



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

Safe Auto Choice Insurance Company

NAIC Group Code00080008NAIC Company Code16502Employer's ID Number83-2241547
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Incorporated/Organized10/15/2018Commenced Business09/03/2020

Statutory Home Office800 Superior Avenue East - 3rd FloorCleveland, OH, US 44114
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office450 W. Hanes Mill Road, Ste. 101Winston-Salem, NC, US 27105336-435-2000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressPO Box 3199Winston-Salem, NC, US 27102-3199
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records450 W. Hanes Mill Road, Ste. 101Winston-Salem, NC, US 27105336-435-2000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressN/A

Statutory Statement ContactDonald Jerome Bolar336-435-2000
(Name)(Area Code) (Telephone Number)
annualstatementcontact@ngic.com336-435-0236
(E-mail Address)(FAX Number)

OFFICERS

| | | | |
|--|-------------------------|--------------------------------------|-------------------------|
| Chairman of the Board & President | RYAN ALLEN MICHEL | Senior Vice President & Treasurer | ALEXANDRA TAL BAND |
| Vice President & Chief Financial Officer | PATRICK JAMES MACELLARO | Executive Vice-President & Secretary | CHRISTINE MARIE DEBIASE |

OTHER

| | | |
|--|--|---|
| DONALD JEROME BOLAR, Vice President & Chief Accounting Officer | CHRISTINA HWANG, Senior Vice President | PETER ANDREW RENDALL, Chief Operating Officer |
| ELLIOT ANDRIES STULTZ, Senior Vice President | | |

DIRECTORS OR TRUSTEES

| | | |
|-------------------------|----------------------|-----------------|
| VICTORIA LYNNE ADAMCZYK | ERIC DAVID HULS | CHRISTINA HWANG |
| RYAN ALLEN MICHEL | PETER ANDREW RENDALL | |

State ofNorth CarolinaSS:

County ofForsyth

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.

| | | |
|--|---|---|
| DONALD JEROME BOLAR Vice President & Chief Accounting Officer | PATRICK JAMES MACELLARO Vice-President & Chief Financial Officer | ALEXANDRA TAL BAND Senior Vice-President & Treasurer |
|--|---|---|

Subscribed and sworn to before me this10th day ofMay, 2024

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

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 6,178,761 | | 6,178,761 | 5,660,558 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens..... | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$8,824), cash equivalents (\$ 726,250) and short-term investments (\$) | 735,074 | | 735,074 | 968,049 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 6,913,835 | 0 | 6,913,835 | 6,628,606 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 37,786 | | 37,786 | 38,642 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 27,015 | | 27,015 | 28,060 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$) and other amounts receivable | | | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 1,718 | 0 | 1,718 | 1,489 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 6,980,354 | 0 | 6,980,354 | 6,696,797 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 6,980,354 | 0 | 6,980,354 | 6,696,797 |
| DETAILS OF WRITE-INS | | | | |
| 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 |
| 2501. Miscellaneous Receivables | 1,718 | | 1,718 | 1,489 |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 1,718 | 0 | 1,718 | 1,489 |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$) | | |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | 0 |
| 3. Loss adjustment expenses | | |
| 4. Commissions payable, contingent commissions and other similar charges | | |
| 5. Other expenses (excluding taxes, licenses and fees) | | |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | | |
| 7.1 Current federal and foreign income taxes (including \$ (991) on realized capital gains (losses)) | 133,897 | 126,580 |
| 7.2 Net deferred tax liability | 1,888 | 1,888 |
| 8. Borrowed money \$ and interest thereon \$ | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act) | | |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | | 0 |
| 13. Funds held by company under reinsurance treaties | | 0 |
| 14. Amounts withheld or retained by company for account of others | | |
| 15. Remittances and items not allocated | | |
| 16. Provision for reinsurance (including \$ certified) | | 0 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | 30,853 | 31,961 |
| 20. Derivatives | 0 | 0 |
| 21. Payable for securities | 249,545 | |
| 22. Payable for securities lending | | |
| 23. Liability for amounts held under uninsured plans | | 0 |
| 24. Capital notes \$ and interest thereon \$ | | |
| 25. Aggregate write-ins for liabilities | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 416,183 | 160,429 |
| 27. Protected cell liabilities | | |
| 28. Total liabilities (Lines 26 and 27) | 416,183 | 160,429 |
| 29. Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. Common capital stock | 2,500,000 | 2,500,000 |
| 31. Preferred capital stock | | |
| 32. Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 33. Surplus notes | | |
| 34. Gross paid in and contributed surplus | 3,500,000 | 3,500,000 |
| 35. Unassigned funds (surplus) | 564,171 | 536,368 |
| 36. Less treasury stock, at cost: | | |
| 36.1 shares common (value included in Line 30 \$) | | |
| 36.2 shares preferred (value included in Line 31 \$) | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 6,564,171 | 6,536,368 |
| 38. Totals (Page 2, Line 28, Col. 3) | 6,980,354 | 6,696,797 |
| DETAILS OF WRITE-INS | | |
| 2501. | | |
| 2502. | | |
| 2503. | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 |
| 2901. | | |
| 2902. | | |
| 2903. | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 |
| 3201. | | |
| 3202. | | |
| 3203. | | |
| 3298. Summary of remaining write-ins for Line 32 from overflow page | 0 | 0 |
| 3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above) | 0 | 0 |

STATEMENT OF INCOME

| | 1 | 2 | 3 |
|---|--------------|------------|------------------|
| | Current | Prior Year | Prior Year Ended |
| | Year to Date | to Date | December 31 |
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 0) | 0 | 8,400 | 8,400 |
| 1.2 Assumed (written \$) | | 0 | |
| 1.3 Ceded (written \$) | | 8,400 | 8,400 |
| 1.4 Net (written \$ 0) | 0 | 0 | 0 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$): | | | |
| 2.1 Direct | (9,962) | (60,936) | (36,620) |
| 2.2 Assumed | | 0 | |
| 2.3 Ceded | (9,962) | (60,936) | (36,620) |
| 2.4 Net | 0 | 0 | 0 |
| 3. Loss adjustment expenses incurred | | 0 | 0 |
| 4. Other underwriting expenses incurred | | 0 | |
| 5. Aggregate write-ins for underwriting deductions | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5) | 0 | 0 | 0 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | 0 | 0 | 0 |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 39,841 | 25,963 | 115,557 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ (991) | (3,730) | (9,441) | (9,441) |
| 11. Net investment gain (loss) (Lines 9 + 10) | 36,111 | 16,522 | 106,116 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$) | 0 | 0 | 0 |
| 13. Finance and service charges not included in premiums | | 0 | |
| 14. Aggregate write-ins for miscellaneous income | 0 | 0 | 0 |
| 15. Total other income (Lines 12 through 14) | 0 | 0 | 0 |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 36,111 | 16,522 | 106,116 |
| 17. Dividends to policyholders | | | |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 36,111 | 16,522 | 106,116 |
| 19. Federal and foreign income taxes incurred | 8,308 | 5,453 | 23,556 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 27,803 | 11,069 | 82,560 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 6,536,368 | 6,454,519 | 6,454,520 |
| 22. Net income (from Line 20) | 27,803 | 11,069 | 82,560 |
| 23. Net transfers (to) from Protected Cell accounts | | | |
| 24. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | | 0 |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 26. Change in net deferred income tax | | 0 | (712) |
| 27. Change in nonadmitted assets | | 0 | 0 |
| 28. Change in provision for reinsurance | | 0 | 0 |
| 29. Change in surplus notes | | | |
| 30. Surplus (contributed to) withdrawn from protected cells | | | |
| 31. Cumulative effect of changes in accounting principles | | | |
| 32. Capital changes: | | | |
| 32.1 Paid in | | | |
| 32.2 Transferred from surplus (Stock Dividend) | | | |
| 32.3 Transferred to surplus | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | 0 | 0 | 0 |
| 33.2 Transferred to capital (Stock Dividend) | | | |
| 33.3 Transferred from capital | | | |
| 34. Net remittances from or (to) Home Office | | | |
| 35. Dividends to stockholders | | | |
| 36. Change in treasury stock | | | 0 |
| 37. Aggregate write-ins for gains and losses in surplus | 0 | 0 | 0 |
| 38. Change in surplus as regards policyholders (Lines 22 through 37)..... | 27,803 | 11,069 | 81,848 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 6,564,171 | 6,465,588 | 6,536,368 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above) | 0 | 0 | 0 |
| 1401. | | | |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 |
| 3701. | | | |
| 3702. | | | |
| 3703. | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | 0 | 0 | 0 |
| 3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above) | 0 | 0 | 0 |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 1,045 | 4,073 | 5,665 |
| 2. Net investment income | 38,237 | 30,621 | 107,081 |
| 3. Miscellaneous income | 0 | 0 | 5 |
| 4. Total (Lines 1 to 3) | 39,282 | 34,694 | 112,751 |
| 5. Benefit and loss related payments | 0 | 2 | (4,511) |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 0 | 0 | 0 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 0 | 0 | 4,037 |
| 10. Total (Lines 5 through 9) | 0 | 2 | (474) |
| 11. Net cash from operations (Line 4 minus Line 10) | 39,282 | 34,692 | 113,225 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 855,021 | 671,649 | 671,649 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 855,021 | 671,649 | 671,649 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,125,942 | 685,557 | 685,557 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 1,125,942 | 685,557 | 685,557 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (270,920) | (13,908) | (13,908) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | (1,337) | (3,960) | (10,528) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (1,337) | (3,960) | (10,528) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) . | (232,975) | 16,824 | 88,788 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 968,049 | 879,260 | 879,260 |
| 19.2 End of period (Line 18 plus Line 19.1) | 735,074 | 896,084 | 968,049 |

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

| | | | |
|--|---------|--|---------|
| 20.0001. Change in payable for securities acquired | 249,545 | | 225,000 |
|--|---------|--|---------|

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. The accompanying financial statements of Safe Auto Choice Insurance Company ("the Company") have been prepared on the basis of accounting practices prescribed or permitted by the Insurance Department of the State of Ohio. The Insurance Department of the State of Ohio recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 2024 (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below.

| | SSAP # | F/S Page # | F/S Line # | 2024 | 2023 |
|---|--------|---------------|---------------|--------------|--------------|
| Net Income | | | | | |
| (1) The Company's state basis (Page 4, Line 20, Columns 1 & 2) | xxx | xxx | xxx | \$ 27,803 | \$ 82,560 |
| (2) State prescribed practices that increase/(decrease) NAIC statutory accounting principles ("SAP"): | | | | | |
| (3) State permitted practices that increase/(decrease) NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | xxx | xxx | xxx | \$ 27,803 | \$ 82,560 |
| Surplus | | | | | |
| (5) The Company's state basis (Page 3, Line 37, Columns 1 & 2) | xxx | xxx | xxx | \$ 6,564,171 | \$ 6,536,368 |
| (6) State prescribed practices that increase/(decrease) NAIC SAP: | | | | | |
| (7) State permitted practices that increase/(decrease) NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | xxx | xxx | xxx | \$ 6,564,171 | \$ 6,536,368 |

B. No significant changes

C. Listed below is a summary of the accounting policies that materially affect the financial statements.

No significant changes

D. Based upon its evaluation of relevant conditions and events, management did not have substantial doubt about the Company's ability to continue as a going concern as March 31, 2024 and December 31, 2023.

2. Accounting Changes and Corrections of Errors

The Company notes there were no accounting changes or corrections of errors to disclose.

3. Business Combinations and Goodwill

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable.
- B. Debt Restructuring - Not Applicable.
- C. Reverse Mortgages - Not Applicable.
- D. Loan-Backed Securities - Not Applicable.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable.
- J. Real Estate – Not Applicable
- K. Low Income Housing Tax Credit Property Investments - Not Applicable.
- L. Restricted Assets - No significant changes
- M. Working Capital Finance Investments - Not Applicable.
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable.
- O. 5GI Securities – Not Applicable.
- P. Short Sales – Not Applicable.
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable.
- R. Reporting Entity's Share of Cash Pool by Asset Type - None

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

7. Investment Income

- A. Due and accrued investment income is recorded as an asset, with three exceptions. Due and accrued investment income on mortgage loans in default, where interest is more than 180 days past due, is nonadmitted. Due and accrued investment income for investments other than mortgage loans, that is more than 90 days past due, is nonadmitted. In addition, due and accrued investment income that is determined to be uncollectible, regardless of its age, is written off in the period that determination is made.
- B. All due and accrued investment income was admitted as of March 31, 2024 and December 31, 2023.
- C. The gross, non-admitted and admitted amounts for interest income due and accrued.

| | |
|---------------------------------|-----------|
| Interest Income Due and Accrued | Amount |
| 1. Gross | \$ 37,786 |
| 2. Nonadmitted | \$ - |
| 3. Admitted | \$ 37,786 |

NOTES TO FINANCIAL STATEMENTS

- D. The aggregate deferred interest – Not Applicable.
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance. - Not Applicable.
8. Derivative Instruments

Not Applicable.
9. Income Taxes

A - I No significant changes.
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship Involved - No significant changes.

B. Transactions - There were no transactions recorded in 2024.

C. Transactions with Related Parties who are not Reported on Schedule Y - No significant changes.

D. Amounts Due From or To Related Parties - No significant changes.

E. Material Management or Service Contracts and Cost-Sharing Arrangements - No significant changes

F. Guarantees and Undertakings - Not Applicable.

G. Nature of the Control Relationship - No significant changes.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned. - Not Applicable.

I. Investments in Subsidiaries, Controlled and Affiliated ("SCA") Entities that Exceed 10% of Admitted Assets. - Not Applicable.

J. Investments in Impaired SCAs - Not Applicable.

K. Investment in Foreign Insurance Subsidiary - Not Applicable.

L. Investment in Downstream Noninsurance Holding Company - Not Applicable.

M. All SCA Investments - Not Applicable.

N. Investment in Insurance SCAs -Not Applicable.

O. SCA or SSAP 48 Entity Loss Tracking - Not Applicable.
11. Debt

A. Debt, Including Capital Notes

The Company does not have any capital notes, debentures, borrowed money, or reverse repurchase agreements.

B. FHLB (Federal Home Loan Bank) Agreements

The Company does not have any Federal Loan Bank ("FHLB") agreements.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan- Not Applicable.

B. Investment Policies and Strategies - Not Applicable.

C. Fair Value of Plan Assets- Not Applicable.

D. Basis Used to Determine Expected Long-Term Rate-of-Return- Not Applicable.

E. Defined Contribution Plans- Not Applicable.

F. Multiemployer Plans- Not Applicable.

G. Consolidated/Holding Company Plans - No significant changes.

H. Postemployment Benefits and Compensated Absences - Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)- Not Applicable.
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant changes.
14. Liabilities, Contingencies and Assessments

No significant changes.
15. Leases

Not Applicable.
16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
- A. Transfers of Premium Receivables as Sales – Not Applicable.
- B. Transfer and Servicing of Financial Assets - Not Applicable.
- C. Wash Sales – Not Applicable.
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
- Not Applicable.
19. Direct Premium Written/Produced by Managing General Agents (“MGAs”)/Third Party Administrators (“TPAs”)
- Not Applicable.
20. Fair Value Measurements

A. Fair value is defined, per SSAP No. 100R, *Fair Value* (“SSAP No. 100R”), as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. SSAP No. 100R identified three valuation techniques which are used, either independently or in combination, to determine fair value: (1) market approach; (2) income approach; and (3) cost approach. SSAP No. 100R also contains guidance about observable and unobservable inputs, which are assumptions that market participants would use in pricing an asset or liability. To increase consistency and comparability in fair value measurements, the fair value hierarchy prioritizes the inputs to valuation techniques into three broad levels: 1, 2 and 3. The hierarchy for inputs used in determining fair value maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that observable inputs be used when available. Certain assets are measured utilizing net asset value (NAV) as a practical expedient to determine fair value.

1. The following tables summarize the Company’s assets measured and reported at fair value in the Assets page as of:

| Description for each class of asset or liability | March 2024 | | | | |
|--|---------------|-----------|-----------|------|------------|
| | (Level 1) | (Level 2) | (Level 3) | NAV | Total |
| a. Assets at fair value | | | | | |
| Cash Equivalents | | | | | |
| Other MM Mutual Fund | 588,736 | | | | \$ 588,736 |
| Exempt MM Mutual Fund | \$ 137,514 | \$ | \$ | \$ | 137,514 |
| Total Cash Equivalents | 726,250 | | | | 726,250 |
| Total assets at fair value/NAV | \$ 726,250 | \$ | \$ - | \$ - | \$ 726,250 |
| | | | | | |
| Description for each class of asset or liability | December 2023 | | | | |
| | (Level 1) | (Level 2) | (Level 3) | NAV | Total |
| a. Assets at fair value | | | | | |
| Cash Equivalents | | | | | |
| Other MM Mutual Fund | 227,216 | | | | \$ 227,216 |
| Exempt MM Mutual Fund | \$ 49,757 | \$ | \$ | \$ | 49,757 |
| Total Cash Equivalents | 276,973 | | | | 276,973 |
| Total assets at fair value/NAV | \$ 276,973 | \$ | \$ - | \$ - | \$ 276,973 |

None of the Company’s liabilities were measured and reported at fair value in the Liabilities, Surplus and Other Funds page as of March 31, 2024, or December 31, 2023.

2. The Company did not have assets or liabilities measured and reported at fair value that were categorized as Level 3 as of March 31, 2024, or December 31, 2023.
3. The Company consistently follows its policy for determining when transfers between levels are recognized. The policy about the timing of recognizing transfers into Level 3 is the same as that for recognizing transfers out of Level 3.
4. In determining fair value, the Company principally uses the market approach which generally utilizes market transaction data for the same or similar instruments. To a lesser extent, the Company uses the income approach which involves determining fair values from discounted cash flow methodologies.
5. The Company did not utilize derivatives in 2024 or 2023.

B. &

- C. Presented below are the aggregate fair value estimates and admitted values of financial instruments as of:

| Type of Financial Instrument | March 2024 | | | | | | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|------------|-----------|------|----------------------------------|
| | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | NAV | |
| Bonds: | | | | | | | |
| Other than LBASS | \$ 5,911,973 | \$ 6,178,761 | \$ 5,457,285 | \$ 454,689 | \$ | \$ - | \$ - |
| LBASS | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |
| Preferred stocks | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |
| Unaffiliated common stocks | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |
| Cash equivalents | \$ 726,250 | \$ 726,250 | \$ 726,250 | \$ | \$ | \$ - | \$ - |
| Short-term investments | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |
| | | | | | | | |
| Type of Financial Instrument | December 2023 | | | | | | Not Practicable (Carrying Value) |
| | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | NAV | |
| Bonds: | | | | | | | |
| Other than LBASS | \$ 5,400,123 | \$ 5,660,557 | \$ 4,947,542 | \$ 452,581 | \$ | \$ - | \$ - |
| LBASS | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |
| Preferred stocks | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |
| Unaffiliated common stocks | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |
| Cash equivalents | \$ 276,973 | \$ 276,973 | \$ 276,973 | \$ | \$ | \$ - | \$ - |
| Short-term investments | \$ | \$ | \$ | \$ | \$ | \$ - | \$ - |

NOTES TO FINANCIAL STATEMENTS

The fair value of bonds in Level 1 is based on unadjusted quoted prices for identical assets in active markets the Company can access. The fair value of publicly traded bonds in Level 2 is based upon quoted prices for identical or similar assets in markets that are not active, contractual cash flows, benchmark yields and credit spreads.

The fair value of cash equivalents in Level 1 is based on unadjusted quoted prices or daily quoted net asset values for identical assets in active markets the Company can access.

- D. The Company was able to estimate the fair value of all its financial instruments in 2024 and 2023.
- E. Information About Financial Instruments Measured and Reported at NAV - Not Applicable.

21. Other Items

- A. Unusual or Infrequent Items – Not Applicable.
- B. Troubled Debt Restructuring: Debtors – Not Applicable.
- C. Other Disclosures

Macroeconomics Impacts

Macroeconomic factors have and may continue to impact the results of operations, financial condition and liquidity, such as U.S Government fiscal and monetary policies, the Russia/Ukraine and Israel/Hamas conflicts, supply chain disruptions, labor shortages and other macroeconomic factors that have increased inflation. These factors have affected operations and may continue to affect results of operations, financial condition and liquidity and should be considered when comparing the current period to prior periods.

- D. Business Interruption Insurance Recoveries – Not Applicable.
- E. State Transferable and Non-transferable Tax Credits – Not Applicable.
- F. Subprime Mortgage Related Risk Exposure - None
- G. Insurance-linked Securities (“ILS”) Contracts

The Company and certain of its affiliated insurance companies were ceding insurers of twelve and eleven ILS agreements related to directly-written insurance risks as of March 31, 2024 and December 31, 2023, respectively.

As of March 31, 2024, the ILS placements provide \$2.20 billion of reinsurance limits (with \$2.20 billion remaining limit available) for qualifying losses in all states except Florida caused by “Named Peril Basis” events with no reinstatement of limits. The ILS placements were comprised of seven occurrence only placements providing \$1.45 billion placed limits; three occurrence and aggregate placements providing \$425 million placed limits; and two aggregate only placements providing \$325 million placed limits.

As of December 31, 2023, the ILS placements provide \$1.80 billion of reinsurance limits (with \$1.80 billion remaining limit available) for qualifying losses in all states except Florida caused by “Named Peril Basis” events with no reinstatement of limits. The ILS placements were comprised of six occurrence only placements providing \$1.05 billion placed limits; three occurrence and aggregate placements providing \$425 million placed limits; and two aggregate only placements providing \$325 million placed limits.

Allstate declared catastrophes to personal lines property and automobile business can be aggregated to erode the aggregate retention and qualify for coverage under the aggregate limit. Recoveries are limited to our ultimate net loss from the reinsured event. Each agreement’s contractual limit applies to AIC and its ceding affiliated property and casualty companies under the agreement as a group, and not separately to each ceding company. There were 46 ceding affiliated property and casualty companies under the agreement as a group as of March 31, 2024 and December 31, 2023. A ceding company’s share of loss recovery under an agreement for a loss occurrence is based on the proportion of the ceding company’s ultimate net loss for such loss occurrence to the total ultimate net loss incurred by AIC and its ceding affiliated property and casualty companies for the loss occurrence, and is limited to the ceding company’s ultimate net loss. Reinsurance recoveries under the contract are limited to our ultimate net loss from a covered event subject to the contract’s limit.

The table below reports all known ILS involvements that would likely be used to satisfy the Company’s reinsurance agreements. The term “Aggregate Maximum Proceeds”, as listed in the table, represents the aggregate of the contract limits of all of the Company’s outstanding ILS contracts. Proceeds of \$293 million and \$300 million were expected to be received under the terms of ILS agreements as of March 31, 2024 and December 31 2023, respectively.

| | March 31, 2024 | | December 31, 2023 | |
|--------------------------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------------|
| | Number of Outstanding ILS Contracts | Aggregate Maximum Proceeds | Number of Outstanding ILS Contracts | Aggregate Maximum Proceeds |
| Management of Risk Related To: | | | | |
| (1) Directly-Written Insurance Risks | | | | |
| a. ILS Contracts as Issuer | - | \$ - | - | \$ - |
| b. ILS Contracts as Ceding Insurer | 12 | \$ 2,200,000,000 | 11 | \$ 1,800,000,000 |
| c. ILS Contracts as Counterparty | - | \$ - | - | \$ - |
| (2) Assumed Insurance Risks | | | | |
| a. ILS Contracts as Issuer | - | \$ - | - | \$ - |
| b. ILS Contracts as Ceding Insurer | - | \$ - | - | \$ - |
| c. ILS Contracts as Counterparty | - | \$ - | - | \$ - |

- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy
None.

22. Events Subsequent

An evaluation of subsequent events was made through May 8, 2024 for the Statement issued on May 10, 2024. There were no significant subsequent events requiring adjustment to or disclosure in the financial statements..

- 23. Reinsurance – Not Applicable.
- 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Method Used by Reporting Entity to Estimate Accrued Retrospective Premium Adjustments

NOTES TO FINANCIAL STATEMENTS

The Company has not accrued retroactive premiums reported as admitted assets.

- B.

Accrued Retrospective Premiums Recorded Through Written Premium or an Adjustment to Earned Premium

Not Applicable.
- C.

Amount of Net Premiums Written Subject to Retrospective Rating Features and Percentage to Total Net Premiums Written

Not Applicable.
- D.

Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act.

Not Applicable.
- E.

Nonadmitted Retrospective Premium

(1)

For Ten Percent (10%) Method of determining Nonadmitted Retrospective Premium

Not Applicable.

(2)

For Quality Rating Method of Determining Nonadmitted Retrospective Premium

Not Applicable.
- F.

Risk Sharing Provisions of the Affordable Care Act

Not Applicable.
25.

Changes in Incurred Losses and Loss Adjustment Expenses

A.

Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years is \$0 as a result of the Company's 100% quota share agreement with affiliate Integon National.

B.

There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid loss and loss adjustment expenses.
26.

Intercompany Pooling Arrangements

Not Applicable.
27.

Structured Settlements

Not Applicable.
28.

Health Care Receivables

Not Applicable.
29.

Participating Policies

Not Applicable.
30.

Premium Deficiency Reserves

No significant changes.
31.

High Deductibles

Not Applicable.
32.

Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not Applicable.
33.

Asbestos/Environmental Reserves

Not Applicable.
34.

Subscriber Savings Accounts

Not Applicable.
35.

Multiple Peril Crop Insurance

Not Applicable.
36.

Financial Guaranty Insurance

Not Applicable.

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []
- 3.5

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

899051
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | | | |
|----------------|-------------------|-------------------|
| 1 | 2 | 3 |
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [] No [X] N/A []
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2022
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4

By what department or departments?
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [X] No []
- 8.4

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

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|--|---|----------|----------|-----------|-----------|
| ALLSTATE FINANCIAL ADVISORS, LLC | 151 N. 8th St., Suite 450, Lincoln, NE 68508 .. | ..... | ..... | ..... | ...YES... |
| ALLSTATE FINANCIAL SERVICES, LLC | 151 N. 8th St., Suite 450, Lincoln, NE 68508 .. | ..... | ..... | ..... | ...YES... |
| ALLSTATE INVESTMENT MANAGEMENT COMPANY | 444 W. LAKE STREET, SUITE 4500, CHICAGO, IL 60606 ..... | ..... | ..... | ..... | ...YES... |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

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

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

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

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

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

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

10.2

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

0

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....

0

13.

Amount of real estate and mortgages held in short-term investments:

\$.....

0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

| | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$.....0 | \$..... |
| 14.22 Preferred Stock | \$.....0 | \$..... |
| 14.23 Common Stock | \$.....0 | \$..... |
| 14.24 Short-Term Investments | \$.....0 | \$..... |
| 14.25 Mortgage Loans on Real Estate | \$.....0 | \$..... |
| 14.26 All Other | \$.....0 | \$..... |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$.....0 | \$.....0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$..... | \$..... |

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

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

16.

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

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$.....

0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$.....

0

16.3

Total payable for securities lending reported on the liability page.

\$.....

0

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

GENERAL INTERROGATORIES

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|-------------------------------|--------------------------|
| Bank of New York Mellon | NEW YORK, NEW YORK |

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

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| ALLSTATE INVESTMENTS, LLC | A..... |

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

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

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

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|---------------------------------|------------------------------------|----------------------|---|
| N/A | ALLSTATE INVESTMENTS, LLC | QQVOKOEYTYOWZE36RV47 | IL D01 | DS..... |

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.
.....

Yes [] No [] N/A [X]
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.
.....

Yes [] No [X]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]
- 3.2

If yes, give full and complete information thereto.
.....
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves") discounted at a rate of interest greater than zero?

Yes [] No [X]
- 4.2

If yes, complete the following schedule:

| | | | TOTAL DISCOUNT | | | | DISCOUNT TAKEN DURING PERIOD | | | |
|------------------|------------------|---------------|----------------|------------|------|-------|------------------------------|------------|------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Line of Business | Maximum Interest | Discount Rate | Unpaid Losses | Unpaid LAE | IBNR | TOTAL | Unpaid Losses | Unpaid LAE | IBNR | TOTAL |
| TOTAL | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5.

Operating Percentages:
- 5.1

A&H loss percent

%
- 5.2

A&H cost containment percent

%
- 5.3

A&H expense percent excluding cost containment expenses

%
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date\$.....
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date\$.....
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []
- 7.1

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

Yes [] No []

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

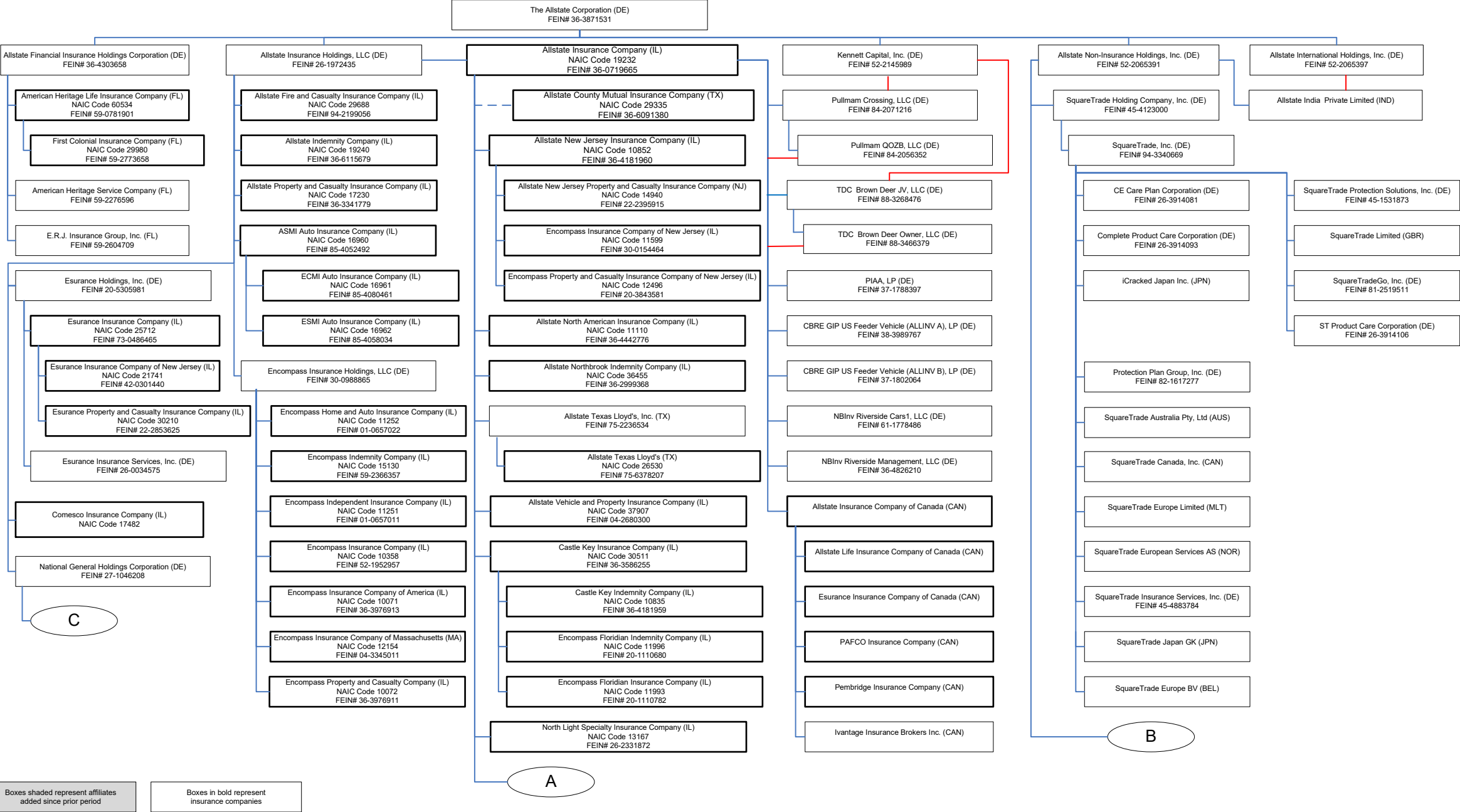
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

| Current Year to Date - Allocated by States and Territories | | | | | | | | |
|--|------------------------------|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|--------|
| States, etc. | 1 Active Status (a) | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | | |
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date | |
| 1. Alabama | AL | N | | | | | | |
| 2. Alaska | AK | N | | | | | | |
| 3. Arizona | AZ | L | | | | | | |
| 4. Arkansas | AR | N | | | | | | |
| 5. California | CA | N | | | | | | |
| 6. Colorado | CO | N | | | | | | |
| 7. Connecticut | CT | N | | | | | | |
| 8. Delaware | DE | N | | | | | | |
| 9. District of Columbia | DC | N | | | | | | |
| 10. Florida | FL | N | | | | | | |
| 11. Georgia | GA | L | | | | | | |
| 12. Hawaii | HI | N | | | | | | |
| 13. Idaho | ID | N | | | | | | |
| 14. Illinois | IL | L | | | | | | |
| 15. Indiana | IN | L | | | | | | |
| 16. Iowa | IA | N | | | | | | |
| 17. Kansas | KS | N | | | | | | |
| 18. Kentucky | KY | L | | | | | | |
| 19. Louisiana | LA | N | | | | | | |
| 20. Maine | ME | N | | | | | | |
| 21. Maryland | MD | N | | | | | | |
| 22. Massachusetts | MA | N | | | | | | |
| 23. Michigan | MI | N | | | | | | |
| 24. Minnesota | MN | N | | | | | | |
| 25. Mississippi | MS | N | | | | | | |
| 26. Missouri | MO | N | | | | | | |
| 27. Montana | MT | N | | | | | | |
| 28. Nebraska | NE | N | | | | | | |
| 29. Nevada | NV | N | | | | | | |
| 30. New Hampshire | NH | N | | | | | | |
| 31. New Jersey | NJ | N | | | | | | |
| 32. New Mexico | NM | N | | | | | | |
| 33. New York | NY | N | | | | | | |
| 34. North Carolina | NC | N | | | | | | |
| 35. North Dakota | ND | N | | | | | | |
| 36. Ohio | OH | L | | | | | | |
| 37. Oklahoma | OK | L | | | | | | |
| 38. Oregon | OR | N | | | | | | |
| 39. Pennsylvania | PA | L | | | | | | |
| 40. Rhode Island | RI | N | | | | | | |
| 41. South Carolina | SC | L | | | | | | |
| 42. South Dakota | SD | N | | | | | | |
| 43. Tennessee | TN | L | | | | | | |
| 44. Texas | TX | N | | | | | | |
| 45. Utah | UT | N | | | | | | |
| 46. Vermont | VT | N | | | | | | |
| 47. Virginia | VA | L | 0 | 8,276 | 8,750 | 5,181 | 3,200 | 55,702 |
| 48. Washington | WA | N | | | | | | |
| 49. West Virginia | WV | N | | | | | | |
| 50. Wisconsin | WI | N | | | | | | |
| 51. Wyoming | WY | N | | | | | | |
| 52. American Samoa | AS | N | | | | | | |
| 53. Guam | GU | N | | | | | | |
| 54. Puerto Rico | PR | N | | | | | | |
| 55. U.S. Virgin Islands | VI | N | | | | | | |
| 56. Northern Mariana Islands | MP | N | | | | | | |
| 57. Canada | CAN | N | | | | | | |
| 58. Aggregate Other Alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | XXX | 0 | 8,276 | 8,750 | 5,181 | 3,200 | 55,702 | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 58001. | XXX | | | | | | | |
| 58002. | XXX | | | | | | | |
| 58003. | XXX | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

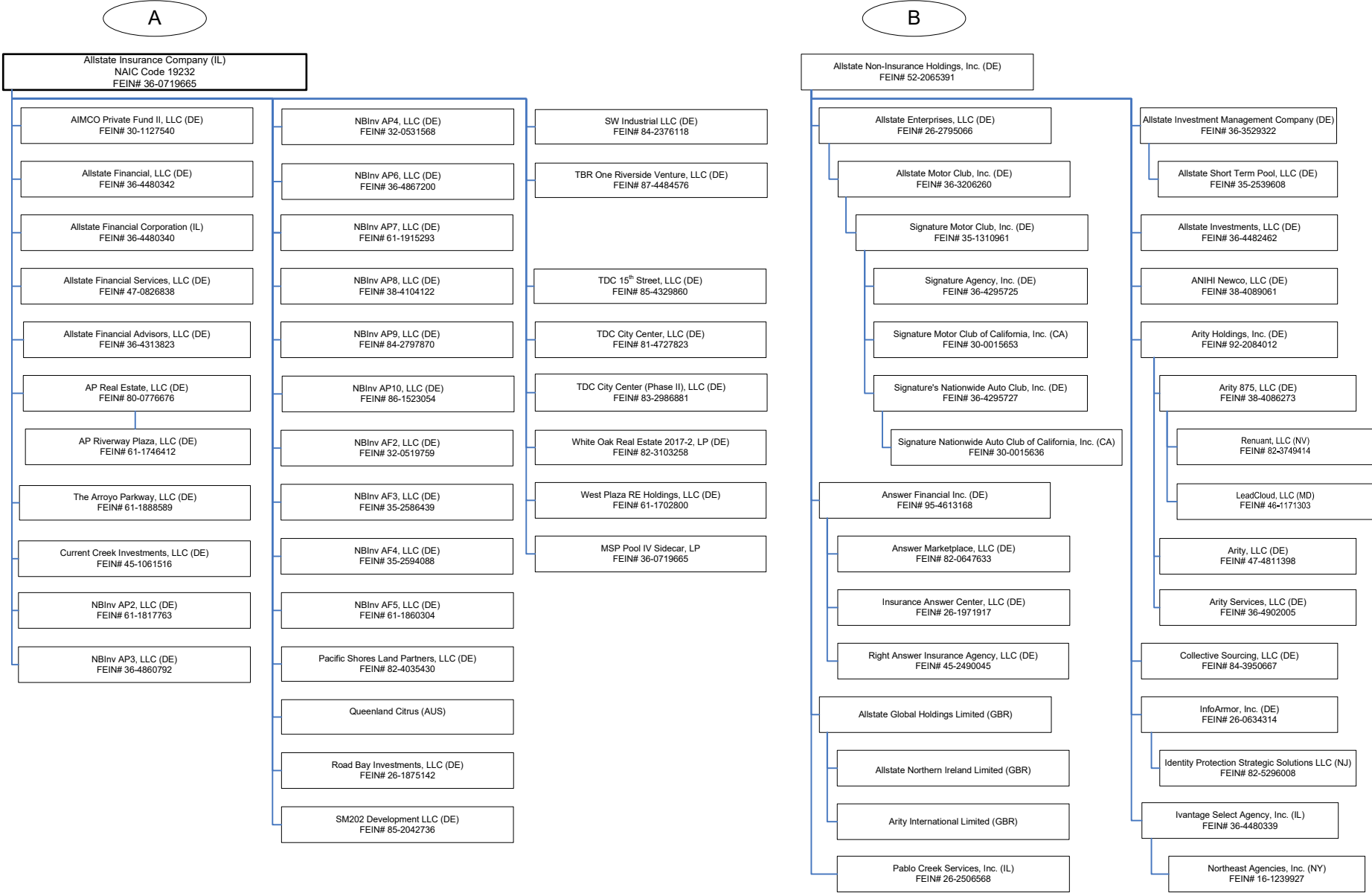
(a) Active Status Counts:

| | | | |
|--|----|--|----|
| 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... | 11 | 4. Q - Qualified - Qualified or accredited reinsurer..... | 0 |
| 2. R - Registered - Non-domiciled RRGs..... | 0 | 5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile..... | 0 |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... | 0 | 6. N - None of the above - Not allowed to write business in the state..... | 46 |

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

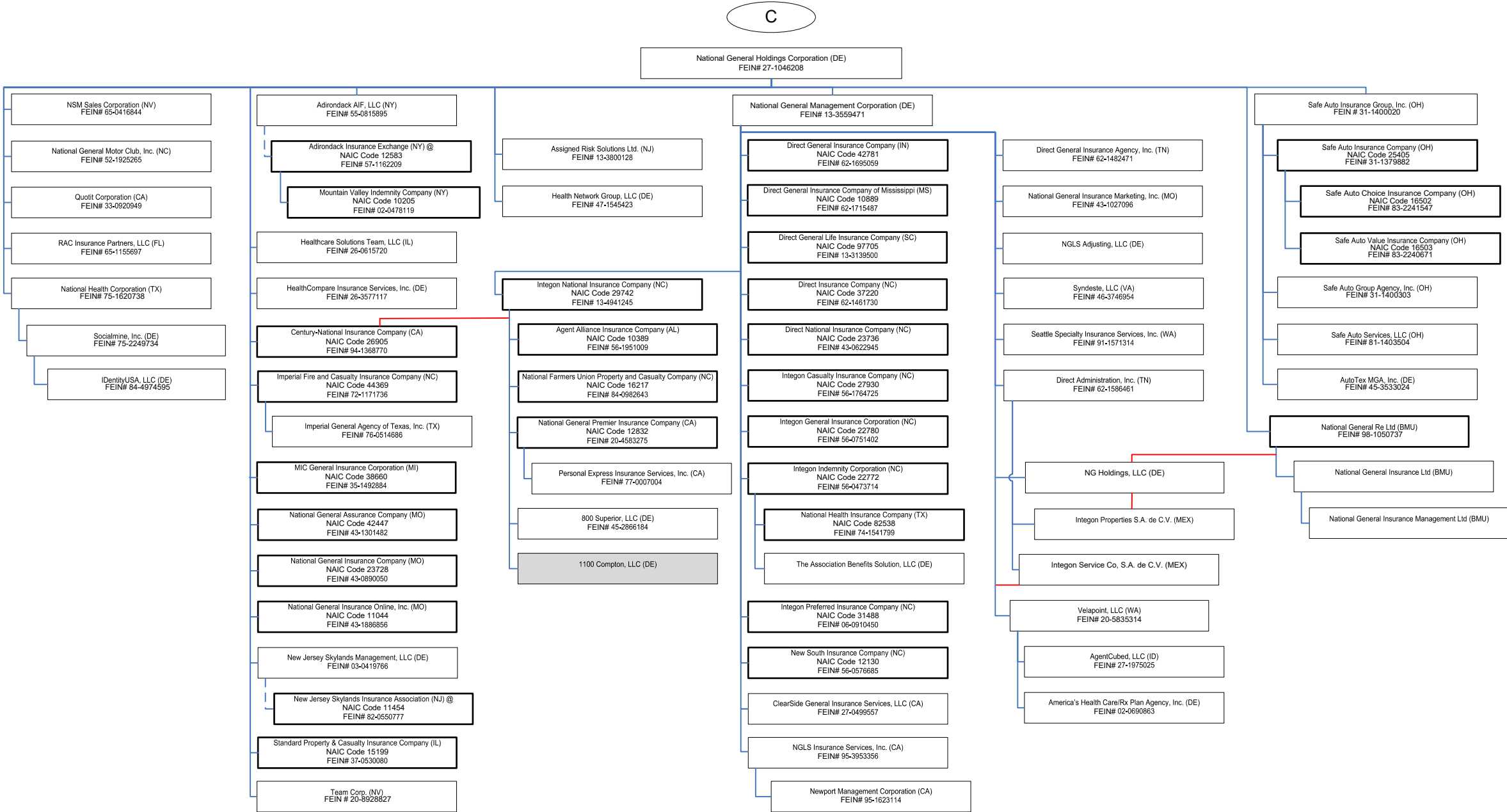


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

11.2



Boxes shaded represent affiliates added since prior period

Boxes in bold represent insurance companies

@ Denotes company which is affiliated but not owned

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice 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 Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| | | | 36-3871531 | 2877532 | 0000899051 | New York Stock Exchange | The Allstate Corporation | ..DE..... | ..UIP..... | | | | | | |
| | | | 45-2866184 | | | | 1100 Compton, LLC | ..DE..... | ..NIA..... | Integon National Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 55-0815895 | | | | 800 Superior, LLC | ..DE..... | ..NIA..... | Integon National Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 57-1162209 | | | | Adirondack AIF, LLC | ..NY..... | ..NIA..... | National General Holdings Corp | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 12583 | 57-1162209 | | | | Adirondack Insurance Exchange | ..NY..... | ..IA..... | Adirondack AIF, LLC | Attorney-In-Fact..... | | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 10389 | 56-1951009 | | | | Agent Alliance Insurance Company | ..AL..... | ..IA..... | Integon National Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 27-1975025 | | | | AgentCubed, LLC | ..ID..... | ..NIA..... | Velapoint, LLC | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 30-1127540 | | | | AIMCO Private Fund II, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 29335 | 36-6091380 | | | | Allstate County Mutual Insurance Company | ..TX..... | ..IA..... | Allstate Insurance Company | Board of Directors..... | | The Allstate Corporation | ..NO..... | |
| | | | 26-2795066 | | | | Allstate Enterprises, LLC | ..DE..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 36-4313823 | | | | Allstate Financial Advisors, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 36-4480340 | | | | Allstate Financial Corporation | ..IL..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 36-4303658 | | | | Allstate Financial Insurance Holdings Corporation | ..DE..... | ..NIA..... | The Allstate Corporation | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 47-0826838 | | 0000797152 | | Allstate Financial Services, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 36-4480342 | | | | Allstate Financial, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 29688 | 94-2199056 | | | | Allstate Fire and Casualty Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | | | | | Allstate Global Holdings Limited | ..GBR..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 19240 | 36-6115679 | | | | Allstate Indemnity Company | ..IL..... | ..IA..... | Allstate Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | | | | | Allstate India Private Limited | ..IND..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 99.990 | The Allstate Corporation | ..NO..... | |
| | | | | | | | Allstate India Private Limited | ..IND..... | ..NIA..... | Allstate International Holdings, Inc. | Ownership..... | 0.010 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 19232 | 36-0719665 | | 0000314982 | | Allstate Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | | | | | Allstate Insurance Company of Canada | ..CAN..... | ..IA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..YES..... | |
| | | | 26-1972435 | | | | Allstate Insurance Holdings, LLC | ..DE..... | ..UIP..... | The Allstate Corporation | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 52-2065397 | | | | Allstate International Holdings, Inc. | ..DE..... | ..NIA..... | The Allstate Corporation | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 36-3529322 | | | | Allstate Investment Management Company | ..DE..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 36-4482462 | | 0001206333 | | Allstate Investments, LLC | ..DE..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | | | | | Allstate Life Insurance Company of Canada | ..CAN..... | ..IA..... | Allstate Insurance Company of Canada | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 36-3206260 | | | | Allstate Motor Club, Inc. | ..DE..... | ..NIA..... | Allstate Enterprises, LLC | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 10852 | 36-4181960 | | | | Allstate New Jersey Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | | | | | Allstate New Jersey Property and Casualty Insurance Company | ..NJ..... | ..IA..... | Allstate New Jersey Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 14940 | 22-2395915 | | | | Allstate Non-Insurance Holdings, Inc. | ..DE..... | ..NIA..... | The Allstate Corporation | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 52-2065391 | | | | Allstate North American Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 11110 | 36-4442776 | | | | Allstate Northbrook Indemnity Company | ..IL..... | ..IA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 36455 | 36-2999368 | | | | Allstate Northern Ireland Limited | ..GBR..... | ..NIA..... | Allstate Global Holdings Limited | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | | | | | Allstate Property and Casualty Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 17230 | 36-3341779 | | | | Allstate Short Term Pool, LLC | ..DE..... | ..NIA..... | Allstate Investment Management Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 35-2539608 | | | | Allstate Texas Lloyd's | ..TX..... | ..IA..... | Allstate Texas Lloyd's, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 26530 | 75-6378207 | | | | Allstate Texas Lloyd's, Inc. | ..TX..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 75-2236534 | | | | Allstate Vehicle and Property Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| .0008 | Allstate Insurance Group | 37907 | 04-2680300 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| .0008 | Allstate Insurance Group | 60534 | 59-0781901 | | | | American Heritage Life Insurance Company | ..FL..... | ..IA..... | Allstate Financial Insurance Holdings Corporation | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | | | | | | | | | | | | | |
| | | | 59-2276596 | | | | American Heritage Service Company | ..FL..... | ..NIA..... | Corporation | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 02-0690863 | | | | America's Health Care/Rx Plan Agency, Inc. | ..DE..... | ..NIA..... | Velapoint, LLC | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |
| | | | 38-4089061 | | | | ANIHI Newco, LLC | ..DE..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ..NO..... | |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice 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 Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| | | | 95-4613168 | | | | Answer Financial Inc. | ..DE..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 82-0647633 | | | | Answer Marketplace, LLC | ..DE..... | ..NIA..... | Answer Financial Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 80-0776676 | | | | AP Real Estate, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 61-1746412 | | | | AP Riverway Plaza, LLC | ..DE..... | ..NIA..... | AP Real Estate, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 38-4086273 | | | | Arity 875, LLC | ..DE..... | ..NIA..... | Arity Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 92-2084012 | | | | Arity Holdings, Inc. | ..DE..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | | | | | Arity International Limited | ..GBR..... | ..NIA..... | Allstate Global Holdings Limited | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 47-4811398 | | | | Arity, LLC | ..DE..... | ..NIA..... | Arity Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 36-4902005 | | | | Arity Services, LLC | ..DE..... | ..NIA..... | Arity Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 16960 | 85-4052492 | | | | ASMI Auto Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 13-3800128 | | | | Assigned Risk Solutions Ltd. | ..NJ..... | ..NIA..... | National General Holdings Corp. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 45-3533024 | | | | AutoTex MGA, Inc. | ..DE..... | ..NIA..... | Safe Auto Insurance Group, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 10835 | 36-4181959 | | | | Castle Key Indemnity Company | ..IL..... | ..IA..... | Castle Key Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 30511 | 36-3586255 | | | | Castle Key Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 38-3989767 | | | | CBRE GIP US Feeder Vehicle (ALLINV A), LP ... | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 51.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 37-1802064 | | | | CBRE GIP US Feeder Vehicle (ALLINV B), LP ... | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 51.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 26-3914081 | | | | CE Care Plan Corporation | ..DE..... | ..NIA..... | SquareTrade, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 26905 | 94-1368770 | | | | Century-National Insurance Company | ..CA..... | ..IA..... | National General Holdings Corp. | Ownership..... | 78.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 26905 | 94-1368770 | | | | Century-National Insurance Company | ..CA..... | ..IA..... | Integon National Insurance Company | Ownership..... | 22.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 27-0499557 | | | | ClearSide General Insurance Services, LLC. . | ..CA..... | ..NIA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 84-3950667 | | | | Collective Sourcing, LLC | ..DE..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 17482 | 92-2414709 | | | | Comesco Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 26-3914093 | | | | Complete Product Care Corporation | ..DE..... | ..NIA..... | SquareTrade, Inc. | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 45-1061516 | | | | Current Creek Investments, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 62-1586461 | | | | Direct Administration, Inc. | ..TN..... | ..NIA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 62-1482471 | | | | Direct General Insurance Agency, Inc. | ..TN..... | ..NIA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 42781 | 62-1695059 | | | | Direct General Insurance Company | ..IN..... | ..IA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | | | | | Direct General Insurance Company of Mississippi | ..MS..... | ..IA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 10889 | 62-1715487 | | | | Direct General Life Insurance Company | ..SC..... | ..IA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 97705 | 13-3139500 | | | | Direct Insurance Company | ..NC..... | ..IA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 37220 | 62-1461730 | | | | Direct National Insurance Company | ..NC..... | ..IA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 23736 | 43-0622945 | | | | ECMI Auto Insurance Company | ..IL..... | ..IA..... | ASMI Auto Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 16961 | 85-4080461 | | | | | | | Allstate Financial Insurance Holdings Corporation | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 59-2604709 | | | | E.R.J. Insurance Group, Inc. | ..FL..... | ..NIA..... | | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 11996 | 20-1110680 | | | | Encompass Floridian Indemnity Company | ..IL..... | ..IA..... | Castle Key Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 11993 | 20-1110782 | | | | Encompass Floridian Insurance Company | ..IL..... | ..IA..... | Castle Key Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 11252 | 01-0657022 | | | | Encompass Home and Auto Insurance Company ... | ..IL..... | ..IA..... | Encompass Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 15130 | 59-2366357 | | | | Encompass Indemnity Company | ..IL..... | ..IA..... | Encompass Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 11251 | 01-0657011 | | | | Encompass Independent Insurance Company | ..IL..... | ..IA..... | Encompass Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 10358 | 52-1952957 | | | | Encompass Insurance Company | ..IL..... | ..IA..... | Encompass Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 10071 | 36-3976913 | | | | Encompass Insurance Company of America | ..IL..... | ..IA..... | Encompass Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | | | | | Encompass Insurance Company of Massachusetts | | | | | | | | |
| .0008 | Allstate Insurance Group | 12154 | 04-3345011 | | | | | ..MA..... | ..IA..... | Encompass Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 11599 | 30-0154464 | | | | Encompass Insurance Company of New Jersey ... | ..IL..... | ..IA..... | Allstate New Jersey Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | 30-0988865 | | | | Encompass Insurance Holdings, LLC | ..DE..... | ..NIA..... | Allstate Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| .0008 | Allstate Insurance Group | 10072 | 36-3976911 | | | | Encompass Property and Casualty Company | ..IL..... | ..IA..... | Encompass Insurance Holdings, LLC | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |
| | | | | | | | Encompass Property and Casualty Insurance Company of New Jersey | ..IL..... | ..IA..... | Allstate New Jersey Insurance Company | Ownership..... | 100.000 | The Allstate Corporation | ...NO..... | ..... |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Owner- ship Provide Percent- age | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Re- quired? (Yes/No) | 16 * |
|---------------|--------------------------|-------------------------|--------------|-----------------|-----|--|--|-----------------------------------|---|---|---|---|---|--|---------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi- ciliary Loca- tion | Rela- tion- ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | | | | | |
| .0008 | Allstate Insurance Group | 16962 | 85-4058034 | | | | ESMI Auto Insurance Company | IL | IA | ASMI Auto Insurance Company | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 20-5305981 | | | | Esurance Holdings, Inc. | DE | NIA | Allstate Insurance Holdings, LLC | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 25712 | 73-0486465 | | | | Esurance Insurance Company | IL | IA | Esurance Holdings, Inc. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | Esurance Insurance Company of Canada | CAN | IA | Allstate Insurance Company of Canada | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 21741 | 42-0301440 | | | | Esurance Insurance Company of New Jersey | IL | IA | Esurance Insurance Company | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 26-0034575 | | | | Esurance Insurance Services, Inc. | DE | NIA | Esurance Holdings, Inc. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | Esurance Property and Casualty Insurance Company | IL | IA | Esurance Insurance Company | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 30210 | 22-2853625 | | | | First Colonial Insurance Company | FL | IA | American Heritage Life Insurance Company | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 29980 | 59-2773658 | | | | Health Network Group, LLC | DE | NIA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 47-1545423 | | | | Healthcare Solutions Team, LLC | IL | NIA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 26-0615720 | | | | HealthCompare Insurance Services, Inc. | DE | NIA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 26-3577117 | | | | iCracked Japan, Inc. | JPN | NIA | SquareTrade, Inc. | Ownership | 58.000 | The Allstate Corporation | NO | |
| | | | 84-4974595 | | | | IDentityUSA, LLC | DE | NIA | National Health Corporation | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 82-5296008 | | | | Identity Protection Strategic Solutions LLC | NJ | NIA | InfoArmor, Inc. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | Imperial Fire and Casualty Insurance Company | | | | | | | | |
| .0008 | Allstate Insurance Group | 44369 | 72-1171736 | | | | | NC | IA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | | | | Imperial Fire and Casualty Insurance Company | | | | | |
| | | | 76-0514686 | | | | Imperial General Agency of Texas, Inc. | TX | NIA | Company | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 26-0634314 | | | | InfoArmor, Inc. | DE | NIA | Allstate Non-Insurance Holdings, Inc. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 26-1971917 | | | | Insurance Answer Center, LLC | DE | NIA | Answer Financial Inc. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 27930 | 56-1764725 | | | | Integon Casualty Insurance Company | NC | IA | National General Management Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 22780 | 56-0751402 | | | | Integon General Insurance Corporation | NC | IA | National General Management Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 22772 | 56-0473714 | | | | Integon Indemnity Corporation | NC | IA | National General Management Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 29742 | 13-4941245 | | | | Integon National Insurance Company | NC | IA | National General Management Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 31488 | 06-0910450 | | | | Integon Preferred Insurance Company | NC | IA | National General Management Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | Integon Properties S.A. de C.V. | MEX | NIA | NG Holdings, LLC | Ownership | 99.000 | The Allstate Corporation | NO | |
| | | | | | | | Integon Properties S.A. de C.V. | MEX | NIA | Direct Administration, Inc. | Ownership | 1.000 | The Allstate Corporation | NO | |
| | | | | | | | Integon Service Co. S.A. de C.V. | MEX | NIA | National General Management Corp. | Ownership | 99.000 | The Allstate Corporation | NO | |
| | | | | | | | Integon Service Co. S.A. de C.V. | MEX | NIA | Direct Administration, Inc. | Ownership | 1.000 | The Allstate Corporation | NO | |
| | | | | | | | Ivantage Insurance Brokers Inc. | CAN | NIA | Allstate Insurance Company of Canada | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 36-4480339 | | | | Ivantage Select Agency, Inc. | IL | NIA | Allstate Non-Insurance Holdings, Inc. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 52-2145989 | | | | Kennett Capital, Inc. | DE | NIA | The Allstate Corporation | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 46-1171303 | | | | LeadCloud, LLC | MD | NIA | Arity 875, LLC | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 38660 | 35-1492884 | | | | MIC General Insurance Corporation | MI | IA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 10205 | 02-0478119 | | | | Mountain Valley Indemnity Company | NY | IA | Adirondack Insurance Exchange | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 36-0719665 | | | | MSP Pool IV Sidecar, LP | DE | NIA | Allstate Insurance Company | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | National Farmers Union Property and Casualty Company | NC | IA | Integon National Insurance Company | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 16217 | 84-0982643 | | | | | | | | | | | | |
| .0008 | Allstate Insurance Group | 42447 | 43-1301482 | | | | National General Assurance Company | MO | IA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 27-1046208 | | | | National General Holdings Corp. | DE | UIP | Allstate Insurance Holdings, LLC | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 23728 | 43-0890050 | | | | National General Insurance Company | MO | IA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | National General Insurance Ltd | BMU | NIA | National General Re Ltd | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | | | | | National General Insurance Management Ltd | BMU | NIA | National General Insurance Ltd | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 43-1027096 | | | | National General Insurance Marketing, Inc. | MO | NIA | National General Management Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 11044 | 43-1886856 | | | | National General Insurance Online, Inc. | MO | IA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 13-3559471 | | | | National General Management Corp | DE | NIA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| | | | 52-1925265 | | | | National General Motor Club, Inc. | NC | NIA | National General Holdings Corp. | Ownership | 100.000 | The Allstate Corporation | NO | |
| .0008 | Allstate Insurance Group | 12832 | 20-4583275 | | | | National General Premier Insurance Company | CA | IA | Integon National Insurance Company | Ownership | 100.000 | The Allstate Corporation | NO | |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice 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) | * |
| .0008 | Allstate Insurance Group | 82538 | 98-1050737 | | | | National General Re Ltd | ..BMJ.. | ..IA..... | National General Holdings Corp. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 75-1620738 | | | | National Health Corporation | ..TX..... | ..NIA..... | National General Holdings Corp. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 74-1541799 | | | | National Health Insurance Company | ..TX..... | ..IA..... | Integon Indemnity Corporation | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 32-0519759 | | | | NBInv AF2, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 35-2586439 | | | | NBInv AF3, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 35-2594088 | | | | NBInv AF4, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 61-1860304 | | | | NBInv AF5, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 61-1817763 | | | | NBInv AP2, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 36-4860792 | | | | NBInv AP3, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 32-0531568 | | | | NBInv AP4, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 36-4867200 | | | | NBInv AP6, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 61-1915293 | | | | NBInv AP7, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 99.643 | The Allstate Corporation |NO..... | |
| | | | 38-4104122 | | | | NBInv AP8, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 84-2797870 | | | | NBInv AP9, LLC | ..AUS..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 86-1523054 | | | | NBInv AP10, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| .0008 | Allstate Insurance Group | 11454 | 61-1778486 | | | | NBInv Riverside Cars1, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 36-4826210 | | | | NBInv Riverside Management, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 82-0550777 | | | | New Jersey Skylands Insurance Association | ..NJ..... | ..IA..... | New Jersey Skylands Management, LLC | Attorney-In-Fact..... | | The Allstate Corporation |NO..... | |
| | | | 03-0419766 | | | | New Jersey Skylands Management, LLC | ..DE..... | ..NIA..... | National General Holdings Corp | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 56-0576685 | | | | New South Insurance Company | ..NC..... | ..IA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 95-1623114 | | | | Newport Management Corporation | ..CA..... | ..NIA..... | NGLS Insurance Services, Inc. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | | | | | NG Holdings, LLC | ..DE..... | ..NIA..... | National General Re Ltd | Ownership..... | 99.000 | The Allstate Corporation |NO..... | |
| | | | | | | | NG Holdings, LLC | ..DE..... | ..NIA..... | National General Management Corp | Ownership..... | 1.000 | The Allstate Corporation |NO..... | |
| | | | | | | | NGLS Adjusting, LLC | ..DE..... | ..NIA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 95-3953356 | | | | NGLS Insurance Services, Inc. | ..CA..... | ..NIA..... | National General Management Corp | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 26-2331872 | | | | North Light Specialty Insurance Company | ..IL..... | ..IA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 16-1239927 | | | | Northeast Agencies, Inc. | ..NY..... | ..NIA..... | Ivantage Select Agency, Inc. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 65-0416844 | | | | NSM Sales Corporation | ..NV..... | ..NIA..... | National General Holdings Corp | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 26-2506568 | | | | Pablo Creek Services, Inc. | ..IL..... | ..NIA..... | Allstate Non-Insurance Holdings, Inc. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| .0008 | Allstate Insurance Group | 13167 | 82-4035430 | | | | Pacific Shores Land Partners, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 90.000 | The Allstate Corporation |NO..... | |
| | | | | | | | PAFCO Insurance Company | ..CAN..... | ..IA..... | Allstate Insurance Company of Canada | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | | | | | Pembridge Insurance Company | ..CAN..... | ..IA..... | Allstate Insurance Company of Canada | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | | | | | | | | National General Premier Insurance Company | | | | | |
| | | | 77-0007004 | | | | Personal Express Insurance Services, Inc. | ..CA..... | ..NIA..... | | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 37-1788397 | | | | PIAA, LP | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 95.000 | The Allstate Corporation |NO..... | |
| | | | 82-1617277 | | | | Protection Plan Group, Inc. | ..DE..... | ..NIA..... | SquareTrade, Inc. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 84-2071216 | | | | Pullman Crossing, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 94.500 | The Allstate Corporation |NO..... | |
| | | | 84-2071216 | | | | Pullman Crossing, LLC | ..DE..... | ..NIA..... | Kennett Capital, Inc. | Ownership..... | 5.500 | The Allstate Corporation |NO..... | |
| | | | 84-2056352 | | | | Pullman QOZB, LLC | ..DE..... | ..NIA..... | Pullman Crossing, LLC | Ownership..... | 99.900 | The Allstate Corporation |NO..... | |
| | | | 84-2056352 | | | | Pullman QOZB, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 0.100 | The Allstate Corporation |NO..... | |
| | | | | | | | Queenland Citrus | ..AUS..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 98.397 | The Allstate Corporation |NO..... | |
| | | | 33-0920949 | | | | Qotit Corporation | ..CA..... | ..NIA..... | National General Holdings Corp. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 65-1155697 | | | | RAC Insurance Partners, LLC | ..FL..... | ..NIA..... | National General Holdings Corp | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| .0008 | Allstate Insurance Group | 25405 | 82-3749414 | | | | Renuant, LLC | ..NV..... | ..NIA..... | Arity 875, LLC | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 45-2490045 | | | | Right Answer Insurance Agency, LLC | ..DE..... | ..NIA..... | Answer Financial Inc. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 26-1875142 | | | | Road Bay Investments, LLC | ..DE..... | ..NIA..... | Allstate Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 31-1400020 | | | | Safe Auto Insurance Group, Inc. | ..OH..... | ..UIP..... | National General Holdings Corp. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 31-1379882 | | | | Safe Auto Insurance Company | ..OH..... | ..UDP..... | Safe Auto Insurance Group, Inc. | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |
| | | | 83-2241547 | | | | Safe Auto Choice Insurance Company | ..OH..... | ..RE..... | Safe Auto Insurance Company | Ownership..... | 100.000 | The Allstate Corporation |NO..... | |

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PART 1 - LOSS EXPERIENCE

| Line of Business | | Current Year to Date | | | 4 |
|----------------------|---|--------------------------------|--------------------------------|--------------------------------|---|
| | | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | Prior Year to Date Direct Loss Percentage |
| 1. | Fire | | | 0.0 | 0.0 |
| 2.1 | Allied Lines | | | 0.0 | 0.0 |
| 2.2 | Multiple peril crop | | | 0.0 | 0.0 |
| 2.3 | Federal flood | | | 0.0 | 0.0 |
| 2.4 | Private crop | | | 0.0 | 0.0 |
| 2.5 | Private flood | | | 0.0 | 0.0 |
| 3. | Farmowners multiple peril | | | 0.0 | 0.0 |
| 4. | Homeowners multiple peril | | | 0.0 | 0.0 |
| 5.1 | Commercial multiple peril (non-liability portion) | | | 0.0 | 0.0 |
| 5.2 | Commercial multiple peril (liability portion) | | | 0.0 | 0.0 |
| 6. | Mortgage guaranty | | | 0.0 | 0.0 |
| 8. | Ocean marine | | | 0.0 | 0.0 |
| 9.1 | Inland marine | | | 0.0 | |
| 9.2 | Pet insurance | | | 0.0 | |
| 10. | Financial guaranty | | | 0.0 | 0.0 |
| 11.1 | Medical professional liability - occurrence | | | 0.0 | 0.0 |
| 11.2 | Medical professional liability - claims-made | | | 0.0 | 0.0 |
| 12. | Earthquake | | | 0.0 | 0.0 |
| 13.1 | Comprehensive (hospital and medical) individual | | | 0.0 | 0.0 |
| 13.2 | Comprehensive (hospital and medical) group | | | 0.0 | 0.0 |
| 14. | Credit accident and health | | | 0.0 | 0.0 |
| 15.1 | Vision only | | | 0.0 | 0.0 |
| 15.2 | Dental only | | | 0.0 | 0.0 |
| 15.3 | Disability income | | | 0.0 | 0.0 |
| 15.4 | Medicare supplement | | | 0.0 | 0.0 |
| 15.5 | Medicaid Title XIX | | | 0.0 | 0.0 |
| 15.6 | Medicare Title XVIII | | | 0.0 | 0.0 |
| 15.7 | Long-term care | | | 0.0 | 0.0 |
| 15.8 | Federal employees health benefits plan | | | 0.0 | 0.0 |
| 15.9 | Other health | | | 0.0 | 0.0 |
| 16. | Workers' compensation | | | 0.0 | 0.0 |
| 17.1 | Other liability - occurrence | | | 0.0 | 0.0 |
| 17.2 | Other liability - claims-made | | | 0.0 | 0.0 |
| 17.3 | Excess workers' compensation | | | 0.0 | 0.0 |
| 18.1 | Products liability - occurrence | | | 0.0 | 0.0 |
| 18.2 | Products liability - claims-made | | | 0.0 | 0.0 |
| 19.1 | Private passenger auto no-fault (personal injury protection) | | | 0.0 | 0.0 |
| 19.2 | Other private passenger auto liability | | (9,962) | 0.0 | 207.1 |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | 0.0 | 0.0 |
| 19.4 | Other commercial auto liability | | | 0.0 | 0.0 |
| 21.1 | Private passenger auto physical damage | | | 0.0 | (35.4) |
| 21.2 | Commercial auto physical damage | | | 0.0 | 0.0 |
| 22. | Aircraft (all perils) | | | 0.0 | 0.0 |
| 23. | Fidelity | | | 0.0 | 0.0 |
| 24. | Surety | | | 0.0 | 0.0 |
| 26. | Burglary and theft | | | 0.0 | 0.0 |
| 27. | Boiler and machinery | | | 0.0 | 0.0 |
| 28. | Credit | | | 0.0 | 0.0 |
| 29. | International | | | 0.0 | 0.0 |
| 30. | Warranty | | | 0.0 | 0.0 |
| 31. | Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX | XXX |
| 32. | Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX | XXX |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX |
| 34. | Aggregate write-ins for other lines of business | 0 | 0 | 0.0 | 0.0 |
| 35. | Totals | 0 | (9,962) | 0.0 | (725.4) |
| 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 |
| 3499. | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | 0 | 0 | 0.0 | 0.0 |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business | | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
|----------------------|---|----------------------|------------------------------|---------------------------------|
| 1. | Fire | 0 | | 0 |
| 2.1 | Allied Lines | 0 | | 0 |
| 2.2 | Multiple peril crop | 0 | | 0 |
| 2.3 | Federal flood | 0 | | 0 |
| 2.4 | Private crop | 0 | | 0 |
| 2.5 | Private flood | 0 | | 0 |
| 3. | Farmowners multiple peril | 0 | | 0 |
| 4. | Homeowners multiple peril | 0 | | 0 |
| 5.1 | Commercial multiple peril (non-liability portion) | 0 | | 0 |
| 5.2 | Commercial multiple peril (liability portion) | 0 | | 0 |
| 6. | Mortgage guaranty | 0 | | 0 |
| 8. | Ocean marine | 0 | | 0 |
| 9.1 | Inland marine | 0 | | |
| 9.2 | Pet insurance | 0 | | |
| 10. | Financial guaranty | 0 | | 0 |
| 11.1 | Medical professional liability - occurrence | 0 | | 0 |
| 11.2 | Medical professional liability - claims-made | 0 | | 0 |
| 12. | Earthquake | 0 | | 0 |
| 13.1 | Comprehensive (hospital and medical) individual | 0 | | 0 |
| 13.2 | Comprehensive (hospital and medical) group | 0 | | 0 |
| 14. | Credit accident and health | 0 | | 0 |
| 15.1 | Vision only | 0 | | 0 |
| 15.2 | Dental only | 0 | | 0 |
| 15.3 | Disability income | 0 | | 0 |
| 15.4 | Medicare supplement | 0 | | 0 |
| 15.5 | Medicaid Title XIX | 0 | | 0 |
| 15.6 | Medicare Title XVIII | 0 | | 0 |
| 15.7 | Long-term care | 0 | | 0 |
| 15.8 | Federal employees health benefits plan | 0 | | 0 |
| 15.9 | Other health | 0 | | 0 |
| 16. | Workers' compensation | 0 | | 0 |
| 17.1 | Other liability - occurrence | 0 | | 0 |
| 17.2 | Other liability - claims-made | 0 | | 0 |
| 17.3 | Excess workers' compensation | 0 | | 0 |
| 18.1 | Products liability - occurrence | 0 | | 0 |
| 18.2 | Products liability - claims-made | 0 | | 0 |
| 19.1 | Private passenger auto no-fault (personal injury protection) | 0 | | 0 |
| 19.2 | Other private passenger auto liability | 0 | | 8,276 |
| 19.3 | Commercial auto no-fault (personal injury protection) | 0 | | 0 |
| 19.4 | Other commercial auto liability | 0 | | 0 |
| 21.1 | Private passenger auto physical damage | 0 | | 0 |
| 21.2 | Commercial auto physical damage | 0 | | 0 |
| 22. | Aircraft (all perils) | 0 | | 0 |
| 23. | Fidelity | 0 | | 0 |
| 24. | Surety | 0 | | 0 |
| 26. | Burglary and theft | 0 | | 0 |
| 27. | Boiler and machinery | 0 | | 0 |
| 28. | Credit | 0 | | 0 |
| 29. | International | 0 | | 0 |
| 30. | Warranty | 0 | | 0 |
| 31. | Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX |
| 32. | Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX |
| 34. | Aggregate write-ins for other lines of business | 0 | 0 | 0 |
| 35. | Totals | 0 | 0 | 8,276 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | ..... |  |  |  |
| 3402. | ..... |  |  |  |
| 3403. | ..... |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 |
| 3499. | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | 0 | 0 | 0 |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|---|---|--|--|--|--|---|--|--------------------------------------|---|---|--|---|
| Years in Which Losses Occurred | Prior Year-End Known Case Loss and LAE Reserves | Prior Year-End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1+2) | 2024 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2024 Loss and LAE Payments (Cols. 4+5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols.7+8+9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12) |
| 1. 2021 + Prior ..... | ..... | ..... | .....0 | ..... | ..... | .....0 | ..... | ..... | ..... | .....0 |0 |0 |0 |
| 2. 2022 ..... | ..... | ..... | .....0 | ..... | ..... | .....0 | ..... | ..... | ..... | .....0 |0 |0 |0 |
| 3. Subtotals 2022 + Prior |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 4. 2023 ..... | ..... | ..... | .....0 | ..... | ..... | .....0 | ..... | ..... | ..... | .....0 |0 |0 |0 |
| 5. Subtotals 2023 + Prior |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 6. 2024 |XXX..... |XXX..... |XXX..... |XXX..... | ..... | .....0 |XXX..... | ..... | ..... | .....0 |XXX..... |XXX..... |XXX..... |
| 7. Totals |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 8. Prior Year-End Surplus As Regards Policyholders | 6,536 | | | | | | | | | | Col. 11, Line 7 As % of Col. 1 Line 7 | Col. 12, Line 7 As % of Col. 2 Line 7 | Col. 13, Line 7 As % of Col. 3 Line 7 |
| | | | | | | | | | | | 1. 0.0 | 2. 0.0 | 3. 0.0 |
| | | | | | | | | | | | Col. 13, Line 7 As a % of Col. 1 Line 8 | | |
| | | 4. 0.0 | | | | | | | | | | | |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

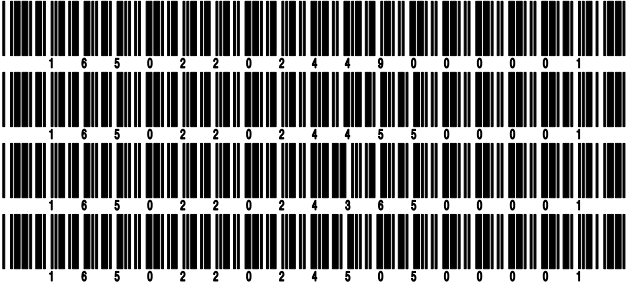
| | Response |
|--|----------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | NO |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| AUGUST FILING | |
| 5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. | N/A |

Explanations:

1.
2.
3.
4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 5,660,557 | 5,429,117 |
| 2. Cost of bonds and stocks acquired | 1,375,486 | 685,557 |
| 3. Accrual of discount | 2,901 | 6,226 |
| 4. Unrealized valuation increase/(decrease) | 0 | |
| 5. Total gain (loss) on disposals | (4,721) | (11,951) |
| 6. Deduct consideration for bonds and stocks disposed of | 855,021 | 446,649 |
| 7. Deduct amortization of premium | 441 | 1,744 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | |
| 9. Deduct current year's other than temporary impairment recognized | 0 | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | 0 | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 6,178,760 | 5,660,557 |
| 12. Deduct total nonadmitted amounts | 0 | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 6,178,760 | 5,660,557 |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 5,660,558 | 1,375,486 | 859,742 | 2,460 | 6,178,761 | 0 | 0 | 5,660,558 |
| 2. NAIC 2 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. NAIC 3 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. NAIC 4 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. NAIC 5 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. NAIC 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7. Total Bonds | 5,660,558 | 1,375,486 | 859,742 | 2,460 | 6,178,761 | 0 | 0 | 5,660,558 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 5,660,558 | 1,375,486 | 859,742 | 2,460 | 6,178,761 | 0 | 0 | 5,660,558 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 276,973 | 197,255 |
| 2. Cost of cash equivalents acquired | 1,294,129 | 614,776 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase/(decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 844,852 | 535,059 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 726,250 | 276,973 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 726,250 | 276,973 |

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---------------------|---------|-----------------------|------------------------------------|---------------------------|---------------|---------------|---|---|
| CUSIP Identification | Description | Foreign | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| 912828-Z7-8 | TREASURY NOTE ..... | ..... | .....01/26/2024 | RBS SECURITIES INC ..... | ..... | 92,574 | 100,000 | 742 | 1.A |
| 91282C-BH-3 | TREASURY NOTE ..... | ..... | .....01/26/2024 | RBS SECURITIES INC ..... | ..... | 92,434 | 100,000 | 185 | 1.A |
| 91282C-DK-4 | TREASURY NOTE ..... | ..... | .....01/26/2024 | RBS SECURITIES INC ..... | ..... | 92,250 | 100,000 | 205 | 1.A |
| 91282C-JS-1 | TREASURY NOTE ..... | ..... | .....01/26/2024 | CITADEL SECURITIES LLC ..... | ..... | 99,758 | 100,000 | 339 | 1.A |
| 91282C-JT-9 | TREASURY NOTE ..... | ..... | .....01/26/2024 | CABRERA CAPITAL MARKETS, INC ..... | ..... | 149,355 | 150,000 | 231 | 1.A |
| 91282C-JV-4 | TREASURY NOTE ..... | ..... | .....01/26/2024 | MORGAN STANLEY ..... | ..... | 269,441 | 270,000 | 0 | 1.A |
| 91282C-JW-2 | TREASURY NOTE ..... | ..... | .....01/26/2024 | BNP CAPITAL MARKETS ..... | ..... | 79,838 | 80,000 | 0 | 1.A |
| 91282C-KB-6 | TREASURY NOTE ..... | ..... | .....03/27/2024 | HSBC SECURITIES, INC. .... | ..... | 150,035 | 150,000 | 528 | 1.A |
| 91282C-KD-2 | TREASURY NOTE ..... | ..... | .....03/27/2024 | TD SECURITIES ..... | ..... | 100,285 | 100,000 | 323 | 1.A |
| 91282C-KG-5 | TREASURY NOTE ..... | ..... | .....03/27/2024 | CABRERA CAPITAL MARKETS, INC ..... | ..... | 99,715 | 100,000 | 11 | 1.A FE |
| 91282C-KH-3 | TREASURY NOTE ..... | ..... | .....03/27/2024 | Academy Securities ..... | ..... | 149,801 | 150,000 | 18 | 1.A |
| 0109999999. Subtotal - Bonds - U.S. Governments | | | | | | 1,375,486 | 1,400,000 | 2,583 | XXX |
| 2509999997. Total - Bonds - Part 3 | | | | | | 1,375,486 | 1,400,000 | 2,583 | XXX |
| 2509999998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 2509999999. Total - Bonds | | | | | | 1,375,486 | 1,400,000 | 2,583 | XXX |
| 4509999997. Total - Preferred Stocks - Part 3 | | | | | | 0 | XXX | 0 | XXX |
| 4509999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 4509999999. Total - Preferred Stocks | | | | | | 0 | XXX | 0 | XXX |
| 5989999997. Total - Common Stocks - Part 3 | | | | | | 0 | XXX | 0 | XXX |
| 5989999998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 5989999999. Total - Common Stocks | | | | | | 0 | XXX | 0 | XXX |
| 5999999999. Total - Preferred and Common Stocks | | | | | | 0 | XXX | 0 | XXX |
| 6009999999 - Totals | | | | | | 1,375,486 | XXX | 2,583 | XXX |

STATEMENT AS OF MARCH 31, 2024 OF THE Safe Auto Choice Insurance Company

SCHEDULE D - PART 4

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

[illegible]

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

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

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

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH

E13

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]