



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE

Westfield Select Insurance Company

NAIC Group Code02280228NAIC Company Code17105Employer's ID Number86-3786390  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH  
Country of DomicileUnited States of America

Incorporated/Organized06/21/2021Commenced Business09/21/2021

Statutory Home OfficeOne Park CircleWestfield Center, OH, US 44251-5001  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative OfficeOne Park Circle  
(Street and Number)  
Westfield Center, OH, US 44251-5001330-887-0101  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP. O. Box 5001Westfield Center, OH, US 44251-5001  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and RecordsOne Park Circle  
(Street and Number)  
Westfield Center, OH, US 44251-5001330-887-0101  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.westfieldgrp.com

Statutory Statement ContactMichelle Lynne Manzagol330-887-6099  
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(E-mail Address)(FAX Number)

OFFICERS

President, CEO, and BoardChairEdward James Largent III  
Special Counsel and SecretaryFrank Anthony Carrino

Chief Operating Officer and TreasurerJoseph Christian Kohmann

OTHER

Kathleen Rose Golovan, Chief Administrative OfficerJohn Andrew Kuhn, President, Westfield SpecialtyKristine Lynn Neate, Chief of Staff  
Jennifer Constantine Palmieri, Chief People OfficerStuart Wayne Rosenberg, President, Standard LinesRobert John Looney #, Chief Financial Officer

DIRECTORS OR TRUSTEES

Barbara Marie BufkinDavid Preston HollanderMichael Tufts Jeans  
John Patrick Lanigan JrEdward James Largent IIICraig David Pfeiffer  
Billie Kay RawotJohn Lewis WatsonMary Kim Elkins #  
Gregory Robert Galeaz #

State ofOhioSS  
County ofMedina

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.

Edward James Largent IIIFrank Anthony CarrinoJoseph Christian Kohmann  
President, CEO, and Board ChairSpecial Counsel and SecretaryChief Operating Officer and Treasurer

Subscribed and sworn to before me thisa. Is this an original filing? ..... Yes [ X ] No [ ]  
15th day of February, 2025b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 17105

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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	2	2	0	(135)	8,538
17.2	Other Liability - Claims-Made .....	249,500	160,555	0	130,612	0	84,682	95,581	3	5,102	5,884	31,806	12,583
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) .....	249,500	160,555	0	130,612	0	84,682	95,581	5	5,104	5,884	31,671	21,121
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228		BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2024								NAIC Company Code 17105	
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	1,186
17.2	Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	2,122
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	3,308
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	2	2	(208)	1,789	0
17.2 Other Liability - Claims-Made .....	157,044	178,680	0	150,538	0	62,652	124,954	3	3,768	7,044	25,016	2,574
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) .....	157,044	178,680	0	150,538	0	62,652	124,954	5	3,770	7,044	24,808	4,363
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	5	5	(207)	5,653	5,653
17.2	Other Liability - Claims-Made .....	379,055	219,099	0	193,972	0	129,509	154,681	56,935	7,493	8,811	56,935	8,134
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) .....	379,055	219,099	0	193,972	0	129,509	154,681	12	7,498	8,811	56,728	13,787
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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 .....	486,984	300,096	0	485,650	0	103,201	140,757	23	6,301	8,256	83,797	23,270
17.2 Other Liability - Claims-Made .....	1,874,615	1,111,944	0	1,163,999	0	616,665	827,595	33	36,547	47,793	208,505	33,557
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) .....	2,361,599	1,412,040	0	1,649,649	0	719,866	968,352	56	42,848	56,049	292,302	56,826
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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 .....	1,623,584	511,301	0	1,112,283	0	563,856	563,856	11	31,266	31,255	(335)	13,747
17.3 Excess Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	19,889
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) .....	1,623,584	511,301	0	1,112,283	0	563,856	563,856	19	31,274	31,255	172,370	33,636
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	13	13	(922)	14,680	14,680
17.2 Other Liability - Claims-Made .....	1,147,320	939,445	0	521,343	0	372,368	561,880	19	21,682	31,637	113,591	21,124
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) .....	1,147,320	939,445	0	521,343	0	372,368	561,880	32	21,695	31,637	112,669	35,804
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 17105

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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	8	8	(463)	8,908	8,908
17.2	Other Liability - Claims-Made .....	855,651	520,241	0	408,690	0	290,972	337,044	11	16,018	18,964	77,056	12,819
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) .....	855,651	520,241	0	408,690	0	290,972	337,044	19	16,026	18,964	76,593	21,727
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	1,958
17.2 Other Liability - Claims-Made .....	787,437	111,477	0	675,960	0	182,476	182,476	0	8,443	8,443	189,599	5,379
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) .....	787,437	111,477	0	675,960	0	182,476	182,476	0	8,443	8,443	189,599	7,337
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 17105

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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	1	1	0	(34)	6,800
17.2	Other Liability - Claims-Made .....	199,747	86,024	0	113,723	0	55,451	55,451	2	2,704	2,702	41,038	9,838
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) .....	199,747	86,024	0	113,723	0	55,451	55,451	3	2,705	2,702	41,004	16,638
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	4	4	(336)	0	7,273
17.2 Other Liability - Claims-Made .....	360,000	314,794	0	45,206	0	117,863	117,863	6	7,393	7,387	56,267	10,466
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) .....	360,000	314,794	0	45,206	0	117,863	117,863	10	7,397	7,387	55,931	17,738
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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 .....	(210,000)	(150,706)	0	0	0	(860)	25,466	33	355	1,708	(38,761)	19,175
17.2 Other Liability - Claims-Made .....	3,293,207	1,965,233	0	1,896,964	0	1,126,576	1,380,815	47	65,827	80,916	347,482	27,595
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) .....	3,083,207	1,814,527	0	1,896,964	0	1,125,716	1,406,281	80	66,182	82,624	308,721	46,770
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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 .....	30,000	25,151	0	4,849	0	6,941	6,941	6	393	387	4,697	5,288
17.2 Other Liability - Claims-Made .....	579,493	476,362	0	277,473	0	183,439	255,569	9	10,173	14,088	59,978	7,609
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) .....	609,493	501,513	0	282,322	0	190,380	262,510	15	10,566	14,475	64,675	12,897
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 17105

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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	1,184
17.2	Other Liability - Claims-Made .....	12,353	9,645	0	2,708	0	4,914	4,914	0	221	221	2,285	2,125
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) .....	12,353	9,645	0	2,708	0	4,914	4,914	0	221	221	2,285	3,309
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	130
17.2	Other Liability - Claims-Made .....	5,646	495	0	5,151	0	655	655	0	29	29	1,609	370
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) .....	5,646	495	0	5,151	0	655	655	0	29	29	1,609	500
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	1,480
17.2	Other Liability - Claims-Made .....	185,542	48,934	0	136,608	0	21,519	21,519	0	968	968	52,879	4,436
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) .....	185,542	48,934	0	136,608	0	21,519	21,519	0	968	968	52,879	5,896
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	1,972
17.2 Other Liability - Claims-Made .....	182,680	56,115	0	126,565	0	73,003	73,003	0	3,282	3,282	33,796	6,694
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) .....	182,680	56,115	0	126,565	0	73,003	73,003	0	3,282	3,282	33,796	8,666
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	97
17.2 Other Liability - Claims-Made .....	14,747	2,922	0	11,825	0	1,722	1,722	0	82	82	4,237	315
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) .....	14,747	2,922	0	11,825	0	1,722	1,722	0	82	82	4,237	412
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	2	2	0	(144)	6,508	0
17.2	Other Liability - Claims-Made .....	414,370	297,253	0	117,117	0	110,256	110,256	37,266	6,322	6,319	37,266	9,365
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) .....	414,370	297,253	0	117,117	0	110,256	110,256	5	6,324	6,319	37,122	15,874
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	306,630	172,056	0	194,171	0	68,971	76,806	66	4,019	4,366	42,442	83,718
17.2	Other Liability - Claims-Made .....	7,365,456	4,990,023	0	5,019,058	95	2,444,451	3,510,372	95	146,647	206,492	673,726	121,573
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) .....	7,672,086	5,162,079	0	5,213,229	0	2,513,422	3,587,178	161	150,666	210,858	716,168	205,291
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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 .....	209,029	144,673	0	148,509	0	44,664	59,332	7	2,703	3,468	35,396	6,060
17.2 Other Liability - Claims-Made .....	570,009	542,392	0	350,706	0	191,127	318,983	10	11,674	18,598	71,235	8,868
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) .....	779,038	687,065	0	499,215	0	235,791	378,315	17	14,377	22,066	106,631	14,928
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2024

NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	2	2	0	(47)	1,728
17.2	Other Liability - Claims-Made .....	164,584	61,090	0	103,494	0	47,133	47,133	2	2,846	2,844	29,963	4,016
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) .....	164,584	61,090	0	103,494	0	47,133	47,133	4	2,848	2,844	29,916	5,744
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	3,050
17.2	Other Liability - Claims-Made .....	12,981	9,425	0	3,556	0	5,163	5,163	0	232	232	2,401	4,390
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) .....	12,981	9,425	0	3,556	0	5,163	5,163	0	232	232	2,401	7,440
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	931
17.2 Other Liability - Claims-Made .....	26,463	33,956	0	3,507	0	10,023	13,783	0	399	597	4,896	2,662
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) .....	26,463	33,956	0	3,507	0	10,023	13,783	0	399	597	4,896	3,594
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	831
17.2	Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	1,196
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	2,027
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	70, 112	53, 185	0	52, 075	0	24, 256	40, 366	1	1, 351	2, 197	(51)	934
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) .....	70, 112	53, 185	0	52, 075	0	24, 256	40, 366	2	1, 351	2, 197	3, 966	2, 278
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	(1)	.916
17.2 Other Liability - Claims-Made .....	5,207	1,564	0	3,643	0	2,071	2,071	0	93	93	.909	2,583
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) .....	5,207	1,564	0	3,643	0	2,071	2,071	0	93	93	908	3,499
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	(40)	737
17.2 Other Liability - Claims-Made .....	39,177	37,750	0	30,542	0	13,643	22,224	1	779	1,375	7,071	1,060
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) .....	39,177	37,750	0	30,542	0	13,643	22,224	1	779	1,375	7,031	1,797
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	159,500	105,562	0	81,971	0	35,956	39,717	38	2,095	2,255	25,240	42,567
17.2	Other Liability - Claims-Made .....	3,587,815	2,887,531	0	1,754,964	0	1,209,587	1,657,309	54	69,160	94,839	448,208	61,255
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) .....	3,747,315	2,993,093	0	1,836,935	0	1,245,543	1,697,026	92	71,255	97,094	473,448	103,823
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	1,443
17.2 Other Liability - Claims-Made .....	2,720	447	0	2,273	0	1,082	1,082	0	49	49	476	2,229
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) .....	2,720	447	0	2,273	0	1,082	1,082	0	49	49	476	3,671
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 17105

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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	5	5	0	(249)	5,994
17.2	Other Liability - Claims-Made .....	461,218	190,775	0	374,408	0	128,414	163,403	7	7,807	9,642	82,951	8,625
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) .....	461,218	190,775	0	374,408	0	128,414	163,403	12	7,812	9,642	82,702	14,619
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	646
17.2	Other Liability - Claims-Made .....	54,533	12,852	0	41,681	0	6,325	6,325	0	284	284	15,542	1,924
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) .....	54,533	12,852	0	41,681	0	6,325	6,325	0	284	284	15,542	2,571
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	49,000	24,701	0	24,299	0	11,338	11,338	11	643	632	3,992	10,955
17.2	Other Liability - Claims-Made .....	1,278,334	975,117	0	691,642	0	458,432	649,841	16	25,580	35,833	159,706	15,916
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) .....	1,327,334	999,818	0	715,941	0	469,770	661,179	27	26,223	36,465	163,698	26,871
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	3	3	(177)	0	3,999
17.2 Other Liability - Claims-Made .....	322,237	236,056	0	86,181	5	108,311	108,311	5	6,206	6,201	39,673	5,755
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) .....	322,237	236,056	0	86,181	0	108,311	108,311	8	6,209	6,201	39,496	9,755
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228		BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2024								NAIC Company Code 17105	
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	126,000	103,175	0	113,875	0	25,637	39,573	11	1,635	2,358	17,634	11,957
17.2	Other Liability - Claims-Made .....	970,312	880,368	0	797,444	0	324,369	493,920	16	15,285	24,528	163,917	17,207
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) .....	1,096,312	983,543	0	911,319	0	350,006	533,493	27	16,920	26,886	181,551	29,164
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	51,500	47,214	0	34,286	0	10,493	16,134	3	667	961	8,774	2,862
17.2	Other Liability - Claims-Made .....	290,280	188,596	0	145,698	0	100,205	119,604	5	5,692	7,085	33,834	4,165
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) .....	341,780	235,810	0	179,984	0	110,698	135,738	8	6,359	8,046	42,608	7,026
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	1	1	(103)	2,988	0
17.2 Other Liability - Claims-Made .....	201,974	95,651	0	124,574	0	60,834	67,547	2	3,430	3,781	38,475	4,270
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) .....	201,974	95,651	0	124,574	0	60,834	67,547	3	3,431	3,781	38,372	7,238
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	588
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	1,439
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	2,027
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	7	7	(475)	11,223	0
17.2	Other Liability - Claims-Made .....	792,011	542,427	0	473,983	0	247,417	342,872	11	14,464	19,477	114,371	16,150
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) .....	792,011	542,427	0	473,983	0	247,417	342,872	18	14,471	19,477	113,896	27,373
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 17105

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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	956,621	631,014	0	325,607	0	221,345	221,345	27	12,363	12,336	88,532	29,260
17.2	Other Liability - Claims-Made .....	2,507,083	1,397,232	0	1,649,931	0	705,931	942,984	40	36,960	49,694	426,742	42,107
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) .....	3,463,704	2,028,246	0	1,975,366	0	927,276	1,164,329	67	49,323	62,030	515,274	71,367
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	10	10	0	(756)	11,335
17.2 Other Liability - Claims-Made .....	936,988	781,293	0	401,388	15	314,217	403,453	15	18,867	23,774	136,697	16,311
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) .....	936,988	781,293	0	401,388	0	314,217	403,453	25	18,867	23,774	135,941	27,645
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	(3)	329
17.2	Other Liability - Claims-Made .....	5,000	2,534	0	2,466	0	1,985	1,985	0	124	124	871	515
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) .....	5,000	2,534	0	2,466	0	1,985	1,985	0	124	124	868	845
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	3	3	(404)	4,069	0
17.2	Other Liability - Claims-Made .....	295,824	376,742	0	243,028	0	157,107	285,350	4	8,551	15,297	49,651	5,856
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) .....	295,824	376,742	0	243,028	0	157,107	285,350	7	8,554	15,297	49,247	9,925
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 17105

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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	185
17.2	Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	860
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	1,045
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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	872
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	2,245
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	3,117
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 17105

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. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1 Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans .....	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 .....	164,750	76,284	0	133,197	0	36,230	43,720	4	2,129	2,519	24,065	4,312
17.2 Other Liability - Claims-Made .....	277,477	208,710	0	68,767	0	86,745	98,438	6	5,495	6,104	10,615	6,205
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) .....	442,227	284,994	0	201,964	0	122,975	142,158	10	7,624	8,623	34,680	10,517
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0228		BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2024								NAIC Company Code 17105	
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	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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	279
17.2	Other Liability - Claims-Made .....	10,390	1,477	0	8,913	0	1,205	1,205	0	54	54	2,961	459
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) .....	10,390	1,477	0	8,913	0	1,205	1,205	0	54	54	2,961	739
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0228 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 17105

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.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	0	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
9.1	Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans .....	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 .....	2,330,014	1,479,220	0	1,546,414	0	563,916	681,129	306	33,380	39,246	290,718	374,363
17.2	Other Liability - Claims-Made .....	32,570,176	21,517,712	0	19,524,487	0	10,648,611	14,173,558	444	609,338	805,019	4,030,958	558,181
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) .....	34,900,190	22,996,932	0	21,070,901	0	11,212,527	14,854,687	750	642,718	844,265	4,321,676	932,544
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 2024 OF THE Westfield Select Insurance Company

## SCHEDULE F - PART 1

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

[illegible]

## SCHEDULE F - PART 2

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

## SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers		
34-0438190	..24104	Ohio Farmers Insurance Company	OH		20,507	0	0	0	0	8,300	788	12,700	0	21,788	0	1,761	0	20,027	0
01999999. Total Authorized - Affiliates - U.S. Intercompany Pooling					20,507	0	0	0	0	8,300	788	12,700	0	21,788	0	1,761	0	20,027	0
04999999. Total Authorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07999999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
08999999. Total Authorized - Affiliates					20,507	0	0	0	0	8,300	788	12,700	0	21,788	0	1,761	0	20,027	0
06-1182357	..22730	Allied World Ins Co	NH		245	0	0	0	0	69	4	165	0	238	0	0	0	238	0
06-1430254	..10348	Arch Reins Co	DE		1,247	0	0	0	0	571	33	688	0	1,292	0	131	0	1,161	0
51-0434766	..20370	AXIS Reins Co	NY		182	0	0	0	0	167	9	169	0	345	0	6	0	339	0
35-2293075	..11551	Endurance Assur Corp	DE		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22-2005057	..26921	Everest Reins Co	DE		84	0	0	0	0	0	0	75	0	75	0	0	0	75	0
95-2769232	..27847	Insurance Co Of The West	CA		253	0	0	0	0	0	0	231	0	231	0	0	0	231	0
13-4924125	..10227	Munich Reins Amer Inc	DE		3	0	0	0	0	0	0	2	0	2	0	0	0	2	0
47-0355979	..20087	National Ind Co	NE		1	0	0	0	0	0	0	1	0	1	0	0	0	1	0
47-0698507	..23680	Odyssey Reins Co	CT		196	0	0	0	0	100	6	181	0	287	0	4	0	283	0
13-3031176	..38636	Partner Reins Co of the US	NY		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
52-1952955	..10357	Renaissance Reins US Inc	MD		362	0	0	0	0	167	9	332	0	508	0	6	0	502	0
43-0727872	..15105	Safety Natl Cas Corp	MO		2,125	0	0	0	0	966	56	1,241	0	2,263	0	200	0	2,063	0
13-1675535	..25364	Swiss Reins Amer Corp	NY		1	0	0	0	0	0	0	1	0	1	0	0	0	1	0
31-0542366	..10677	The Cincinnati Ins Co	OH		1,419	0	0	0	0	655	38	820	0	1,513	0	133	0	1,380	0
13-2918573	..42439	TOA Re Ins Co of Amer	DE		91	0	0	0	0	17	1	68	0	86	0	0	0	86	0
13-5616275	..19453	Transatlantic Reins Co	NY		4,774	0	0	0	0	2,484	144	2,571	0	5,199	0	532	0	4,667	0
09999999. Total Authorized - Other U.S. Unaffiliated Insurers					10,985	0	0	0	0	5,196	300	6,545	0	12,041	0	1,012	0	11,029	0
AA-1120337	..00000	Aspen Ins UK LTD	GBR		49	0	0	0	0	35	2	17	0	54	0	0	0	54	0
AA-3194139	..00000	AXIS Specialty Ltd	BMU		1,098	0	0	0	0	471	27	538	0	1,036	0	127	0	909	0
AA-1340125	..00000	Hannover Rueck SE	DEU		84	0	0	0	0	0	0	74	0	74	0	0	0	74	0
AA-3190871	..00000	Lancashire Ins Co Ltd	BMU		83	0	0	0	0	35	2	47	0	84	0	0	0	84	0
AA-1126318	..00000	Lloyd's Syndicate Number 0318	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1127225	..00000	Lloyd's Syndicate Number 1225	GBR		4	0	0	0	0	0	0	3	0	3	0	0	0	3	0
AA-1127414	..00000	Lloyd's Syndicate Number 1414	GBR		3	0	0	0	0	0	0	2	0	2	0	0	0	2	0
AA-1128987	..00000	Lloyd's Syndicate Number 2987	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1120075	..00000	Lloyd's Syndicate Number 4020	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1126566	..00000	Lloyd's Syndicate Number 566	GBR		3	0	0	0	0	0	0	2	0	2	0	0	0	2	0
AA-1121425	..00000	Markel Intl Ins Co Ltd	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-3190339	..00000	Renaissance Reins Ltd	BMU		1,121	0	0	0	0	489	29	549	0	1,067	0	126	0	941	0
AA-3190870	..00000	Validus Reins Ltd	BMU		635	0	0	0	0	296	17	299	0	612	0	64	0	548	0
AA-1460006	..00000	Validus Reinsurance (Switzerland) Ltd	CHE		2	0	0	0	0	33	2	3	0	38	0	1	0	37	0
12999999. Total Authorized - Other Non-U.S. Insurers					3,086	0	0	0	0	1,359	79	1,534	0	2,972	0	318	0	2,654	0
14999999. Total Authorized Excluding Protected Cells (Sum of 08999999, 09999999, 10999999, 11999999 and 12999999)					34,578	0	0	0	0	14,855	1,167	20,779	0	36,801	0	3,091	0	33,710	0
18999999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21999999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22999999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28999999. Total Unauthorized Excluding Protected Cells (Sum of 22999999, 23999999, 24999999, 25999999 and 26999999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32999999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35999999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36999999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42999999. Total Certified Excluding Protected Cells (Sum of 36999999, 37999999, 38999999, 39999999 and 40999999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

SCHEDULE F - PART 3

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

1  ID Number	2  NAIC Com- pany Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Special Code	6  Reinsurance Premiums Ceded	Reinsurance Recoverable On								16  Amount in Dispute included in Column 15	Reinsurance Payable		19  Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20  Funds Held by Company Under Reinsurance Treaties
						7  Paid Losses	8  Paid LAE	9  Known Case Loss Reserves	10  Known Case LAE Reserves	11  IBNR Loss Reserves	12  IBNR LAE Reserves	13  Unearned Premiums	14  Contingent Commis- sions		15  Columns 7 through 14 Totals	17  Ceded Balances Payable		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool						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
5099999. Total Reciprocal Jurisdiction - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0
RJ-3191454 ..	.00000 .	AXA XL Reinsurance .....	BMU.....		33	0	0	0	0	0	0	30	0	30	0	0	30	0
RJ-3191190 ..	.00000 .	Hamilton Re, Ltd. ....	BMU.....		33	0	0	0	0	0	0	30	0	30	0	0	30	0
RJ-1460019 ..	.00000 .	MS Amlin AG .....	CHE.....		256	0	0	0	0	0	0	232	0	232	0	0	232	0
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers						322	0	0	0	0	0	292	0	292	0	0	292	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)						322	0	0	0	0	0	292	0	292	0	0	292	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)						34,900	0	0	0	14,855	1,167	21,071	0	37,093	0	3,091	34,002	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)						0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals						34,900	0	0	0	14,855	1,167	21,071	0	37,093	0	3,091	34,002	0

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

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				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	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)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
RJ-3191454 .. AXA XL Reinsurance .....		0	0	.....	0	0	30	0	30	36	0	36	0	36	2.....	0	1
RJ-3191190 .. Hamilton Re, Ltd. ....		0	0	.....	0	0	30	0	30	36	0	36	0	36	3.....	0	1
RJ-1460019 .. MS AmLin AG .....		0	0	.....	0	0	232	0	232	278	0	278	0	278	2.....	0	6
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		0	0	XXX	0	0	292	0	292	350	0	350	0	350	XXX	0	8
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	0	0	292	0	292	350	0	350	0	350	XXX	0	8
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	XXX	0	3,091	34,002	0	15,305	18,366	1,330	17,036	0	17,036	XXX	0	332
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		0	0	XXX	0	3,091	34,002	0	15,305	18,366	1,330	17,036	0	17,036	XXX	0	332



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44  Total Recoverable on Paid Losses & LAE  Amounts in Dispute Included in Col. 43	45  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE  Amounts Not in Dispute (Cols 43-44)	47  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48  Amounts Received Prior 90 Days	49  Percentage Overdue Col. 42/Col. 43	50  Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51  Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52  Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53  Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37  Current	38  1 - 29 Days	39  30 - 90 Days	40  91 - 120 Days	41  Over 120 Days	42  Total Overdue Cols. 38+39 +40+41											43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)
34-0438190 ..	Ohio Farmers Insurance Company .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	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	0.0	XXX	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
0899999. Total Authorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
06-1182357 ..	Allied World Ins Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
06-1430254 ..	Arch Reins Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
51-0434766 ..	AXIS Reins Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
35-2293075 ..	Endurance Assur Corp .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
22-2005057 ..	Everest Reins Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
95-2769232 ..	Insurance Co Of The West .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
13-4924125 ..	Munich Reins Amer Inc .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
47-0355979 ..	National Ind Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
47-0698507 ..	Odyssey Reins Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
13-3031176 ..	Partner Reins Co of the US .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
52-1952955 ..	Renaissance Reins US Inc .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
43-0727872 ..	Safety Natl Cas Corp .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
13-1675535 ..	Swiss Reins Amer Corp .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
31-0542366 ..	The Cincinnati Ins Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
13-2918573 ..	TOA Re Ins Co of Amer .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
13-5616275 ..	Transatlantic Reins Co .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
AA-1120337 ..	Aspen Ins UK LTD .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-3194139 ..	AXIS Specialty Ltd .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1340125 ..	Hannover Rueck SE .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-3190871 ..	Lancashire Ins Co Ltd .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1126318 ..	Lloyd's Syndicate Number 0318 .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1127225 ..	Lloyd's Syndicate Number 1225 .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1127414 ..	Lloyd's Syndicate Number 1414 .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1128987 ..	Lloyd's Syndicate Number 2987 .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1120075 ..	Lloyd's Syndicate Number 4020 .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1126566 ..	Lloyd's Syndicate Number 566 .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1121425 ..	Markel Intl Ins Co Ltd .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-3190339 ..	Renaissance Reins Ltd .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-3190870 ..	Validus Reins Ltd .....	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0	
AA-1460006 ..	Validus Reinsurance (Switzerland) Ltd .....	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		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	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	XXX	0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44  Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48  Amounts Received Prior 90 Days	49  Percentage Overdue Col. 42/Col. 43	50  Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51  Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52  Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53  Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37  Current	Overdue															43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)
			38  1 - 29 Days	39  30 - 90 Days	40  91 - 120 Days	41  Over 120 Days	42  Total Overdue Cols. 38+39 +40+41											
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	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	
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-3191454 .. AXA XL Reinsurance .....		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	
RJ-1460019 .. IMS Amlin AG .....		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)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
9999999 Totals		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX		

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance														Complete if Col. 52 = "No"; Otherwise Enter 0			69  Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54  Certified Reinsurer Rating (1 through 6)	55  Effective Date of Certified Reinsurer Rating	56  Percent Collateral Required for Full Credit (0% through 100%)	57  Catastrophe Recoverables Qualifying for Collateral Deferral	58  Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59  Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60  Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61  Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63  Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64  Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66	67	68			
														66  Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67  Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68  20% of Amount in Col. 67			
2299999. Total Unauthorized - Affiliates			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		
3299999. Total Certified - Affiliates - U.S. Non-Pool			XXX		0	0	XXX		XXX		0	0	XXX	0	XXX	0	0		
3599999. Total Certified - Affiliates - Other (Non-U.S.)			XXX		0	0	0	XXX		XXX		0	0	0	0	0	0		
3699999. Total Certified - Affiliates			XXX		0	0	0	XXX		XXX		0	0	0	0	0	0		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX		0	0	0	XXX		XXX		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		
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			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		
RJ-3191454	AXA XL Reinsurance	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		
RJ-1460019	MS Amlin AG	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		
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		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX		0	0	0	XXX		XXX		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		
9999999 Totals			XXX		0	0	0	XXX		XXX		0	0	0	0	0	0		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70  20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
34-0438190	Ohio Farmers Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	Total Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1182357	Allied World Ins Co	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1430254	Arch Reins Co	0	XXX	XXX	0	0	0	XXX	XXX	0
51-0434766	AXIS Reins Co	0	XXX	XXX	0	0	0	XXX	XXX	0
35-2293075	Endurance Assur Corp	0	XXX	XXX	0	0	0	XXX	XXX	0
22-2005057	Everest Reins Co	0	XXX	XXX	0	0	0	XXX	XXX	0
95-2769232	Insurance Co Of The West	0	XXX	XXX	0	0	0	XXX	XXX	0
13-4924125	Munich Reins Amer Inc	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0355979	National Ind Co	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0698507	Odyssey Reins Co	0	XXX	XXX	0	0	0	XXX	XXX	0
13-3031176	Partner Reins Co of the US	0	XXX	XXX	0	0	0	XXX	XXX	0
52-1952955	Renaissance Reins US Inc	0	XXX	XXX	0	0	0	XXX	XXX	0
43-0727872	Safety Natl Cas Corp	0	XXX	XXX	0	0	0	XXX	XXX	0
13-1675535	Swiss Reins Amer Corp	0	XXX	XXX	0	0	0	XXX	XXX	0
31-0542366	The Cincinnati Ins Co	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2918573	TOA Re Ins Co of Amer	0	XXX	XXX	0	0	0	XXX	XXX	0
13-5616275	Transatlantic Reins Co	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120337	Aspen Ins UK LTD	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3194139	AXIS Specialty Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340125	Hannover Rueck SE	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3190871	Lancashire Ins Co Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126318	Lloyd's Syndicate Number 0318	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127225	Lloyd's Syndicate Number 1225	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127414	Lloyd's Syndicate Number 1414	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128987	Lloyd's Syndicate Number 2987	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120075	Lloyd's Syndicate Number 4020	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126566	Lloyd's Syndicate Number 566	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1121425	Markel Intl Ins Co Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3190339	Renaissance Reins Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3190870	Validus Reins Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1460006	Validus Reinsurance (Switzerland) Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999	Total Authorized - Other Non-U.S. Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0

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

## 26.1

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

## SCHEDULE F - PART 4

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2  Letters of Credit Code	3  American Bankers Association (ABA) Routing Number	4  Issuing or Confirming Bank Name	5  Letters of Credit Amount
			NONE	
Total				

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.	AXIS Reins Co .....	34.000 .....	182 .....
2.	Renaissance Reins US Inc .....	34.000 .....	362 .....
3.	Transatlantic Reins Co .....	34.000 .....	4,774 .....
4.	.....	0.000 .....	0 .....
5.	.....	0.000 .....	0 .....

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	Ohio Farmers Insurance Company .....	21,788 .....	20,507 .....	Yes [ X ] No [ ]
7.	Transatlantic Reins Co .....	5,199 .....	4,774 .....	Yes [ ] No [ X ]
8.	Safety Natl Cas Corp .....	2,263 .....	2,125 .....	Yes [ ] No [ X ]
9.	The Cincinnati Ins Co .....	1,513 .....	1,419 .....	Yes [ ] No [ X ]
10.	Arch Reins Co .....	1,292 .....	1,247 .....	Yes [ ] No [ X ]

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



SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	28,748,253	0	28,748,253
2. Premiums and considerations (Line 15) .....	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0	0	0
5. Other assets .....	3,261,195	0	3,261,195
6. Net amount recoverable from reinsurers .....	0	34,001,264	34,001,264
7. Protected cell assets (Line 27) .....	0	0	0
8. Totals (Line 28) .....	32,009,448	34,001,264	66,010,712
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	0	16,021,717	16,021,717
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	84,873	0	84,873
11. Unearned premiums (Line 9) .....	0	21,070,901	21,070,901
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) .....	3,091,354	(3,091,354)	0
15. Funds held by company under reinsurance treaties (Line 13) .....	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14) .....	0	0	0
17. Provision for reinsurance (Line 16) .....	0	0	0
18. Other liabilities .....	0	0	0
19. Total liabilities excluding protected cell business (Line 26) .....	3,176,227	34,001,264	37,177,491
20. Protected cell liabilities (Line 27) .....	0	0	0
21. Surplus as regards policyholders (Line 37)	28,833,221	XXX	28,833,221
22. Totals (Line 38)	32,009,448	34,001,264	66,010,712

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

If yes, give full explanation: The Company participates in an affiliated intercompany pooling arrangement, details of which are provided in the Notes to Financial Statements - Note 26 .....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

Schedule P - Part 1A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

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**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

**N O N E**

Schedule P - Part 1J - Auto Physical Damage

**N O N E**

Schedule P - Part 1K - Fidelity/Surety

**N O N E**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**N O N E**

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**

Schedule P - Part 1U - Pet Insurance Plans

**N O N E**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

**N O N E**

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**N O N E**

Schedule P - Part 2K - Fidelity/Surety

**N O N E**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 2M - International

**N O N E**

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**

Schedule P - Part 2U - Pet Insurance Plans

**N O N E**

Schedule P - Part 3A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 3E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 3G - Special Liability

**N O N E**

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 3I - Special Property

**N O N E**

Schedule P - Part 3J - Auto Physical Damage

**N O N E**

Schedule P - Part 3K - Fidelity/Surety

**N O N E**

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 3M - International

**N O N E**

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**

Schedule P - Part 3U - Pet Insurance Plans

**N O N E**

Schedule P - Part 4A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 4E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 4G - Special Liability

**N O N E**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 4I - Special Property

**N O N E**

Schedule P - Part 4J - Auto Physical Damage

**N O N E**

Schedule P - Part 4K - Fidelity/Surety

**N O N E**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 4M - International

**N O N E**



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 4U - Pet Insurance Plans

**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**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

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**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**

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**

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Interrogatories  
**N O N E**

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0228...	OFIC & Affiliates	24104	34-0438190	0	0		Ohio Farmers Insurance Company	.OH.	UDP	NA	NA	0.000	NA	NO	1
.0228...	OFIC & Affiliates	24112	34-6516838	0	0		Westfield Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	24120	34-1022544	0	0		Westfield National Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	19992	31-6016426	0	0		American Select Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	17558	23-0929640	0	0		Old Guard Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	16447	32-0569613	0	0		Westfield Champion Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	16450	83-0887963	0	0		Westfield Premier Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	17105	86-3786390	0	0		Westfield Select Insurance Company	.OH.	RE	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	16992	85-3971150	0	0		Westfield Specialty Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	16449	83-0871392	0	0		Westfield Superior Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0228...	OFIC & Affiliates	16448	36-4900986	0	0		Westfield Touchstone Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	46-2569087	0	0		150 South Road, LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	35-2614052	0	0		1848 Ventures, LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	85-1178850	0	0		LineUp, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	85-4335112	0	0		Weather Warranty, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	99-1229366	0	0		TakeUp, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	99-1247768	0	0		Vandra, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	34-1788314	0	0		Westfield Management Company	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	22-3981501	0	0		WMC Properties, LLC	.OH.	NIA	Westfield Management Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	27-1229534	0	0		Westfield Marketing LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	34-1861077	0	0		Westfield Services, Inc.	.OH.	NIA	Westfield Marketing LLC	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	45-4485129	0	0		Westfield Securities, LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	86-1704858	0	0		Westfield Specialty, Inc.	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	77-0633192	0	0		Westfield Bancorp, Inc.	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	YES	0
.0000		00000	34-1940362	0	0		Westfield Bank, FSB	.OH.	NIA	Westfield Bancorp, Inc.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	20-0361702	0	0		Westfield Mortgage Company, LLC	.OH.	NIA	Westfield Bank, FSB	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	46-4010767	0	0		Westfield Asset Management, LLC	.OH.	NIA	Westfield Bancorp, Inc.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	34-1962005	0	0		Westfield Credit Corp.	.OH.	NIA	Westfield Bancorp, Inc.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty, Ltd.	.GBR	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	YES	0
.0000		00000		0	0		Westfield Specialty Corporate Member Limited	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Management Services, Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Managing Agency, Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty (ME) Ltd.	.ARE	NIA	Westfield Specialty Managing Agency, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Asia Pacific Pte, Ltd.	.SGP	NIA	Westfield Specialty Managing Agency, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Direct, Ltd.	.GBR	NIA	Westfield Specialty Managing Agency, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	98-0412132	0	0		Westfield Specialty Capital, (No. 604) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Nomina No 550 LLP	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	98-0704252	0	0		Westfield Specialty Capital, (Alpha) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	98-1165051	0	0		Westfield Specialty Capital, (Delta) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	98-1164800	0	0		Westfield Specialty Capital, (Epsilon) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000	98-1409864	0	0		Westfield Specialty Capital, (Zeta) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Capital, (No. 617) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Capital, (No. 616) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Capital, (No. 607) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Capital, (No. 703) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Capital, (No. 704) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0
.0000		00000		0	0		Westfield Specialty Capital, (Chi) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	NO	0



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0000 ...	.....	..... 00000 ...	.....	0 .....	0 .....	.....	Westfield Specialty Capital, (Gamma) Ltd. ...	..GBR....	..... NIA.....	Westfield Specialty, Ltd. ....	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company .....	.... NO.....	.... 0 .....
. 0000 ...	.....	..... 00000 ...	.....	0 .....	0 .....	.....	Westfield Specialty Capital, (Eta) Ltd. ....	..GBR....	..... NIA.....	Westfield Specialty, Ltd. ....	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company .....	.... NO.....	.... 0 .....

Asterisk	Explanation
1 .....	No Entity(ies) or Person(s) has control of Ohio Farmers Insurance Company .....

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# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

## SCHEDULE Y

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

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.

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1? .....	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6.	Will Management’s Discussion and Analysis be filed by April 1? .....	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1? .....	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

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? ...	NO
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? .....	NO
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? .....	YES
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? .....	NO
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 Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....	YES
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
AUGUST FILING		
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	
17.	The data for this supplement is not required to be filed	
18.	The data for this supplement is not required to be filed	
21.	The data for this supplement is not required to be filed	
22.	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	
32.	The data for this supplement is not required to be filed	
33.	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]
17.	Reinsurance Summary Supplemental Filing [Document Identifier 401]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18.	Medicare Part D Coverage Supplement [Document Identifier 365]	<div><div></div><div>171052024365000000</div></div>
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	<div><div></div><div>171052024400000000</div></div>
22.	Bail Bond Supplement [Document Identifier 500]	<div><div></div><div>171052024500000000</div></div>
24.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>171052024224000000</div></div>
25.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>171052024225000000</div></div>
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>171052024226000000</div></div>
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	<div><div></div><div>171052024555000000</div></div>
29.	Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]	<div><div></div><div>171052024600000000</div></div>
30.	Credit Insurance Experience Exhibit [Document Identifier 230]	<div><div></div><div>171052024230000000</div></div>
31.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	<div><div></div><div>171052024230600000</div></div>
32.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	<div><div></div><div>171052024210000000</div></div>
33.	Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	<div><div></div><div>171052024216000000</div></div>
35.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	<div><div></div><div>171052024290000000</div></div>
36.	Private Flood Insurance Supplement [Document Identifier 560]	<div><div></div><div>171052024560000000</div></div>
37.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	<div><div></div><div>171052024565000000</div></div>

**NONE**



SUPPLEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2024  
(To Be Filed by March 1)

NAIC Group Code0228NAIC Company Code17105

Company Name Westfield Select Insurance Company

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

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 22,460,414	\$ 16,111,698	\$ 0	\$ 8,036,762	\$ 37,235	\$ 511,956	100.0 %	0.0 %

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [ ] No [ X ]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [ ] No [ X ]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:\$ 0

2.32 Amount estimated using reasonable assumptions:\$ 0

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %



SUPPLEMENT FOR THE YEAR 2024 OF THE Westfield Select Insurance Company

**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 Code0228

NAIC Company Code17105

	Direct Business Only			
	Prior Year	Current Year		
	1	2	3	4
	Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)
1. Completed operations .....	0	0	0	0
2. Errors & omissions (E&O) .....	321,278	622,860	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 .....	12,496,235	34,259,354	0	0
7. Personal umbrella .....	0	0	0	0
8. Employment liability .....	0	17,976	0	0
9. Aggregate write-ins for facilities & premises (CGL) .....	0	0	0	0
10. Internet & cyber liability .....	0	0	0	0
11. Aggregate write-ins for other .....	0	0	0	0
12. Total ASL 17 - other liability (sum of lines 1 through 11)	12,817,513	34,900,190	0	0
DETAILS OF WRITE-INS				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0