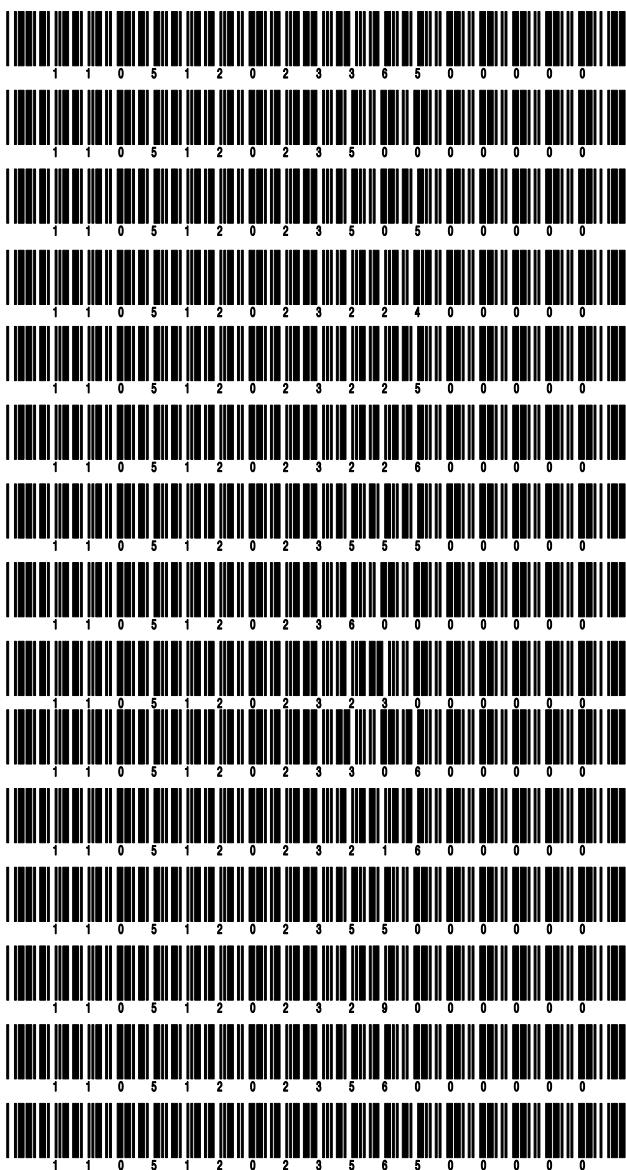
**Bar Codes:**

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



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 18. Medicare Part D Coverage Supplement [Document Identifier 365]
- 22. Bail Bond Supplement [Document Identifier 500]
- 23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]
- 29. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]
- 30. Credit Insurance Experience Exhibit [Document Identifier 230]
- 31. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]
- 34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- 35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]
- 36. Private Flood Insurance Supplement [Document Identifier 560]
- 37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII,  
INC.

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Prepaid expenses .....	0	0	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 24

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Other Expenses .....	14,468	397,138	0	411,605
2497. Summary of remaining write-ins for Line 24 from overflow page	14,468	397,138	0	411,605



1 1 0 5 1 2 0 2 3 4 0 1 0 0 1 0 0  
SUPPLEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF  
HAWAII, INC.

**REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)**

For The Year Ended December 31, 2023

Year Ended December  
To Be Filed by March 1

### (A) Financial Impact

(4) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets .....	77,641,046	(3,480,170)	81,121,216
A02. Liabilities .....	58,769,933	651,297	58,118,636
A03. Surplus as regards to policyholders .....	18,871,113	(4,131,467)	23,002,580
A04. Income before taxes .....	2,538,722	753,467	1,785,255

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives
1. National Interstate Insurance Company of Hawaii (NIHI) and Hudson Indemnity, Ltd., (Hudson) a Cayman Island insurer, both wholly-owned subsidiaries of National Interstate Corporation, are parties to multiple reinsurance contracts reportable under 9.1(c) in connection with National Interstate's group captive insurance programs, which contracts have substantially similar terms and conditions including an aggregate stop loss feature. In addition NIHI, with its affiliates, account for fifty percent or more of the entire direct and assumed premium written by Hudson, as reportable under 9.2(a). .....	1. Each reinsurance agreement is an integral component of the rental captive program structure. National Interstate Insurance Company of Hawaii issues policies and cedes a portion of the risk to Hudson Indemnity, which shares risk with the captive participants. .....
2. National Interstate Insurance Company of Hawaii (NIHI) and TRAX Insurance Ltd., an unaffiliated reinsurer, are parties to a reinsurance contract relating to the TRAX member-owned captive insurance program, which contract is reportable under 9.1(c) as it contains an aggregate stop loss feature. .....	2, 3, 4 & 5. These reinsurance agreements are an integral component of the member-owned captive program structure. NIHI issues policies and cedes a portion of the risk to TRAX Insurance Ltd, Wheels Insurance Ltd, Gibraltar Insurance Ltd. and Dean Transportation which shares risk with the captive participants. .....
3. National Interstate Insurance Company of Hawaii (NIHI) and Wheels Insurance Ltd., an unaffiliated reinsurer, are parties to a reinsurance contract relating to the Wheels member-owned captive insurance program, which contract is reportable under 9.1(c) as it contains an aggregate stop loss feature. .....	.....
4. National Interstate Insurance Company of Hawaii (NIHI) and Gibraltar Insurance Ltd., an unaffiliated reinsurer, are parties to a reinsurance contract relating to the Gibraltar member-owned captive insurance program, which contract is reportable under 9.1(c) as it contains an aggregate stop loss feature. .....	.....
5. National Interstate Insurance Company of Hawaii (NIHI) and Dean Transportation, an unaffiliated reinsurer, are parties to a reinsurance contract relating to the Dean Transportation member-owned captive insurance program, which contract is reportable under 9.1(c) as it contains an aggregate stop loss feature. .....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.



SUPPLEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.

## EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

NAIC Group Code 0084

NAIC Company Code 11051

	Direct Business Only			
	Prior Year		Current Year	
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1. Completed operations .....	95,379	113,446	800	50,001
2. Errors & omissions (E&O) .....	0	0	0	0
3. Directors & officers (D&O) .....	0	0	0	0
4. Environmental liability .....	0	0	0	0
5. Excess workers' compensation .....	0	0	0	0
6. Commercial excess & umbrella .....	140,070	205,123	0	0
7. Personal umbrella .....	0	0	0	0
8. Employment liability .....	14,994	12,891	0	0
9. Aggregate write-ins for facilities & premises (CGL) .....	3,592,775	3,229,476	(122,181)	115,801
10. Internet & cyber liability .....	0	0	0	0
11. Aggregate write-ins for other .....	1,906,909	2,042,250	17,804,023	1,533,002
12. Total ASL 17 - other liability (sum of Lines 1 through 11)	5,750,127	5,603,186	17,682,642	1,698,804
<b>DETAILS OF WRITE-INS</b>				
0901. CSL PREMISES/OPERATIONS .....	3,592,775	3,229,476	(122,181)	115,801
0902. .....				
0903. .....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	3,592,775	3,229,476	(122,181)	115,801
1101. Ambulance Professional Liability .....	166,126	179,770	0	33,000
1102. Ambulance Professional Liability - Claims Made .....	35,653	10,550	0	0
1103. AUTO BODILY INJURY/PROPERTY DAMAGE, CSL .....	1,494,506	1,593,004	17,804,023	1,500,000
1198. Summary of remaining write-ins for Line 11 from overflow page .....	210,624	258,926	0	2
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	1,906,909	2,042,250	17,804,023	1,533,002

SUPPLEMENT FOR THE YEAR 2023 OF THE NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII, INC.  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Exhibit of Other Liabilities by Lines of Business Line11

	Direct Business Only			
	Prior Year		Current Year	
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1104. DAMAGE TO PREMISES RENTED TO YOU .....	52,337	67,952	0	0
1105. EMPLOYER LIABILITY EXCESS .....	500	400	0	0
1106. GL PROTECTION PLUS .....	2,400	2,800	0	0
1107. GL TERRORISM COVERAGE .....	0	0	0	1
1108. Increased Damage to Premises Rented to You .....	198	202	0	0
1109. MEDICAL PAYMENTS .....	89,013	112,944	0	0
1110. MINIMUM PREMIUM .....	1,083	894	0	0
1111. PERSONAL & ADVERTISING INJURY LIABILITY .....	26,321	35,113	0	0
1112. RIGGERS LIABILITY-GL .....	3,972	2,663	0	0
1113. SEXUAL ABUSE & MOLESTATION .....	33,050	35,558	0	1
1114. Waiver of Subrogation .....	1,750	400	0	0
1197. Summary of remaining write-ins for Line 11 from overflow page	210,624	258,926	0	2