



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

Century Surety Company

NAIC Group Code 0572 (Current) 0572 (Prior) NAIC Company Code 36951 Employer's ID Number 31-0936702

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 06/22/1978 Commenced Business 08/11/1978

Statutory Home Office 550 Polaris Parkway (Street and Number) Westerville, OH, US 43082 (City or Town, State, Country and Zip Code)

Main Administrative Office 550 Polaris Parkway (Street and Number) Westerville, OH, US 43082 (City or Town, State, Country and Zip Code) 614-895-2000 (Area Code) (Telephone Number)

Mail Address 550 Polaris Parkway (Street and Number or P.O. Box) Westerville, OH, US 43082 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 26255 American Drive (Street and Number) Southfield, MI, US 48034 (City or Town, State, Country and Zip Code) 248-358-1100 (Area Code) (Telephone Number)

Internet Website Address www.ameritrustgroup.com

Statutory Statement Contact Martin Joseph Chapko (Name) 517-708-5355 (Area Code) (Telephone Number) Marty.Chapko@accidentfund.com (E-mail Address) 517-367-7531 (FAX Number)

OFFICERS

President Cheung Kwan

Secretary Bobbi Jo Elliot

Treasurer Anthony George Phillips

OTHER

DIRECTORS OR TRUSTEES

Lisa Marie Corless

Tricia Ann Keith

Cheung Kwan

Anthony George Phillips

John Stephen Roberts

State of Michigan

County of Oakland

SS:

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

Cheung Kwan President

Bobbi Jo Elliott Secretary

Anthony George Phillips Treasurer

Subscribed and sworn to before me this day of

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.....

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

ASSETS

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 40,176,701             |                         | 40,176,701                                | 40,558,465  |
| 2. Stocks:  |                        |                         |   |   |
| 2.1 Preferred stocks .....  |                        |                         |   |   |
| 2.2 Common stocks .....   | 41,047,312             |                         | 41,047,312                                | 40,833,447  |
| 3. Mortgage loans on real estate:   |                        |                         |   |   |
| 3.1 First liens .....   |                        |                         |   |   |
| 3.2 Other than first liens.....   |                        |                         |   |   |
| 4. Real estate:   |                        |                         |   |   |
| 4.1 Properties occupied by the company (less \$ .....<br>encumbrances) .....  |                        |                         |   |   |
| 4.2 Properties held for the production of income (less<br>\$ ..... encumbrances) .....  |                        |                         |   |   |
| 4.3 Properties held for sale (less \$ .....<br>encumbrances) .....  |                        |                         |   |   |
| 5. Cash (\$ .....4,740,546 ), cash equivalents<br>(\$ ..... 2,877,360 ) and short-term<br>investments (\$ ..... ) .....                                     | 7,617,906              |                         | 7,617,906                                 | 16,764,984  |
| 6. Contract loans (including \$ ..... premium notes) .....  |                        |                         |   |   |
| 7. Derivatives .....  |                        |                         |   |   |
| 8. Other invested assets .....  |                        |                         |   |   |
| 9. Receivables for securities .....   |                        |                         |   |   |
| 10. Securities lending reinvested collateral assets .....   |                        |                         |   |   |
| 11. Aggregate write-ins for invested assets .....   |                        |                         |   |   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 88,841,920             |                         | 88,841,920                                | 98,156,896  |
| 13. Title plants less \$ ..... charged off (for Title insurers<br>only) .....   |                        |                         |   |   |
| 14. Investment income due and accrued .....   | 311,930                |                         | 311,930                                   | 286,255   |
| 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<br>deferred and not yet due (including \$ .....<br>earned but unbilled premiums) ..... |                        |                         |   |   |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>contracts subject to redetermination (\$ ..... ) .....   |                        |                         |   |   |
| 16. Reinsurance:  |                        |                         |   |   |
| 16.1 Amounts recoverable from reinsurers .....  | 19,834,879             |                         | 19,834,879                                | 1,581,059   |
| 16.2 Funds held by or deposited with reinsured companies .....  |                        |                         |   |   |
| 16.3 Other amounts receivable under reinsurance contracts .....   |                        |                         |   |   |
| 17. Amounts receivable relating to uninsured plans .....  |                        |                         |   |   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon ....   |                        |                         |   |   |
| 18.2 Net deferred tax asset .....   | 59,346                 | 59,346                  |   |   |
| 19. Guaranty funds receivable or on deposit .....   |                        |                         |   |   |
| 20. Electronic data processing equipment and software .....   |                        |                         |   |   |
| 21. Furniture and equipment, including health care delivery assets<br>(\$ ..... ) .....   |                        |                         |   |   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |                        |                         |   |   |
| 23. Receivables from parent, subsidiaries and affiliates .....  |                        |                         |   | 3,874   |
| 24. Health care (\$ ..... ) and other amounts receivable .....  |                        |                         |   |   |
| 25. Aggregate write-ins for other than invested assets .....  | 1,166,265              |                         | 1,166,265                                 | 1,020,613   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....                                     | 110,214,340            | 59,346                  | 110,154,994                               | 101,048,697   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell<br>Accounts .....  |                        |                         |   |   |
| 28. Total (Lines 26 and 27)   | 110,214,340            | 59,346                  | 110,154,994                               | 101,048,697   |
| DETAILS OF WRITE-INS  |                        |                         |   |   |
| 1101. ....  |                        |                         |   |   |
| 1102. ....  |                        |                         |   |   |
| 1103. ....  |                        |                         |   |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   |                        |                         |   |   |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)   |                        |                         |   |   |
| 2501. Miscellaneous Receivables .....   | 1,165,491              |                         | 1,165,491                                 | 1,019,839   |
| 2502. State Income Tax Recoverable .....  | 774                    |                         | 774                                       | 774   |
| 2503. ....  |                        |                         |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |                        |                         |   |   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)   | 1,166,265              |                         | 1,166,265                                 | 1,020,613   |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

LIABILITIES, SURPLUS AND OTHER FUNDS

|  | 1<br>Current<br>Statement Date | 2<br>December 31,<br>Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$ ..... ) .....  |                                |                                 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses .....   |                                |                                 |
| 3. Loss adjustment expenses .....  |                                |                                 |
| 4. Commissions payable, contingent commissions and other similar charges .....   | 1,910,055                      | 4,999,666                       |
| 5. Other expenses (excluding taxes, licenses and fees) .....   | 74,568                         | 47,729                          |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....   | 75,278                         | 67,200                          |
| 7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....   | 60,060                         | 46,134                          |
| 7.2 Net deferred tax liability .....   | 11,137                         | 5,029                           |
| 8. Borrowed money \$ ..... and interest thereon \$ .....   |                                |                                 |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....227,215,463 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) ..... |                                |                                 |
| 10. Advance premium .....  |                                |                                 |
| 11. Dividends declared and unpaid:   |                                |                                 |
| 11.1 Stockholders .....  |                                |                                 |
| 11.2 Policyholders .....   |                                |                                 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) .....   |                                |                                 |
| 13. Funds held by company under reinsurance treaties .....   |                                |                                 |
| 14. Amounts withheld or retained by company for account of others .....  |                                |                                 |
| 15. Remittances and items not allocated .....  |                                |                                 |
| 16. Provision for reinsurance (including \$ ..... certified) .....   |                                |                                 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates .....  |                                |                                 |
| 18. Drafts outstanding .....   |                                |                                 |
| 19. Payable to parent, subsidiaries and affiliates .....   | 12,399,134                     | 657,791                         |
| 20. Derivatives .....  |                                |                                 |
| 21. Payable for securities .....   |                                |                                 |
| 22. Payable for securities lending .....   |                                |                                 |
| 23. Liability for amounts held under uninsured plans .....   |                                |                                 |
| 24. Capital notes \$ ..... and interest thereon \$ .....   |                                |                                 |
| 25. Aggregate write-ins for liabilities .....  | 38,879                         | 70,035                          |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....  | 14,569,112                     | 5,893,584                       |
| 27. Protected cell liabilities .....   |                                |                                 |
| 28. Total liabilities (Lines 26 and 27) .....  | 14,569,112                     | 5,893,584                       |
| 29. Aggregate write-ins for special surplus funds .....  |                                |                                 |
| 30. Common capital stock .....   | 3,000,000                      | 3,000,000                       |
| 31. Preferred capital stock .....  |                                |                                 |
| 32. Aggregate write-ins for other than special surplus funds .....   |                                |                                 |
| 33. Surplus notes .....  |                                |                                 |
| 34. Gross paid in and contributed surplus .....  | 86,467,199                     | 86,467,199                      |
| 35. Unassigned funds (surplus) .....   | 6,118,683                      | 5,687,914                       |
| 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) .....   | 95,585,882                     | 95,155,113                      |
| 38. Totals (Page 2, Line 28, Col. 3)   | 110,154,994                    | 101,048,697                     |
| <b>DETAILS OF WRITE-INS</b>  |                                |                                 |
| 2501. Escheat Claims .....   | 38,879                         | 46,711                          |
| 2502. Miscellaneous Payables .....   |                                | 23,324                          |
| 2503. ....   |                                |                                 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  |                                |                                 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)  | 38,879                         | 70,035                          |
| 2901. ....   |                                |                                 |
| 2902. ....   |                                |                                 |
| 2903. ....   |                                |                                 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....  |                                |                                 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)  |                                |                                 |
| 3201. ....   |                                |                                 |
| 3202. ....   |                                |                                 |
| 3203. ....   |                                |                                 |
| 3298. Summary of remaining write-ins for Line 32 from overflow page .....  |                                |                                 |
| 3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)  |                                |                                 |

STATEMENT OF INCOME

|   | 1<br>Current<br>Year to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME   |                              |                            |                                      |
| 1. Premiums earned:   |                              |                            |                                      |
| 1.1 Direct (written \$ .....141,392,152 ) .....   | 114,472,168                  | 87,852,534                 |                                      |
| 1.2 Assumed (written \$ ..... ) .....   |                              |                            |                                      |
| 1.3 Ceded (written \$ .....141,392,152 ) .....  | 114,472,168                  | 87,852,534                 |                                      |
| 1.4 Net (written \$ ..... ) .....   |                              |                            |                                      |
| DEDUCTIONS:   |                              |                            |                                      |
| 2. Losses incurred (current accident year \$ ..... ):   |                              |                            |                                      |
| 2.1 Direct .....  | 44,429,126                   | 39,933,484                 |                                      |
| 2.2 Assumed .....   |                              |                            |                                      |
| 2.3 Ceded .....   | 44,429,126                   | 39,933,484                 |                                      |
| 2.4 Net .....   |                              |                            |                                      |
| 3. Loss adjustment expenses incurred .....  |                              |                            |                                      |
| 4. Other underwriting expenses incurred .....   |                              |                            |                                      |
| 5. Aggregate write-ins for underwriting deductions .....  |                              |                            |                                      |
| 6. Total underwriting deductions (Lines 2 through 5) .....  |                              |                            |                                      |
| 7. Net income of protected cells .....  |                              |                            |                                      |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) .....  |                              |                            |                                      |
| INVESTMENT INCOME   |                              |                            |                                      |
| 9. Net investment income earned .....   | 324,621                      | 230,983                    | 990,649                              |
| 10. Net realized capital gains (losses) less capital gains tax of \$ .....  | (69)                         | (311)                      | (3,318)                              |
| 11. Net investment gain (loss) (Lines 9 + 10) .....   | 324,551                      | 230,672                    | 987,331                              |
| OTHER INCOME  |                              |                            |                                      |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ .....1 amount charged off \$ ..... ) .....                           | 1                            |                            |                                      |
| 13. Finance and service charges not included in premiums .....  |                              |                            |                                      |
| 14. Aggregate write-ins for miscellaneous income .....  |                              |                            | 258,109                              |
| 15. Total other income (Lines 12 through 14) .....  | 1                            |                            | 258,109                              |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....     | 324,553                      | 230,672                    | 1,245,440                            |
| 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) ..... | 324,553                      | 230,672                    | 1,245,440                            |
| 19. Federal and foreign income taxes incurred .....   | 60,079                       | 32,937                     | 219,889                              |
| 20. Net income (Line 18 minus Line 19)(to Line 22) .....  | 264,474                      | 197,735                    | 1,025,551                            |
| CAPITAL AND SURPLUS ACCOUNT   |                              |                            |                                      |
| 21. Surplus as regards policyholders, December 31 prior year .....  | 95,155,113                   | 93,275,519                 | 93,275,519                           |
| 22. Net income (from Line 20) .....   | 264,474                      | 197,735                    | 1,025,551                            |
| 23. Net transfers (to) from Protected Cell accounts .....   |                              |                            |                                      |
| 24. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....  | 172,404                      | 201,898                    | 834,515                              |
| 25. Change in net unrealized foreign exchange capital gain (loss) .....   |                              |                            |                                      |
| 26. Change in net deferred income tax .....   | 1,726                        | (12,382)                   | (18,762)                             |
| 27. Change in nonadmitted assets .....  | (7,834)                      | 15,316                     | 38,290                               |
| 28. Change in provision for reinsurance .....   |                              |                            |                                      |
| 29. Change in surplus notes .....   |                              |                            |                                      |
| 30. Surplus (contributed to) withdrawn from protected cells .....   |                              |                            |                                      |
| 31. Cumulative effect of changes in accounting principles .....   |                              |                            |                                      |
| 32. Capital changes:  |                              |                            |                                      |
| 32.1 Paid in .....  |                              |                            |                                      |
| 32.2 Transferred from surplus (Stock Dividend) .....  |                              |                            |                                      |
| 32.3 Transferred to surplus .....   |                              |                            |                                      |
| 33. Surplus adjustments:  |                              |                            |                                      |
| 33.1 Paid in .....  |                              |                            |                                      |
| 33.2 Transferred to capital (Stock Dividend) .....  |                              |                            |                                      |
| 33.3 Transferred from capital .....   |                              |                            |                                      |
| 34. Net remittances from or (to) Home Office .....  |                              |                            |                                      |
| 35. Dividends to stockholders .....   |                              |                            |                                      |
| 36. Change in treasury stock .....  |                              |                            |                                      |
| 37. Aggregate write-ins for gains and losses in surplus .....   |                              |                            |                                      |
| 38. Change in surplus as regards policyholders (Lines 22 through 37).....   | 430,769                      | 402,567                    | 1,879,594                            |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)   | 95,585,882                   | 93,678,086                 | 95,155,113                           |
| DETAILS OF WRITE-INS  |                              |                            |                                      |
| 0501. ....  |                              |                            |                                      |
| 0502. ....  |                              |                            |                                      |
| 0503. ....  |                              |                            |                                      |
| 0598. Summary of remaining write-ins for Line 5 from overflow page .....  |                              |                            |                                      |
| 0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)  |                              |                            |                                      |
| 1401. Miscellaneous Income .....  |                              |                            | 258,109                              |
| 1402. ....  |                              |                            |                                      |
| 1403. ....  |                              |                            |                                      |
| 1498. Summary of remaining write-ins for Line 14 from overflow page .....   |                              |                            |                                      |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)   |                              |                            | 258,109                              |
| 3701. ....  |                              |                            |                                      |
| 3702. ....  |                              |                            |                                      |
| 3703. ....  |                              |                            |                                      |
| 3798. Summary of remaining write-ins for Line 37 from overflow page .....   |                              |                            |                                      |
| 3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)   |                              |                            |                                      |

CASH FLOW

|   | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations  |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....  | 0                            |                            |                                      |
| 2. Net investment income .....  | 360,385                      | 263,897                    | 1,284,332                            |
| 3. Miscellaneous income .....   | 1                            |                            | 258,109                              |
| 4. Total (Lines 1 to 3) .....   | 360,387                      | 263,897                    | 1,542,441                            |
| 5. Benefit and loss related payments .....  | 18,253,820                   | (1,779,895)                | (4,787,258)                          |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                                |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....  | 3,054,693                    | 1,352,931                  | (3,002,429)                          |
| 8. Dividends paid to policyholders .....  |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... (18) tax on capital<br>gains (losses) .....            | 46,135                       | 6,824                      | 179,697                              |
| 10. Total (Lines 5 through 9) .....   | 21,354,649                   | (420,140)                  | (7,609,991)                          |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | (20,994,262)                 | 684,037                    | 9,152,431                            |
| Cash from Investments   |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |                                      |
| 12.1 Bonds .....  | 278,774                      | 1,002,950                  | 7,049,584                            |
| 12.2 Stocks .....   |                              |                            |                                      |
| 12.3 Mortgage loans .....   |                              |                            |                                      |
| 12.4 Real estate .....  |                              |                            |                                      |
| 12.5 Other invested assets .....  |                              |                            |                                      |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                                       |                              |                            |                                      |
| 12.7 Miscellaneous proceeds .....   |                              |                            | 22                                   |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....   | 278,774                      | 1,002,950                  | 7,049,606                            |
| 13. Cost of investments acquired (long-term only):  |                              |                            |                                      |
| 13.1 Bonds .....  |                              | 2,459,916                  | 2,872,428                            |
| 13.2 Stocks .....   |                              |                            |                                      |
| 13.3 Mortgage loans .....   |                              |                            |                                      |
| 13.4 Real estate .....  |                              |                            |                                      |
| 13.5 Other invested assets .....  |                              |                            |                                      |
| 13.6 Miscellaneous applications .....   |                              | 10,884                     |                                      |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  |                              | 2,470,799                  | 2,872,428                            |
| 14. Net increase (or decrease) in contract loans and premium notes .....  |                              |                            |                                      |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....   | 278,774                      | (1,467,850)                | 4,177,178                            |
| Cash from Financing and Miscellaneous Sources   |                              |                            |                                      |
| 16. Cash provided (applied):  |                              |                            |                                      |
| 16.1 Surplus notes, capital notes .....   |                              |                            |                                      |
| 16.2 Capital and paid in surplus, less treasury stock .....   |                              |                            |                                      |
| 16.3 Borrowed funds .....   |                              |                            |                                      |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....   |                              |                            |                                      |
| 16.5 Dividends to stockholders .....  |                              |                            |                                      |
| 16.6 Other cash provided (applied) .....  | 11,568,410                   | (113,882)                  | (670,876)                            |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5<br>plus Line 16.6) ..... | 11,568,410                   | (113,882)                  | (670,876)                            |
| 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) .                       | (9,147,078)                  | (897,695)                  | 12,658,734                           |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |                                      |
| 19.1 Beginning of year .....  | 16,764,984                   | 4,106,250                  | 4,106,250                            |
| 19.2 End of period (Line 18 plus Line 19.1)   | 7,617,906                    | 3,208,555                  | 16,764,984                           |

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

- A.

Accounting Practices

The accompanying financial statements of Century Surety Company ("Company") have been completed in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual except to the extent that Ohio state laws and regulations differ.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The NAIC Accounting Practices and Procedures Manual – Effective January 1, 2001 (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Company has no such deviations as of March 31, 2024.

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

|  | SSAP # | F/S<br>Page | F/S<br>Line # |    | 2024       |    | 2023       |
|--|--------|-------------|---------------|----|------------|----|------------|
| NET INCOME   |        |             |               |    |            |    |            |
| (1) State basis (Page 4, Line 20, Columns 1 & 3)                               | XXX    | XXX         | XXX           | \$ | 264,474    | \$ | 1,025,551  |
| (2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: |        |             |               |    |            |    |            |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:   |        |             |               |    |            |    |            |
| (4) NAIC SAP (1-2-3=4)   | XXX    | XXX         | XXX           | \$ | 264,474    | \$ | 1,025,551  |
| SURPLUS  |        |             |               |    |            |    |            |
| (5) State basis (Page 3, Line 37, Columns 1 & 2)                               | XXX    | XXX         | XXX           | \$ | 95,585,882 | \$ | 95,155,113 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:  |        |             |               |    |            |    |            |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:   |        |             |               |    |            |    |            |
| (8) NAIC SAP (5-6-7=8)   | XXX    | XXX         | XXX           | \$ | 95,585,882 | \$ | 95,155,113 |

B.

Use of Estimates in the Preparation of the Financial Statements

No significant change

C.

Accounting Policy

1.-5., 7.-13. No significant change.

6. Loan-backed securities are stated at amortized cost. Significant changes in estimated cash flows from the original purchase assumptions are accounted for using the prospective method. Loan-backed securities with NAIC designations of 3 through 6 are stated at the lower of amortized cost or fair value.

The carrying value and final NAIC designation for non-agency residential mortgage backed securities and commercial mortgage backed securities are determined using a special two-step NAIC process. In the first step, those assigned a NAIC designation of 1 or 2 are stated at amortized cost and those assigned a 3 through 6 designation are stated at the lower of amortized cost or fair value. The NAIC designation assigned under the second step of the process is reported for those securities in Schedule D and is used in the risk-based capital calculation.

D.

Going Concern

After consideration by management, there is no substantial doubt about the Company's ability to continue as a going concern.
- NOTE 2 Accounting Changes and Corrections of Errors
- No significant change
- NOTE 3 Business Combinations and Goodwill
- Not applicable
- NOTE 4 Discontinued Operations
- Not applicable
- NOTE 5 Investments
- A.

Mortgage Loans, including Mezzanine Real Estate Loans - Not applicable

B.

Debt Restructuring - Not applicable

C.

Reverse Mortgages - Not applicable

D.

Loan-Backed Securities

(1) Our asset manager uses a proprietary model for loss assumptions and widely accepted models for prepayment assumptions in valuing mortgage-backed and asset-backed securities; inputs come from major third party data providers. The effect of interest rates, volatility, and prepayment speeds are derived using Monte Carlo simulation. Credit loss analysis, resulting effective analytics (spreads, duration, convexity) and cash-flows are reported to clients on a monthly basis. Model assumptions are specific to asset class and collateral types and are regularly evaluated and adjusted where appropriate.

(2) Securities where the Company has either the intent to sell or lacks the ability to retain the securities - Not applicable.

Loan-backed securities with a historical or current period other-than-temporary impairment ("OTTI"), currently held by the reporting entity where the present

(3) value of the discounted cash flows was/is less than the amortized cost basis of the securities - Not applicable.

All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including

(4) securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:

1. Less than 12 Months

2. 12 Months or Longer

\$797,454

b)The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months

2. 12 Months or Longer

\$2,717,734

(5) There are a number of factors that are considered in determining if there is not an OTTI on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream, and economic prospects associated with the investment.

E.

Dollar Repurchase Agreements and/or Securities Lending Transactions - Not applicable

F.

Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not applicable

G.

Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not applicable

H.

Repurchase Agreements Transactions Accounted for as a Sale - Not applicable

I.

Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not applicable

J.

Real Estate - Not applicable

K.

Low Income Housing Tax Credits (LIHTC) - Not applicable

L.

Restricted Assets - No significant change

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 - Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

No significant change

6

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

NOTES TO FINANCIAL STATEMENTS

NOTE 8    Derivative Instruments  
Not applicable

NOTE 9    Income Taxes  
No significant change

NOTE 10   Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties  
No significant change

NOTE 11   Debt  
A.    The Company has no capital note obligations, debentures, commercial paper, bank loans or lines of credit outstanding at March 31, 2024.  
  
B.    FHLB (Federal Home Loan Bank) Agreements - Not applicable

NOTE 12   Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
Not applicable

NOTE 13   Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations  
No significant change

NOTE 14   Liabilities, Contingencies and Assessments  
No significant change

NOTE 15   Leases  
Not applicable

NOTE 16   Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk  
Not applicable

NOTE 17   Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
A.    Transfers of Receivables Reported as Sales  
Not applicable  
  
B.    Transfer and Servicing of Financial Assets  
Not applicable  
  
C.    Wash Sales  
There are no wash sales as of March 31, 2024.

NOTE 18   Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans  
Not applicable

NOTE 19   Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
Not applicable

NOTE 20   Fair Value Measurements  
A.    Inputs Used for Assets and Liabilities Measured at Fair Value

(1) Fair Value Measurements at Reporting Date  
The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the following table.

Level 1 - Valuations that are based on unadjusted quoted market prices in active markets for identical securities. The fair value of exchange-traded equities and mutual funds included in the Level 1 category were based on quoted prices that are readily and regularly available in an active market and are thus classified as Level 1.

Level 2 - Valuations that are based on observable inputs (other than Level 1 prices), such as quoted prices for similar assets at the measurement date; quoted prices in markets that are not active; or other inputs that are observable, either directly or indirectly. The fair value of securities included in the Level 2 category were based on market values obtained from a third-party pricing service. They were evaluated using pricing models that vary by asset class and incorporate available trade, bid and other observable market information. The third-party service monitors market indicators as well as industry and economic events. The Level 2 category includes corporate bonds, government and agency bonds, asset-backed, residential mortgage-backed and commercial mortgage-backed securities and municipal bonds.

Level 3 - Valuations that are derived from techniques in which one or more of the significant inputs are unobservable and/or involve management judgment and/or are based on non-binding broker quotes.

| Description for each class of asset or liability | (Level 1)    | (Level 2) | (Level 3)    | Net Asset Value (NAV) | Total        |
|--|--------------|-----------|--------------|-----------------------|--------------|
| a. Assets at fair value                          |              |           |              |                       |              |
| Exempt Money Market Mutual Fund                  | \$ 2,877,360 |           |              |                       | \$ 2,877,360 |
| Bonds - Indust & Misc                            |              |           | \$ 1,034,928 |                       | \$ 1,034,928 |
| Total assets at fair value/NAV                   | \$ 2,877,360 | \$ -      | \$ 1,034,928 | \$ -                  | \$ 3,912,288 |

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels. During the current year, no transfers into or out of Levels 1 and 2 were required.

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

| Description           | Ending Balance as of Prior Quarter End | Transfers into Level 3 | Transfers out of Level 3 | Total gains and (losses) included in Net Income | Total gains and (losses) included in Surplus | Purchases | Issuances | Sales | Settlements | Ending Balance for Current Quarter End |
|-----------------------|--|------------------------|--------------------------|---|--|-----------|-----------|-------|-------------|--|
| a. Assets             |  |                        |                          |   |  |           |           |       |             |  |
| Bonds - Indust & Misc | \$ 1,045,508                           |                        |                          |   | \$ (10,580)                                  |           |           |       | \$ -        | \$ 1,034,928                           |
| Total Assets          | \$ 1,045,508                           | \$ -                   | \$ -                     | \$ -  | \$ (10,580)                                  | \$ -      | \$ -      | \$ -  | \$ -        | \$ 1,034,928                           |

(3) At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

NOTES TO FINANCIAL STATEMENTS

(4) The estimated fair values of the Company's investments are based on prices provided by a third party pricing service and a third party investment manager. The prices provided by these services are based on quoted market prices, when available; non-binding broker quotes, or matrix pricing. The Company has not historically adjusted security prices.

For corporate, government and municipal bonds, the third party pricing service utilizes a pricing model with standard inputs that include benchmark yields, reported trades, issuer spreads, two-sided markets, benchmark securities, market bids / offers, and other reference data observable in the marketplace. The model uses the option adjusted spread methodology and is a multi-dimensional relational model. All bonds valued under these techniques are classified as Level 2.

For asset-backed, residential mortgage-backed and commercial mortgage-backed securities, the third party pricing service valuation methodology includes consideration of interest rate movements, new issue data, monthly remittance reports and other pertinent data that is observable in the marketplace. This information is used to determine the cash flows for each tranche and identifies the inputs to be used such as benchmark yields, prepayment assumptions and collateral performance. All asset-backed, residential mortgage-backed and commercial mortgage-backed securities valued under these methods are classified as Level 2.

For all assets where readily observable pricing methods are not available the third party investment manager will price the asset using a combination of non-binding broker / dealer quotes, benchmarking techniques, and sector specific knowledge. All assets priced by using this methodology are classified as Level 3.

(5) Not applicable.

- B. Not applicable.
- C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall. The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding those accounted for under the equity method (subsidiaries, joint ventures and ventures). The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

| Type of Financial Instrument                      | Aggregate Fair Value | Admitted Assets | (Level 1)    | (Level 2)     | (Level 3)    | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|---|----------------------|-----------------|--------------|---------------|--------------|-----------------------|----------------------------------|
| Bonds   | \$ 37,242,753        | \$ 40,176,701   |              | \$ 35,797,265 | \$ 1,445,489 |                       |                                  |
| Cash, Cash Equivalents and Short Term Investments | \$ 7,617,906         | \$ 7,617,906    | \$ 7,617,906 |               |              |                       |                                  |

D. Not Practicable to Estimate Fair Value - Not applicable

E. Not applicable.

NOTE 21 Other Items

No significant change.

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events:  
There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

Type II – Nonrecognized Subsequent Events:  
There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

NOTE 23 Reinsurance

No significant change

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A.-E. Not applicable
- F. Risk Sharing Provisions of the Affordable Care Act - Not applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Refer to Note 26 regarding the details of the Intercompany Pooling Arrangement. The Company is reporting zero Net Premiums Earned, Losses and LAE Incurred, Underwriting Expenses, Unpaid Losses and LAE, and Unearned Premiums.

NOTE 26 Intercompany Pooling Arrangements

No significant change

NOTE 27 Structured Settlements

No significant change.

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTE 31 High Deductibles

The Company has no high deductibles as of March 31, 2024.

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

NOTE 33 Asbestos/Environmental Reserves

No significant change.

NOTE 34 Subscriber Savings Accounts

Not applicable

NOTE 35 Multiple Peril Crop Insurance

Not Applicable

NOTE 36 Financial Guaranty Insurance

- A1. Unrecorded installment premiums and expected earnings - Not applicable
- A2. Recorded non-installment premiums and expected earnings - Not applicable
- A3. Changes in claim liability and discount rate used - Not applicable
- A4. Risk management activities - Not applicable
- B. The Company has no insured financial obligations.



STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety 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 [ ☒ ]
- 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 [ ☒ ]
- 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 [ ☒ ] No [ ☐ ]
- 3.2

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

Yes [ ☒ ] No [ ☐ ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.  
Vista HoldCo., LLC was formed resulting from the acquisition of 38.74% Vista Health Plan Inc in January 2024. Concurrently, a pro-rata share of AmeriHealth Caritas ownership in Blue Cross Complete was dividend to BCBSM resulting in an increase in BCBSM ownership of BCC to 69.37%. A new joint venture was formed under Emergient, Inc – WyoBlue, LLC and WyoBlue Advantage, Inc. ....
- 3.4

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

Yes [ ☐ ] No [ ☒ ]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 4.1

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

Yes [ ☐ ] No [ ☒ ]
- 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. ....
- 6.1

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

12/31/2023
- 6.2

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

12/31/2019
- 6.3

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

01/20/2021
- 6.4

By what department or departments?  
Ohio Department of Insurance .....
- 6.5

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

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]
- 6.6

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

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]
- 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 [ ☒ ]
- 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 [ ☒ ]
- 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 [ ☒ ] 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                            | 2                       | 3         | 4         | 5         | 6          |
| Affiliate Name               | Location (City, State)  | FRB       | OCC       | FDIC      | SEC        |
| Bricktown Capital, LLC ..... | Detroit, Michigan ..... | ...NO.... | ...NO.... | ...NO.... | ...YES.... |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety 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: .....\$ .....

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: .....

\$ .....
13.

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

\$ .....
- 14.1

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

Yes [ X ] No [ ]
- 14.2

If yes, please complete the following:

|   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....  | \$ .....   |
| 14.22 Preferred Stock .....   | \$ .....  | \$ .....   |
| 14.23 Common Stock .....  | \$ 40,833,447                                     | \$ 40,833,447                                      |
| 14.24 Short-Term Investments .....  | \$ .....  | \$ .....   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....  | \$ .....   |
| 14.26 All Other .....   | \$ .....  | \$ .....   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ 40,833,447                                     | \$ 40,833,447                                      |
| 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. ....

\$ .....

16.2

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

\$ .....

16.3

Total payable for securities lending reported on the liability page. ....

\$ .....

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety 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<br>Name of Custodian(s)                | 2<br>Custodian Address                             |
|--|--|
| The Northern Trust Company .....         | 333 South Wabash Avenue, Chicago IL 60604 .....    |
| U.S. Bank Trust & Custody Services ..... | 50 South 16th Street, Philadelphia, PA 19102 ..... |

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

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

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

| 1<br>Old Custodian                 | 2<br>New Custodian               | 3<br>Date of Change   | 4<br>Reason   |
|------------------------------------|----------------------------------|-----------------------|---|
| U.S. Bank Trust & Custody Services | The Northern Trust Company ..... | .....03/15/2024 ..... | New custody bank relationship established.<br>..... |

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

| 1<br>Name of Firm or Individual                       | 2<br>Affiliation |
|---|------------------|
| Bricktown Capital, LLC .....                          | A.....           |
| Conning, Inc. ....                                    | U.....           |
| David Hauser (Trades/Transfers Securities) .....      | A.....           |
| Matthew Lauhoff (Trades/Transfers Securities) .....   | A.....           |
| Ryder Campbell (Trades/Transfers Securities) .....    | A.....           |
| Charles Schervish (Trades/Transfers Securities) ..... | A.....           |
| Aaron Wagner(Trades/Transfers Securities) .....       | A.....           |
| Victor Banjo (Trades) .....                           | A.....           |
| Matt Thompson (Trades) .....                          | 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 [ X ] No [ ]

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

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

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or Individual                       | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment<br>Management<br>Agreement<br>(IMA) Filed |
|--|---|------------------------------------|----------------------|---|
| 319290 .....                                   | Bricktown Capital, LLC .....                          | 25490000B61KVCB6LOU24 .....        | SEC .....            | NO.....   |
| 107423 .....                                   | Conning, Inc. ....                                    | 549300Z0G14KK37BDV40 .....         | SEC .....            | NO.....   |
| .....  | David Hauser (Trades/Transfers Securities) .....      | .....                              | .....                | NO.....   |
| .....  | Matthew Lauhoff (Trades/Transfers Securities) .....   | .....                              | .....                | NO.....   |
| .....  | Ryder Campbell (Trades/Transfers Securities) .....    | .....                              | .....                | NO.....   |
| .....  | Charles Schervish (Trades/Transfers Securities) ..... | .....                              | .....                | NO.....   |
| .....  | Aaron Wagner(Trades/Transfers Securities) .....       | .....                              | .....                | NO.....   |
| .....  | Victor Banjo (Trades) .....                           | .....                              | .....                | NO.....   |
| .....  | Matt Thompson (Trades) .....                          | .....                              | .....                | NO.....   |

- 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 ]

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

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 [ X ] N/A [   ]
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            |                  |               |                |            |      |       |                              |            |      |       |

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 Century Surety Company

## SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

# NONE

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

| Current Year to Date - Allocated by States and Territories                 |                              |                              |                            |  |                            |                              |                            |                   |
|--|------------------------------|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|-------------------|
| States, etc.   | 1<br>Active<br>Status<br>(a) | Direct Premiums Written      |                            | Direct Losses Paid (Deducting Salvage) |                            | Direct Losses Unpaid         |                            |                   |
|  |                              | 2<br>Current Year<br>To Date | 3<br>Prior Year<br>To Date | 4<br>Current Year<br>To Date           | 5<br>Prior Year<br>To Date | 6<br>Current Year<br>To Date | 7<br>Prior Year<br>To Date |                   |
| 1. Alabama .....   | AL                           | E.....                       | 1,750,803 .....            | 1,387,942 .....                        | 114,015 .....              | 366,886 .....                | 3,975,059 .....            | 3,060,105 .....   |
| 2. Alaska .....  | AK                           | E.....                       | 151,306 .....              | 163,597 .....                          | .....                      | .....                        | 347,907 .....              | 327,776 .....     |
| 3. Arizona .....   | AZ                           | L.....                       | 21,100 .....               | 18,564 .....                           | .....                      | 6,657 .....                  | 230,001 .....              | 346,467 .....     |
| 4. Arkansas .....  | AR                           | E.....                       | 1,141,778 .....            | 952,498 .....                          | 484,792 .....              | 2,086,566 .....              | 2,745,489 .....            | 1,753,128 .....   |
| 5. California .....  | CA                           | E.....                       | 31,121,283 .....           | 19,919,845 .....                       | 3,217,386 .....            | 5,090,981 .....              | 55,909,671 .....           | 48,434,077 .....  |
| 6. Colorado .....  | CO                           | E.....                       | 1,919,339 .....            | 1,270,930 .....                        | 723,241 .....              | 551,594 .....                | 5,077,025 .....            | 4,884,676 .....   |
| 7. Connecticut .....   | CT                           | E.....                       | 917,575 .....              | 632,881 .....                          | 1,148,982 .....            | 72,641 .....                 | 2,646,967 .....            | 1,951,008 .....   |
| 8. Delaware .....  | DE                           | E.....                       | 163,415 .....              | 162,449 .....                          | 450,000 .....              | 61,846 .....                 | 4,949,398 .....            | 268,203 .....     |
| 9. District of Columbia .....  | DC                           | E.....                       | 447,391 .....              | 334,057 .....                          | 2,664 .....                | .....                        | 304,492 .....              | 149,253 .....     |
| 10. Florida .....  | FL                           | E.....                       | 31,622,082 .....           | 30,772,647 .....                       | 7,659,557 .....            | 5,838,725 .....              | 77,034,430 .....           | 59,583,525 .....  |
| 11. Georgia .....  | GA                           | E.....                       | 3,270,843 .....            | 2,123,290 .....                        | 186,669 .....              | 762,123 .....                | 8,928,481 .....            | 6,117,864 .....   |
| 12. Hawaii .....   | HI                           | E.....                       | 194,031 .....              | 171,505 .....                          | (500) .....                | 643 .....                    | 1,640,181 .....            | 716,168 .....     |
| 13. Idaho .....  | ID                           | E.....                       | 352,927 .....              | 238,125 .....                          | 86,548 .....               | 4,660 .....                  | 831,331 .....              | 666,931 .....     |
| 14. Illinois .....   | IL                           | E.....                       | 1,119,214 .....            | 1,124,787 .....                        | 190,349 .....              | 377,021 .....                | 2,946,523 .....            | 2,345,074 .....   |
| 15. Indiana .....  | IN                           | E.....                       | 913,784 .....              | 679,867 .....                          | 66,635 .....               | 132,597 .....                | 1,451,206 .....            | 991,135 .....     |
| 16. Iowa .....   | IA                           | E.....                       | 505,541 .....              | 201,085 .....                          | 133,679 .....              | 6,640 .....                  | 547,292 .....              | 481,862 .....     |
| 17. Kansas .....   | KS                           | E.....                       | 686,782 .....              | 375,780 .....                          | 321 .....                  | 1,284,259 .....              | 957,244 .....              | 1,120,510 .....   |
| 18. Kentucky .....   | KY                           | E.....                       | 1,857,745 .....            | 1,695,557 .....                        | 290,088 .....              | 687,893 .....                | 2,041,405 .....            | 1,226,280 .....   |
| 19. Louisiana .....  | LA                           | E.....                       | 2,679,323 .....            | 3,620,967 .....                        | 1,541,543 .....            | 893,764 .....                | 8,691,411 .....            | 7,195,611 .....   |
| 20. Maine .....  | ME                           | E.....                       | 342,727 .....              | 158,273 .....                          | 304,530 .....              | 31,116 .....                 | 679,281 .....              | 444,434 .....     |
| 21. Maryland .....   | MD                           | E.....                       | 1,259,089 .....            | 1,338,777 .....                        | 86,896 .....               | 22,993 .....                 | 2,004,711 .....            | 1,117,617 .....   |
| 22. Massachusetts .....  | MA                           | E.....                       | 1,830,851 .....            | 1,336,967 .....                        | 525,911 .....              | 433,598 .....                | 3,444,787 .....            | 1,865,652 .....   |
| 23. Michigan .....   | MI                           | E.....                       | 836,699 .....              | 943,359 .....                          | 182,538 .....              | (1,950) .....                | 3,991,501 .....            | 4,323,473 .....   |
| 24. Minnesota .....  | MN                           | E.....                       | 672,340 .....              | 247,764 .....                          | 444,574 .....              | 15,636 .....                 | 969,602 .....              | 827,869 .....     |
| 25. Mississippi .....  | MS                           | E.....                       | 1,238,675 .....            | 1,168,677 .....                        | 280,958 .....              | 82,292 .....                 | 2,805,065 .....            | 2,056,823 .....   |
| 26. Missouri .....   | MO                           | E.....                       | 633,849 .....              | 224,807 .....                          | 316,796 .....              | 614,889 .....                | 2,184,184 .....            | 2,977,703 .....   |
| 27. Montana .....  | MT                           | E.....                       | 692,268 .....              | 501,515 .....                          | 160,170 .....              | 39,366 .....                 | 1,070,971 .....            | 948,799 .....     |
| 28. Nebraska .....   | NE                           | E.....                       | 522,898 .....              | 370,711 .....                          | (7,630) .....              | 19,260 .....                 | 866,053 .....              | 687,695 .....     |
| 29. Nevada .....   | NV                           | E.....                       | 696,380 .....              | 634,228 .....                          | 36,936 .....               | 4,220 .....                  | 2,275,853 .....            | 2,038,125 .....   |
| 30. New Hampshire .....  | NH                           | E.....                       | 350,666 .....              | 157,934 .....                          | 19,595 .....               | 32,123 .....                 | 666,253 .....              | 852,453 .....     |
| 31. New Jersey .....   | NJ                           | E.....                       | 1,659,158 .....            | 1,588,228 .....                        | 56,454 .....               | 148,187 .....                | 6,975,181 .....            | 5,856,728 .....   |
| 32. New Mexico .....   | NM                           | E.....                       | 1,009,377 .....            | 1,044,063 .....                        | 103,201 .....              | 244,643 .....                | 2,036,059 .....            | 1,661,546 .....   |
| 33. New York .....   | NY                           | E.....                       | 7,224,647 .....            | 8,084,604 .....                        | 316,255 .....              | 1,756,595 .....              | 46,076,726 .....           | 35,832,256 .....  |
| 34. North Carolina .....   | NC                           | E.....                       | 2,899,991 .....            | 2,018,380 .....                        | 231,066 .....              | 109,908 .....                | 5,110,012 .....            | 3,984,980 .....   |
| 35. North Dakota .....   | ND                           | E.....                       | 264,744 .....              | 178,209 .....                          | .....                      | 22,358 .....                 | 443,478 .....              | 284,375 .....     |
| 36. Ohio .....   | OH                           | L.....                       | 64,840 .....               | 21,245 .....                           | (3,000) .....              | 5,000 .....                  | 494,074 .....              | 475,158 .....     |
| 37. Oklahoma .....   | OK                           | E.....                       | 919,050 .....              | 431,225 .....                          | 41,113 .....               | 51,011 .....                 | 2,018,533 .....            | 1,533,910 .....   |
| 38. Oregon .....   | OR                           | E.....                       | 1,028,762 .....            | 943,600 .....                          | 204,575 .....              | 118,415 .....                | 2,214,969 .....            | 1,947,234 .....   |
| 39. Pennsylvania .....   | PA                           | E.....                       | 5,536,049 .....            | 2,163,036 .....                        | 698,506 .....              | 492,338 .....                | 5,621,845 .....            | 3,602,120 .....   |
| 40. Rhode Island .....   | RI                           | E.....                       | 325,169 .....              | 131,383 .....                          | .....                      | 115,064 .....                | 531,669 .....              | 431,133 .....     |
| 41. South Carolina .....   | SC                           | E.....                       | 1,577,744 .....            | 1,094,607 .....                        | 384,966 .....              | 103,445 .....                | 2,880,832 .....            | 2,165,074 .....   |
| 42. South Dakota .....   | SD                           | E.....                       | 137,072 .....              | 82,896 .....                           | 515,000 .....              | 5,000 .....                  | 536,287 .....              | 507,306 .....     |
| 43. Tennessee .....  | TN                           | E.....                       | 1,395,756 .....            | 1,401,168 .....                        | 103,903 .....              | 44,707 .....                 | 2,672,127 .....            | 1,987,832 .....   |
| 44. Texas .....  | TX                           | E.....                       | 21,630,802 .....           | 16,212,350 .....                       | 4,501,622 .....            | 3,918,694 .....              | 49,689,582 .....           | 39,129,501 .....  |
| 45. Utah .....   | UT                           | E.....                       | 549,493 .....              | 317,177 .....                          | 813,508 .....              | 31,426 .....                 | 1,912,584 .....            | 1,102,501 .....   |
| 46. Vermont .....  | VT                           | E.....                       | 207,686 .....              | 148,871 .....                          | 49,000 .....               | 166,636 .....                | 746,985 .....              | 707,952 .....     |
| 47. Virginia .....   | VA                           | E.....                       | 2,776,398 .....            | 2,227,517 .....                        | 220,485 .....              | 16,280 .....                 | 3,138,106 .....            | 1,485,272 .....   |
| 48. Washington .....   | WA                           | E.....                       | 785,080 .....              | 484,478 .....                          | 499,287 .....              | 58,581 .....                 | 1,857,582 .....            | 2,426,032 .....   |
| 49. West Virginia .....  | WV                           | E.....                       | 821,233 .....              | 339,944 .....                          | .....                      | .....                        | 212,604 .....              | 32,162 .....      |
| 50. Wisconsin .....  | WI                           | E.....                       | 440,792 .....              | 436,968 .....                          | 180,247 .....              | 197,230 .....                | 894,781 .....              | 688,172 .....     |
| 51. Wyoming .....  | WY                           | E.....                       | 225,605 .....              | 200,826 .....                          | 14,059 .....               | 6,503 .....                  | 610,266 .....              | 527,338 .....     |
| 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                          | .....                        | .....                      | .....                                  | .....                      | .....                        | .....                      | .....             |
| 59. Totals .....   | XXX                          | .....                        | 141,392,152 .....          | 112,480,160 .....                      | 27,577,489 .....           | 27,131,060 .....             | 338,888,056 .....          | 266,128,881 ..... |
| DETAILS OF WRITE-INS   |                              |                              |                            |  |                            |                              |                            |                   |
| 58001. ....  | XXX                          | .....                        | .....                      | .....                                  | .....                      | .....                        | .....                      | .....             |
| 58002. ....  | XXX                          | .....                        | .....                      | .....                                  | .....                      | .....                        | .....                      | .....             |
| 58003. ....  | XXX                          | .....                        | .....                      | .....                                  | .....                      | .....                        | .....                      | .....             |
| 58998. Summary of remaining write-ins for Line 58 from overflow page ..... | XXX                          | .....                        | .....                      | .....                                  | .....                      | .....                        | .....                      | .....             |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....  | XXX                          | .....                        | .....                      | .....                                  | .....                      | .....                        | .....                      | .....             |

- (a) Active Status Counts:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....

2. R - Registered - Non-domiciled RRGs.....

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....
4. Q - Qualified - Qualified or accredited reinsurer.....

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

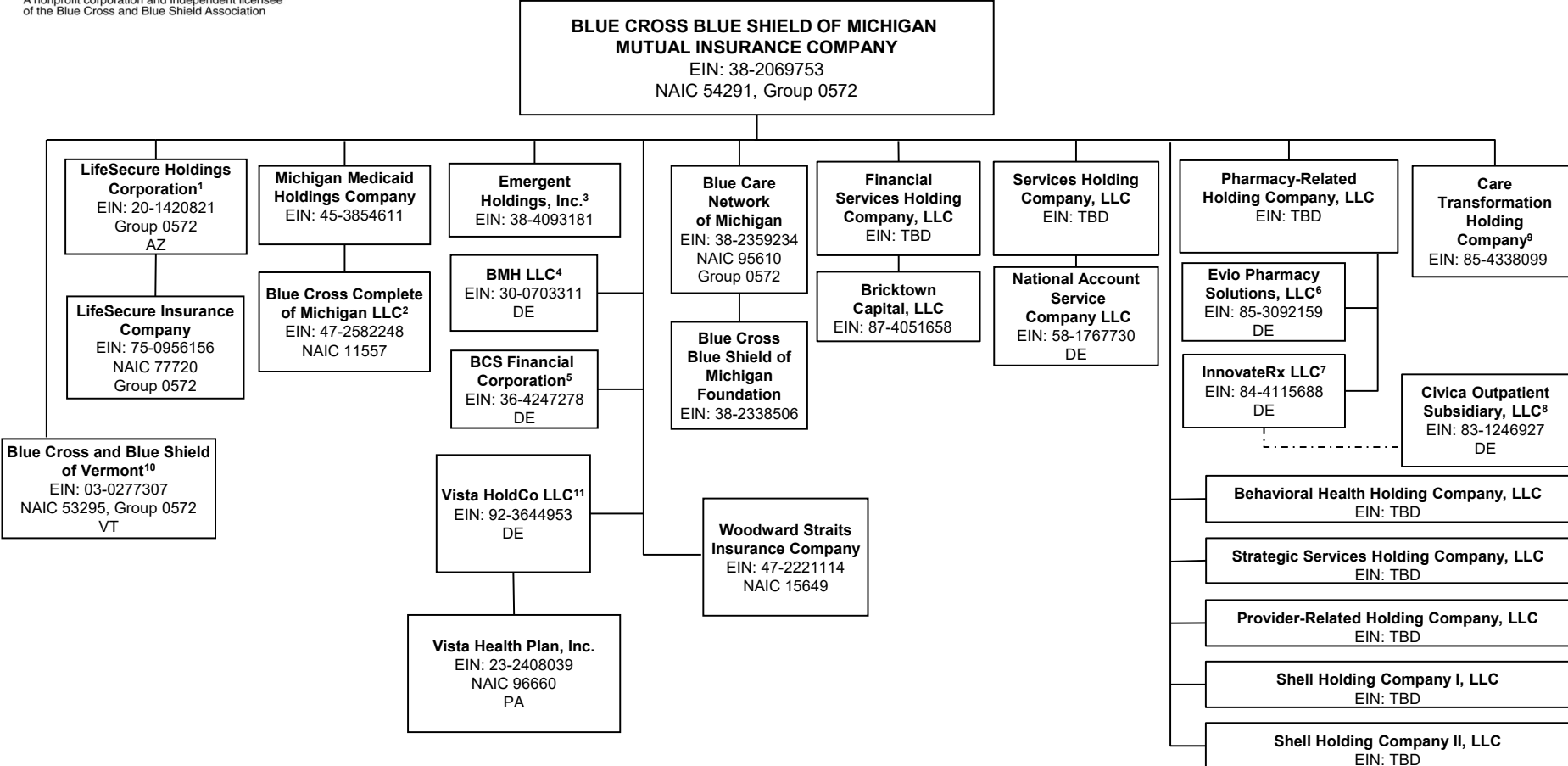
6. N - None of the above - Not allowed to write business in the state.....
- 49
- 6

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



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

SUBSIDIARY & AFFILIATE ORGANIZATION CHART



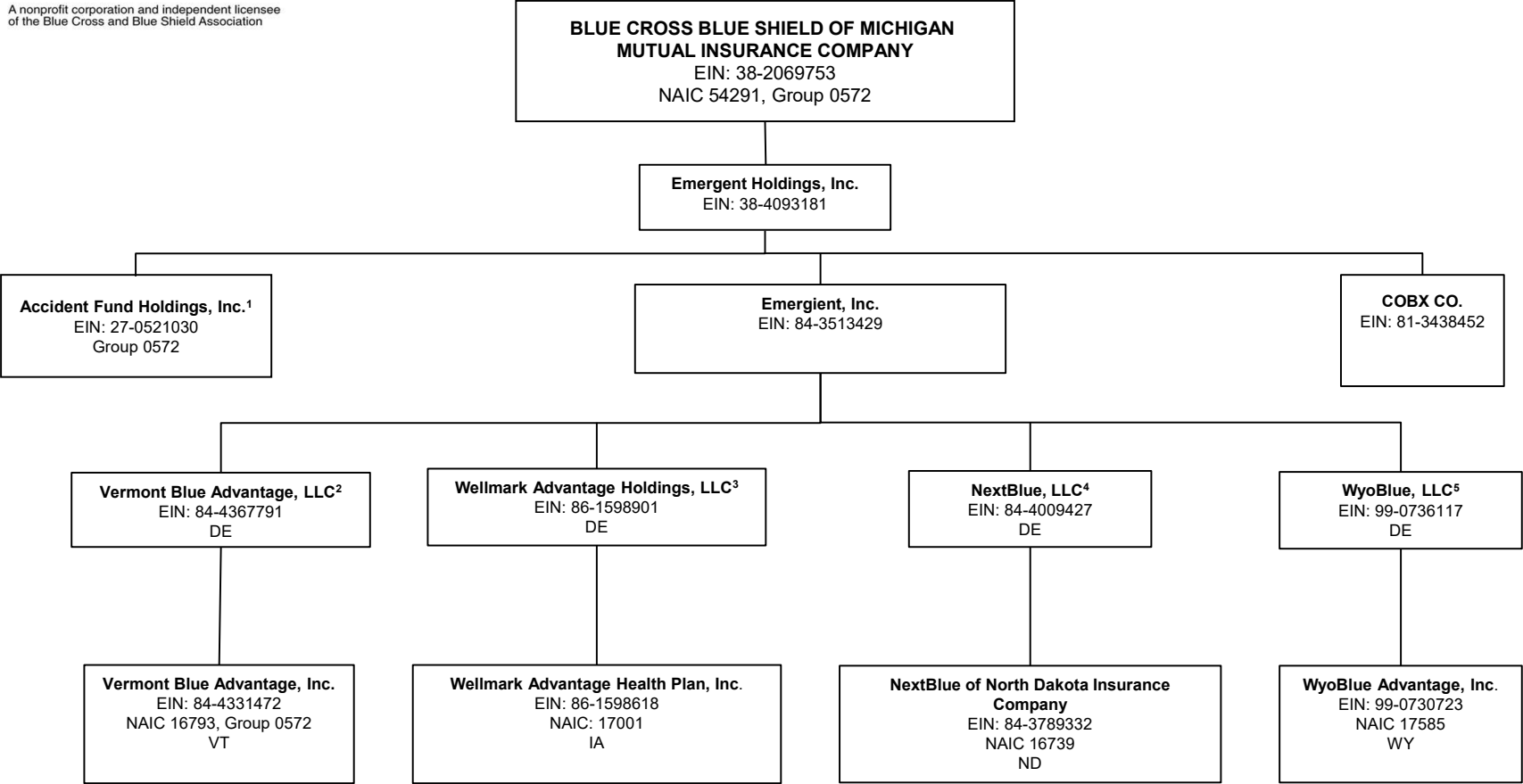
1 BCBSM owns an 80% stake of LifeSecure Holdings Corporation with the remaining 20% owned by BCS Financial Corporation.  
2 Michigan Medicaid Holdings Company owns a 69.37% stake of Blue Cross Complete of Michigan LLC.  
3 See pg. 2 for additional subsidiaries.  
4 See pg. 4 for additional affiliates.  
5 See pg. 5 for affiliated companies.  
6 Pharmacy-Related Holdings Company, LLC owns a 20% stake of Evio Pharmacy Solutions, LLC.  
7 Pharmacy-Related Holdings Company, LLC owns a 9.99% stake of InnovateRx LLC.  
8 Innovate Rx LLC does not have an equity ownership in Civica Outpatient Subsidiary, LLC, which is a non-profit company. However, Innovate Rx LLC does have the right to appoint five managers to Civica Outpatient Subsidiary, LLC's board of managers which can range from 6 to 10 managers.  
9 See pg. 6 for additional subsidiaries.  
10 See pg. 7 for additional subsidiaries.  
11 BCBSM owns a 38.74% stake in Vista HoldCo LLC.

|  |
|--|
| <b>Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust</b><br>EIN: 84-6869872     |
| <b>Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust</b><br>EIN: 84-6871980 |
| <b>Blue Cross Blue Shield of Michigan Long-Term Disability Trust</b><br>EIN: 81-6482696                        |
| <b>Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust</b><br>EIN: 30-1140600                |
| <b>Blue Cross Blue Shield of Michigan 401 (K) MASTER TRUST</b><br>EIN: 38-2069753-096                          |

All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.



**SUBSIDIARY & AFFILIATE ORGANIZATION CHART**

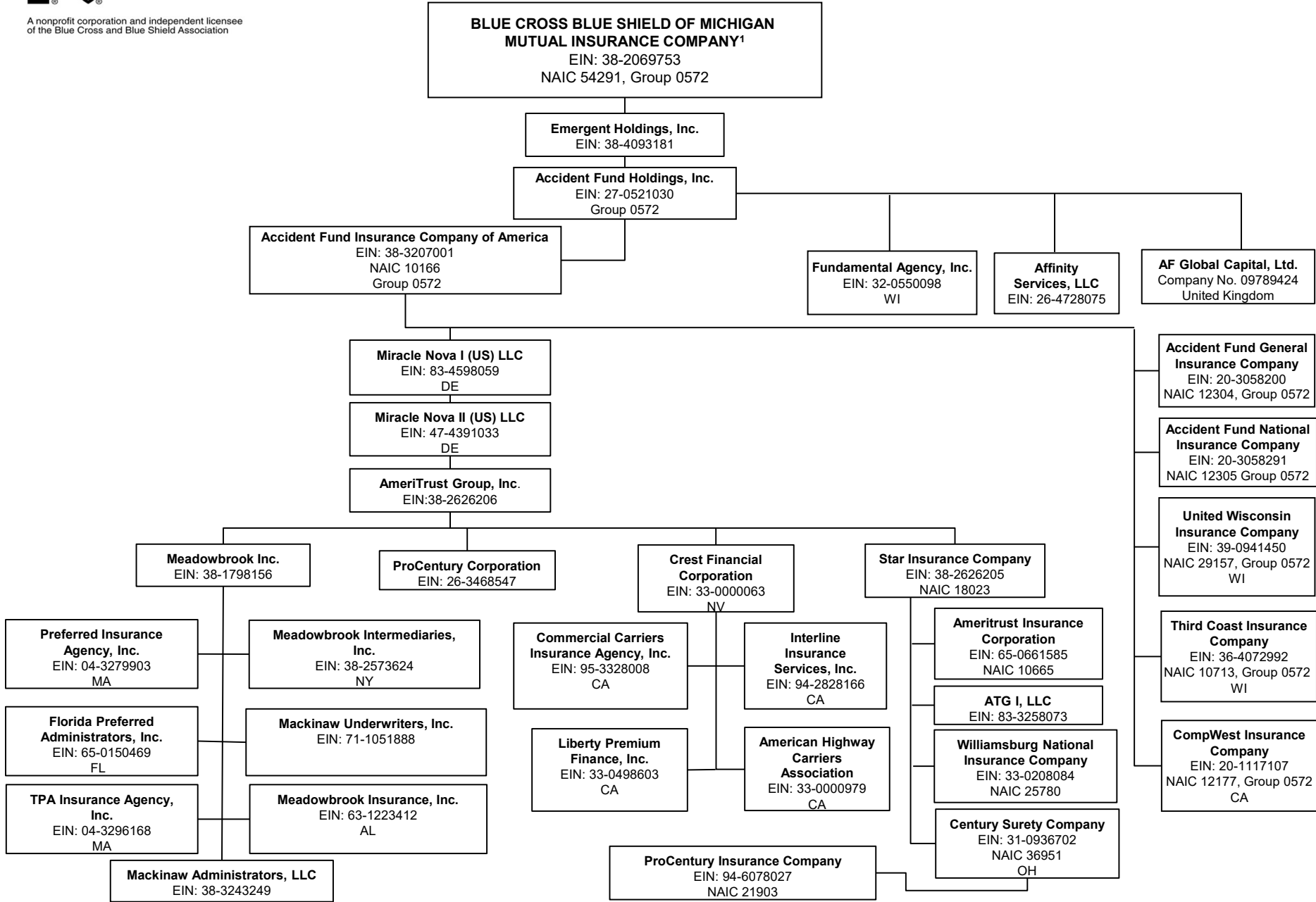


1 See page 3 for additional subsidiaries and affiliates.  
2 Emergent, Inc. owns a 51% stake in Vermont Blue Advantage LLC with the remaining 49% owned by Blue Cross and Blue Shield of Vermont.  
3 Emergent, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC.  
4 Emergent, Inc. owns a 51% stake in NextBlue, LLC.  
5 Emergent, Inc. owns a 51% stake in WyoBlue, LLC.





SUBSIDIARY & AFFILIATE ORGANIZATION CHART

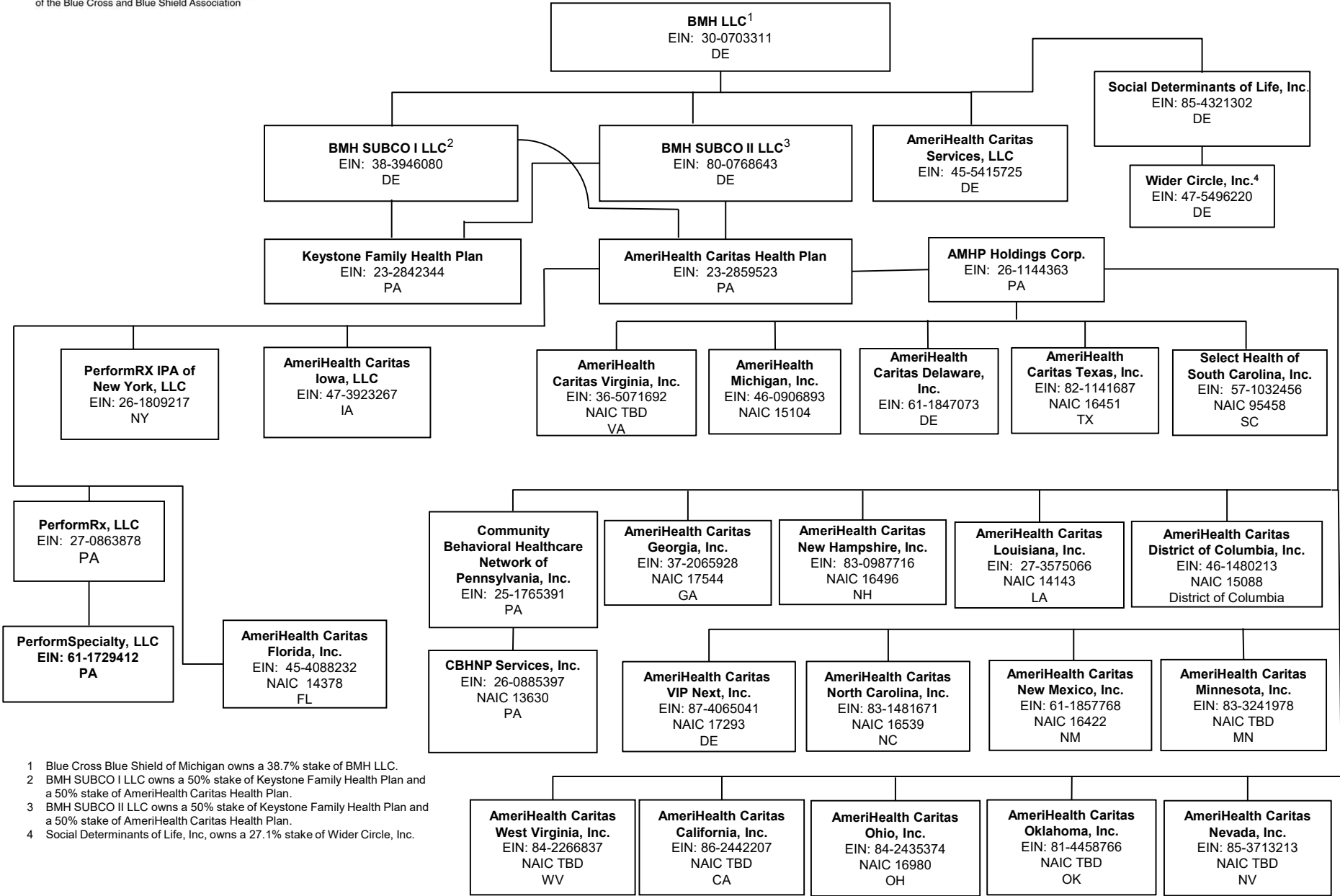


All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

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



SUBSIDIARY & AFFILIATE ORGANIZATION CHART



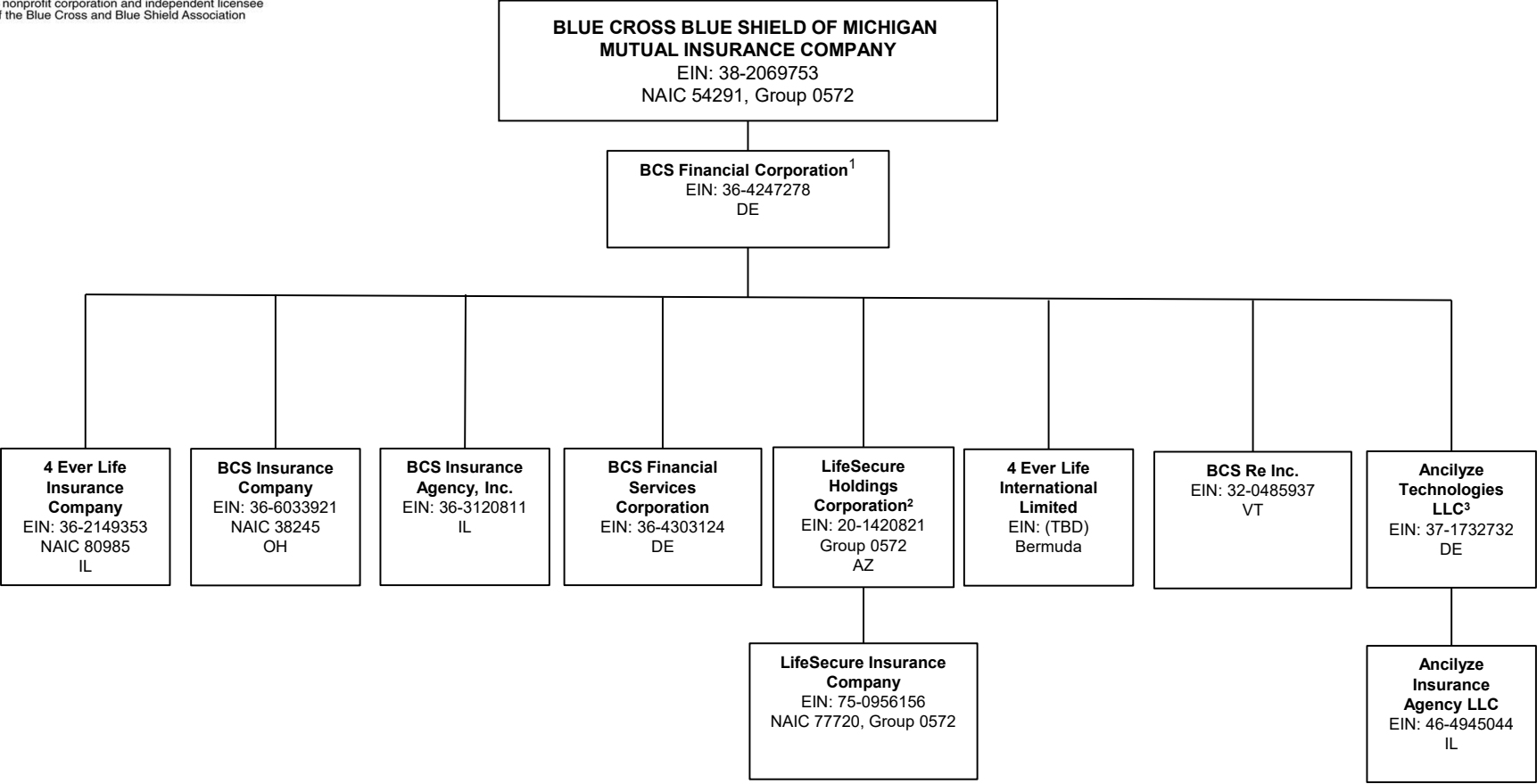
1 Blue Cross Blue Shield of Michigan owns a 38.7% stake of BMH LLC.  
2 BMH SUBCO I LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.  
3 BMH SUBCO II LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.  
4 Social Determinants of Life, Inc. owns a 27.1% stake of Wider Circle, Inc.

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A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

**SUBSIDIARY & AFFILIATE ORGANIZATION CHART**

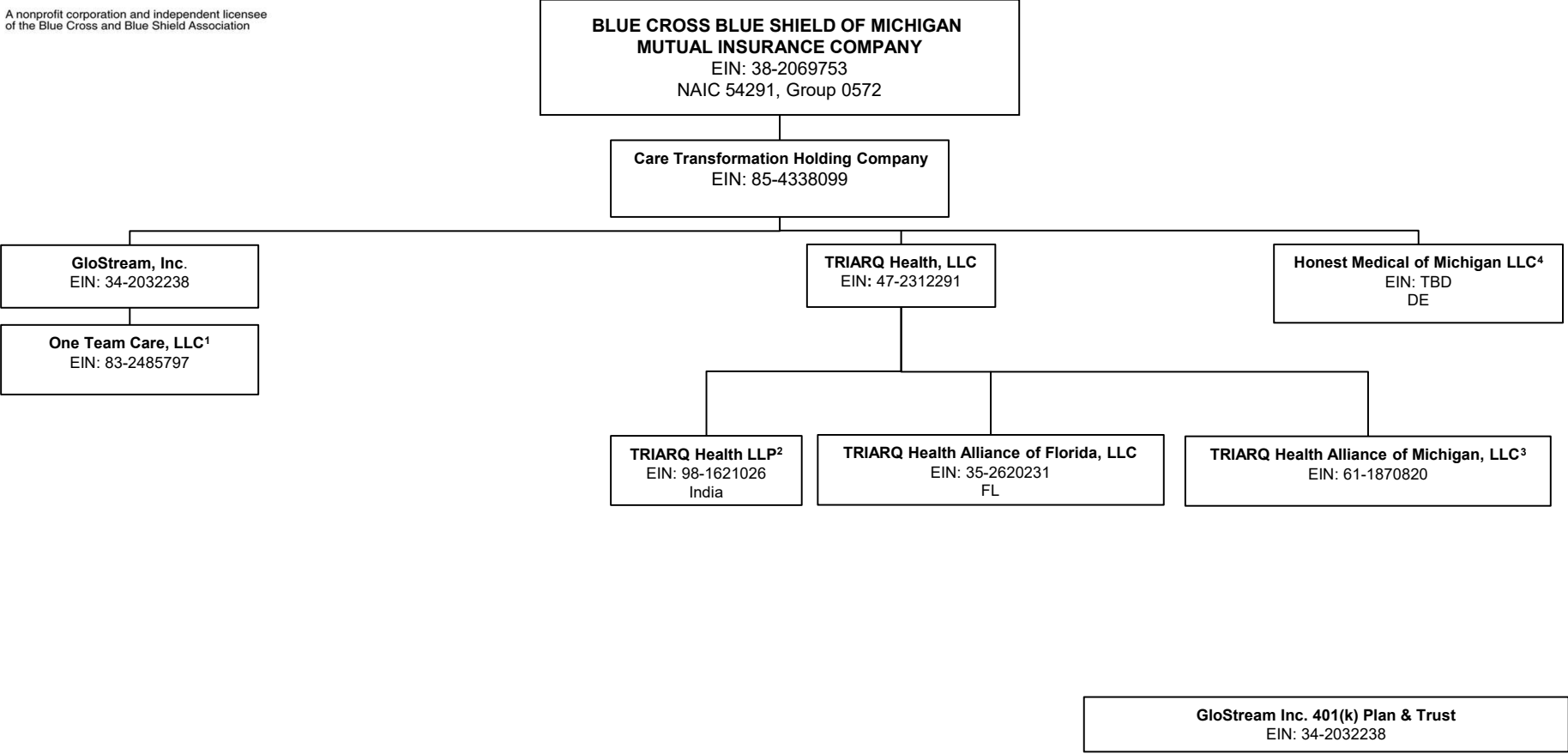


1 Blue Cross Blue Shield of Michigan owns 10.1% of BCS Financial Corporation Accident Fund Insurance Company of America owns 3.56% of BCS Financial Corporation.  
2 BCS Financial owns a 20% stake in LifeSecure Holdings Corporation with the remaining 80% owned by BCBSM.  
3 BCS Financial Corporation owns 50% of Ancilyze Technologies LLC.

All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.



SUBSIDIARY & AFFILIATE ORGANIZATION CHART

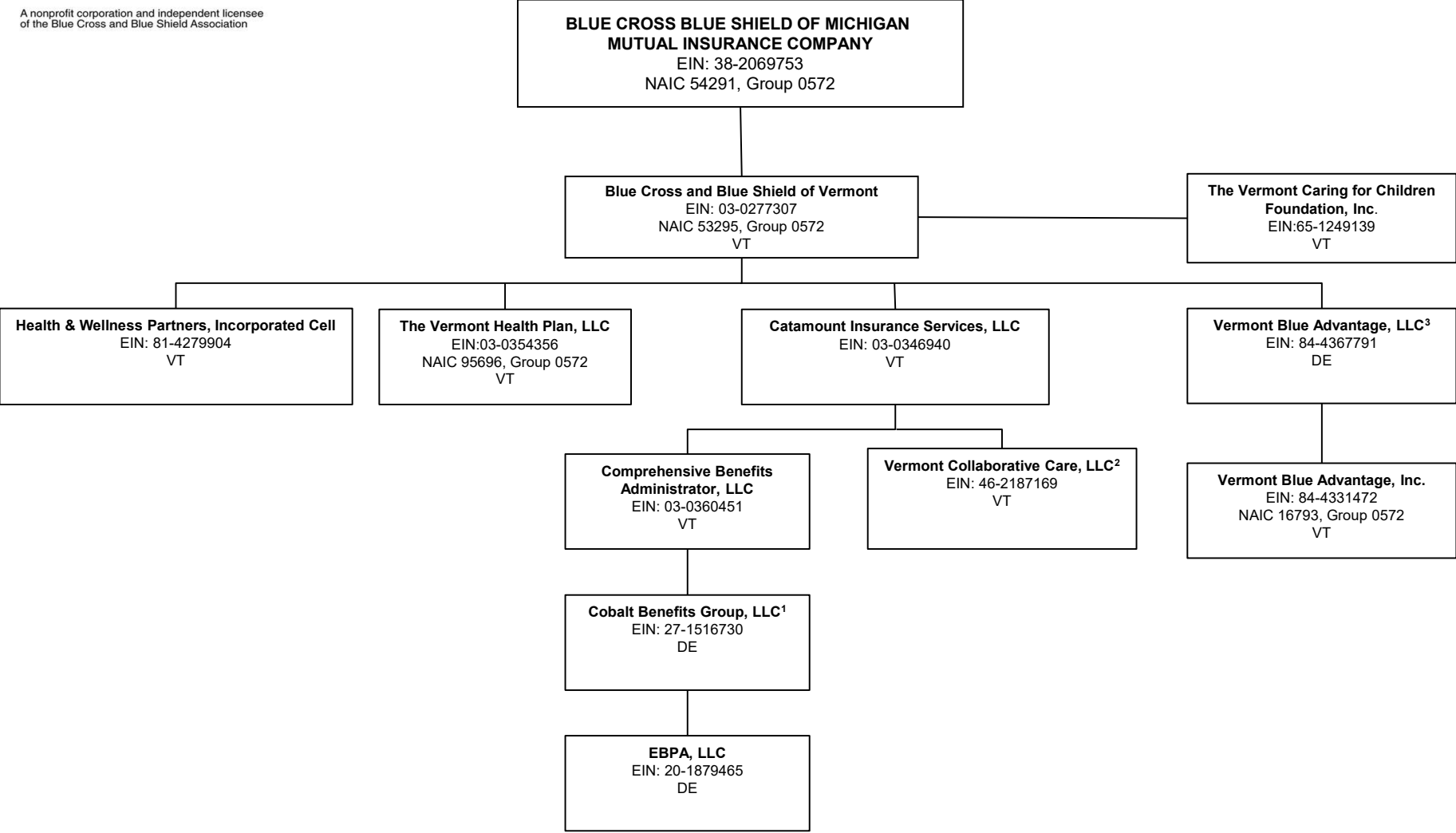


1 GloStream Inc. owns a 50% stake in One Team Care, LLC.  
2 TRIARQ Health, LLC owns a 99.9999% stake in TRIARQ Health LLP and Glostream, Inc. owns 0.0001%.  
3 TRIARQ Health, LLC owns a 68% stake in TRIARQ Health Alliance of Michigan.  
4 Care Transformation Holding Company owns a 19.9% stake in Honest Medical of Michigan LLC

All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.



SUBSIDIARY & AFFILIATE ORGANIZATION CHART



1 Comprehensive Benefits Administrator, LLC owns a 50% stake in Cobalt Benefits Group, LLC.  
2 Catamount Insurance Services, LLC owns a 50% stake in Vermont Collaborative Care, LLC.  
3 Blue Cross and Blue Shield of Vermont owns a 49% stake in Vermont Blue Advantage, LLC  
with the remaining 51% owned by Emergent, Inc.

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

| 1             | 2   | 3                       | 4             | 5               | 6     | 7  | 8   | 9                                 | 10   | 11  | 12<br>Type<br>of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence,<br>Other) | 13<br>If<br>Control<br>is<br>Owner-<br>ship<br>Provide<br>Percen-<br>tage | 14<br>Ultimate Controlling<br>Entity(ies)/Person(s)               | 15<br>Is an<br>SCA<br>Filing<br>Re-<br>quired?<br>(Yes/No) | 16<br>* |
|---------------|---|-------------------------|---------------|-----------------|-------|--|---|-----------------------------------|--|---|---|---|---|--|---------|
| Group<br>Code | Group Name  | NAIC<br>Company<br>Code | ID<br>Number  | Federal<br>RSSD | CIK   | Name of Securities<br>Exchange<br>if Publicly Traded<br>(U.S. or<br>International) | Names of<br>Parent, Subsidiaries<br>Or Affiliates                 | Domi-<br>ciliary<br>Loca-<br>tion | Relation-<br>ship<br>to<br>Reporting<br>Entity | Directly Controlled by<br>(Name of Entity/Person)                 |   |   |   |  |         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 54291 .....        | 38-2069753 .. | .....           | ..... | .....  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .. MI.....                        | .....RE.....                                   | State of Michigan .....   | Legal .....   | .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | .....         | .....           | ..... | .....  | Behavioral Health Holding Company, LLC .....                      | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | 100.000 .....   | Mutual Insurance Company .....                                    | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | .....         | .....           | ..... | .....  | Strategic Services Holding Company, LLC .....                     | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | .....         | .....           | ..... | .....  | Pharmacy-Related Holding Company, LLC .....                       | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | .....         | .....           | ..... | .....  | Provider-Related Holding Company, LLC .....                       | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | .....         | .....           | ..... | .....  | Shell Holding Company I, LLC .....                                | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | 100.000 .....   | Mutual Insurance Company .....                                    | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | .....         | .....           | ..... | .....  | Shell Holding Company II, LLC .....                               | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 38-4093181 .. | .....           | ..... | .....  | Emergent Holdings, Inc. ....                                      | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... YES.....   | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 27-0521030 .. | .....           | ..... | .....  | Accident Fund Holdings, Inc. ....                                 | .. MI.....                        | .....NIA.....                                  | Emergent Holdings, Inc. ....                                      | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | AA-0000000 .. | .....           | ..... | .....  | AF Global Capital, Ltd. ....                                      | ..GBR.....                        | .....NIA.....                                  | Accident Fund Holdings, Inc. ....                                 | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 10166 .....        | 38-3207001 .. | .....           | ..... | .....  | Accident Fund Insurance Company of America ..                     | .. MI.....                        | .....IA.....                                   | Accident Fund Holdings, Inc. ....                                 | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 83-4598059 .. | .....           | ..... | .....  | Miracle Nova I (US) LLC .....                                     | ..DE.....                         | .....NIA.....                                  | Accident Fund Insurance Company of America ..                     | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 47-4391033 .. | .....           | ..... | .....  | Miracle Nova II (US) LLC .....                                    | ..DE.....                         | .....NIA.....                                  | Miracle Nova I (US) LLC .....                                     | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 38-2626206 .. | .....           | ..... | .....  | AmeriTrust Group, Inc. ....                                       | .. MI.....                        | .....NIA.....                                  | Miracle Nova II (US) LLC .....                                    | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 26-3468547 .. | .....           | ..... | .....  | ProCentury Corporation .....                                      | .. MI.....                        | .....NIA.....                                  | AmeriTrust Group, Inc. ....                                       | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 38-1798156 .. | .....           | ..... | .....  | Meadowbrook Inc. ....   | .. MI.....                        | .....NIA.....                                  | AmeriTrust Group, Inc. ....                                       | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 04-3279903 .. | .....           | ..... | .....  | Preferred Insurance Agency, Inc. ....                             | ..MA.....                         | .....NIA.....                                  | Meadowbrook, Inc. ....  | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 65-0150469 .. | .....           | ..... | .....  | Florida Preferred Administrators, Inc .....                       | ..FL.....                         | .....NIA.....                                  | Meadowbrook, Inc. ....  | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 04-3296168 .. | .....           | ..... | .....  | TPA Insurance Agency, Inc. ....                                   | ..MA.....                         | .....NIA.....                                  | Meadowbrook, Inc. ....  | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 38-2573624 .. | .....           | ..... | .....  | Meadowbrook Intermediaries, Inc. ....                             | ..NY.....                         | .....NIA.....                                  | Meadowbrook, Inc. ....  | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 71-1051888 .. | .....           | ..... | .....  | Mackinaw Underwriters, Inc. ....                                  | .. MI.....                        | .....NIA.....                                  | Meadowbrook, Inc. ....  | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 63-1223412 .. | .....           | ..... | .....  | Meadowbrook Insurance, Inc. ....                                  | ..AL.....                         | .....NIA.....                                  | Meadowbrook, Inc. ....  | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 38-3243249 .. | .....           | ..... | .....  | Mackinaw Administrators, LLC .....                                | .. MI.....                        | .....NIA.....                                  | Meadowbrook, Inc. ....  | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 33-0000063 .. | .....           | ..... | .....  | Crest Financial Corporation .....                                 | ..NV.....                         | .....NIA.....                                  | AmeriTrust Group, Inc. ....                                       | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 95-3328008 .. | .....           | ..... | .....  | Commerical Carriers Insurance Agency, Inc. .                      | ..CA.....                         | .....NIA.....                                  | Crest Financial Corporation .....                                 | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | .... 00000 .....        | 33-0498603 .. | .....           | ..... | .....  | Liberty Premium Finance, Inc .....                                | ..CA.....                         | .....NIA.....                                  | Crest Financial Corporation .....                                 | Ownership.....  | 100.000 .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....   |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

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

| 1             | 2  | 3                       | 4             | 5               | 6     | 7  | 8  | 9                                 | 10  | 11   | 12<br>Type<br>of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence,<br>Other) | 13<br>If<br>Control<br>is<br>Owner-<br>ship<br>Provide<br>Percen-<br>tage | 14<br>Ultimate Controlling<br>Entity(ies)/Person(s)                  | 15<br>Is an<br>SCA<br>Filing<br>Re-<br>quired?<br>(Yes/No) | 16<br>*       |
|---------------|--|-------------------------|---------------|-----------------|-------|--|--|-----------------------------------|---|--|---|---|--|--|---------------|
| Group<br>Code | Group Name   | NAIC<br>Company<br>Code | ID<br>Number  | Federal<br>RSSD | CIK   | Name of Securities<br>Exchange<br>if Publicly Traded<br>(U.S. or<br>International) | Names of<br>Parent, Subsidiaries<br>Or Affiliates          | Domi-<br>ciliary<br>Loca-<br>tion | Rela-<br>tion-<br>ship<br>to<br>Reporting<br>Entity | Directly Controlled by<br>(Name of Entity/Person)  |   |   |  |  |               |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 94-2828166 .. | .....           | ..... | .....  | Interline Insurance Services, Inc .....                    | .. CA.....                        | .....NIA.....                                       | Crest Financial Corporation .....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 33-0000979 .. | .....           | ..... | .....  | American Highway Carriers Association .....                | .. CA.....                        | .....NIA.....                                       | Crest Financial Corporation .....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 18023 ....         | 38-2626205 .. | .....           | ..... | .....  | Star Insurance Company .....                               | .. MI.....                        | .....IA.....  | AmeriTrust Group, Inc. ....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 10665 ....         | 65-0661585 .. | .....           | ..... | .....  | Ameritrust Insurance Corporation .....                     | .. MI.....                        | .....IA.....  | Star Insurance Company .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 83-3258073 .. | .....           | ..... | .....  | ATG I, LLC .....   | .. MI.....                        | .....NIA.....                                       | Star Insurance Company .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 25780 ....         | 33-0208084 .. | .....           | ..... | .....  | Williamsburg National Insurance Company .....              | .. MI.....                        | .....IA.....  | Star Insurance Company .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 36951 ....         | 31-0936702 .. | .....           | ..... | .....  | Century Surety Company .....                               | .. OH.....                        | .....IA.....  | Star Insurance Company .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 21903 ....         | 94-6078027 .. | .....           | ..... | .....  | ProCentury Insurance Company .....                         | .. MI.....                        | .....IA.....  | Century Surety Company .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 26-4728075 .. | .....           | ..... | .....  | Affinity Services, LLC .....                               | .. MI.....                        | .....NIA.....                                       | Accident Fund Holdings, Inc. ....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 32-0550098 .. | .....           | ..... | .....  | Fundamental Agency,<br>Inc. ....                           | .. WI.....                        | .....NIA.....                                       | Accident Fund Holdings, Inc. ....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 29157 ....         | 39-0941450 .. | .....           | ..... | .....  | United Wisconsin Insurance Company .....                   | .. WI.....                        | .....IA.....  | Accident Fund Insurance Company of America .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 12304 ....         | 20-3058200 .. | .....           | ..... | .....  | Accident Fund General Insurance Company .....              | .. MI.....                        | .....IA.....  | Accident Fund Insurance Company of America .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 12305 ....         | 20-3058291 .. | .....           | ..... | .....  | Accident Fund National Insurance Company .....             | .. MI.....                        | .....IA.....  | Accident Fund Insurance Company of America .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 10713 ....         | 36-4072992 .. | .....           | ..... | .....  | Third Coast Insurance Company .....                        | .. WI.....                        | .....IA.....  | Accident Fund Insurance Company of America .....   | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 12177 ....         | 20-1117107 .. | .....           | ..... | .....  | ComplWest Insurance Company .....                          | .. CA.....                        | .....IA.....  | Blue Cross Blue Shield of Michigan Mutual<br>Insurance Company .....                                       | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 20-1420821 .. | .....           | ..... | .....  | LifeSecure Holdings Corporation .....                      | .. AZ.....                        | .....DS.....  | Blue Cross Blue Shield of Michigan Mutual<br>Insurance Company .....                                       | Ownership.....  | ..80.000 .....  | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... YES.....  | ..... 7 ..... |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 77720 ....         | 75-0956156 .. | .....           | ..... | .....  | LifeSecure Insurance Company .....                         | .. MI.....                        | .....IA.....  | LifeSecure Holdings Corporation .....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | ..... 7 ..... |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 95610 ....         | 38-2359234 .. | .....           | ..... | .....  | Blue Care Network of Michigan .....                        | .. MI.....                        | .....DS.....  | Blue Cross Blue Shield of Michigan Mutual<br>Insurance Company .....                                       | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 38-2338506 .. | .....           | ..... | .....  | Blue Cross and Blue Shield of Michigan<br>Foundation ..... | .. MI.....                        | .....NIA.....                                       | Blue Care Network of Michigan .....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 92-3644953 .. | .....           | ..... | .....  | Vista HoldCo, LLC .....                                    | .. DE.....                        | .....DS.....  | Blue Cross Blue Shield of Michigan Mutual<br>Insurance Company and Independence Health<br>Group, Inc. .... | Ownership.....  | ..38.740 .....  | BCBSM and Independence Health Group,<br>Inc. ....                    | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 96660 ....         | 23-2408039 .. | .....           | ..... | .....  | Vista Health Plan, Inc .....                               | .. PA.....                        | .....IA.....  | Vista HoldCo, LLC .....  | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 45-3854611 .. | .....           | ..... | .....  | Michigan Medicaid Holdings Company .....                   | .. MI.....                        | .....DS.....  | Blue Cross Blue Shield of Michigan Mutual<br>Insurance Company .....                                       | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... YES.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 11557 ....         | 47-2582248 .. | .....           | ..... | .....  | Blue Cross Complete of Michigan LLC .....                  | .. MI.....                        | .....IA.....  | Michigan Medicaid Holdings Company .....   | Ownership.....  | ..69.370 .....  | BCBSM and Independence Health Group,<br>Inc. ....                    | .... NO.....   | ..... 5 ..... |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | 85-4338099 .. | .....           | ..... | .....  | Care Transformation Holding Company .....                  | .. MI.....                        | .....DS.....  | Blue Cross Blue Shield of Michigan Mutual<br>Insurance Company .....                                       | Ownership.....  | ..100.000 .....   | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... 00000 ....         | .....         | .....           | ..... | .....  | Honest Medical of Michigan LLC .....                       | .. DE.....                        | .....NIA.....                                       | Care Transformation Holding Company .....  | Ownership.....  | ..19.900 .....  | Blue Cross Blue Shield of Michigan<br>Mutual Insurance Company ..... | .... NO.....   | .....         |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

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

| 1             | 2   | 3                       | 4             | 5               | 6     | 7  | 8  | 9                                 | 10   | 11  | 12<br>Type<br>of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence,<br>Other) | 13<br>If<br>Control<br>is<br>Owner-<br>ship<br>Provide<br>Percen-<br>tage | 14<br><br>Ultimate Controlling<br>Entity(ies)/Person(s)           | 15<br><br>Is an<br>SCA<br>Filing<br>Re-<br>quired?<br>(Yes/No) | 16<br><br>*   |
|---------------|---|-------------------------|---------------|-----------------|-------|--|--|-----------------------------------|--|---|---|---|---|--|---------------|
| Group<br>Code | Group Name  | NAIC<br>Company<br>Code | ID<br>Number  | Federal<br>RSSD | CIK   | Name of Securities<br>Exchange<br>if Publicly Traded<br>(U.S. or<br>International) | Names of<br>Parent, Subsidiaries<br>Or Affiliates                                      | Domi-<br>ciliary<br>Loca-<br>tion | Relation-<br>ship<br>to<br>Reporting<br>Entity | Directly Controlled by<br>(Name of Entity/Person)                 |   |   |   |  |               |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 47-2312291 .. | .....           | ..... | .....  | TRIARQ Health, LLC .....   | .. MI.....                        | .....NIA.....                                  | Care Transformation Holding Company .....                         | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 98-1621026 .. | .....           | ..... | .....  | TRIARQ Health, LLP .....   | .. IND.....                       | .....NIA.....                                  | TRIARQ Health, LLC .....  | Ownership.....  | .. 99.990 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....14 ..... |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 35-2620231 .. | .....           | ..... | .....  | TRIARQ Health Alliance of Florida, LLC .....   | .. FL.....                        | .....NIA.....                                  | TRIARQ Health, LLC .....  | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 61-1870820 .. | .....           | ..... | .....  | TRIARQ Health Alliance of Michigan, LLC .....  | .. MI.....                        | .....NIA.....                                  | TRIARQ Health, LLC .....  | Ownership.....  | .. 68.000 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....16 ....  |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 34-2032238 .. | .....           | ..... | .....  | GioStream, Inc .....   | .. MI.....                        | .....NIA.....                                  | Care Transformation Holding Company .....                         | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 83-2485797 .. | .....           | ..... | .....  | One Team Care, LLC .....   | .. MI.....                        | .....NIA.....                                  | GioStream, Inc .....  | Ownership.....  | .. 50.000 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....17 ....  |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 34-2032238 .. | .....           | ..... | .....  | GioStream Inc. 401(K) Plan & Trust .....   | .. MI.....                        | .....OTH.....                                  | Care Transformation Holding Company .....                         | Management.....   | .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 15649 ...           | 47-2221114 .. | .....           | ..... | .....  | Woodward Straits Insurance Company .....   | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 81-3438452 .. | .....           | ..... | .....  | COBX Co .....  | .. MI.....                        | .....NIA.....                                  | Emergent Holdings, Inc. ....                                      | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 84-3513429 .. | .....           | ..... | .....  | Emergent, Inc. ....  | .. MI.....                        | .....NIA.....                                  | Emergent Holdings, Inc. ....                                      | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 99-0736117 .. | .....           | ..... | .....  | WyoBlue, LLC .....   | .. DE.....                        | .....NIA.....                                  | Emergent, Inc. ....   | Ownership.....  | .. 51.000 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 17585 ...           | 99-0730723 .. | .....           | ..... | .....  | WyoBlue Advantage, Inc. ....   | .. WY.....                        | .....IA.....                                   | WyoBlue, LLC .....  | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 84-4009427 .. | .....           | ..... | .....  | NextBlue, LLC .....  | .. DE.....                        | .....NIA.....                                  | Emergent, Inc. ....   | Ownership.....  | .. 51.000 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....9 ....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 16739 ...           | 84-3789332 .. | .....           | ..... | .....  | NextBlue of North Dakota Insurance Company ..  | .. ND.....                        | .....IA.....                                   | NextBlue, LLC .....   | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....9 ....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 84-4367791 .. | .....           | ..... | .....  | Vermont Blue Advantage, LLC .....  | .. DE.....                        | .....NIA.....                                  | Emergent, Inc. ....   | Ownership.....  | .. 51.000 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....9 ....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 16793 ...           | 84-4331472 .. | .....           | ..... | .....  | Vermont Blue Advantage, Inc .....  | .. VT.....                        | .....IA.....                                   | Vermont Blue Advantage, LLC .....                                 | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....9 ....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 86-1598901 .. | .....           | ..... | .....  | Wellmark Advantage Holdings, LLC .....   | .. DE.....                        | .....NIA.....                                  | Emergent, Inc. ....   | Ownership.....  | .. 51.000 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....9 ....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 17001 ...           | 86-1598618 .. | .....           | ..... | .....  | Wellmark Advantage Health Plan, Inc. ....  | .. IA.....                        | .....IA.....                                   | Wellmark Advantage Holdings, Inc. ....                            | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....9 ....   |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | .....         | .....           | ..... | .....  | Services Holding Company, LLC .....  | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 58-1767730 .. | .....           | ..... | .....  | NASCO Corporation .....  | .. DE.....                        | .....NIA.....                                  | Services Holding Company, LLC .....                               | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... YES.....   | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 84-4115688 .. | .....           | ..... | .....  | InnovateRX LLC .....   | .. DE.....                        | .....NIA.....                                  | Pharmacy-Related Holding Company, LLC .....                       | Ownership.....  | .. 9.990 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....1 .....  |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 83-1246927 .. | .....           | ..... | .....  | Civica Outpatient Subsidiary, LLC .....  | .. DE.....                        | .....NIA.....                                  | InnovateRX LLC .....  | Management.....   | .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 85-3092159 .. | .....           | ..... | .....  | Evio Pharmacy Solutions, LLC .....   | .. DE.....                        | .....NIA.....                                  | Pharmacy-Related Holding Company, LLC .....                       | Ownership.....  | .. 20.000 ...   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....18 ....  |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | .....         | .....           | ..... | .....  | Financial Services Holding Company, LLC .....  | .. MI.....                        | .....DS.....                                   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 87-4051658 .. | .....           | ..... | .....  | Bricktown Capital, LLC .....   | .. MI.....                        | .....NIA.....                                  | Financial Services Holding Company, LLC ...                       | Ownership.....  | .. 100.000 ...  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....         |
| . 0572 ...    | Blue Cross Blue Shield of Michigan Mutual Insurance Company ... | ... 00000 ...           | 84-6869872 .. | .....           | ..... | .....  | Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust ..... | .. MI.....                        | .....OTH.....                                  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | Management.....   | .....   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | .....10 ....  |



STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety 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) | *  |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 84-6871980 |              |     |  | Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust | MI                    | OTH                               | Blue Cross Blue Shield of Michigan Mutual Insurance Company | Management   |  | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   | 10 |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 81-6482696 |              |     |  | Blue Cross Blue Shield of Michigan Long-Term Disability Trust                        | MI                    | OTH                               | Blue Cross Blue Shield of Michigan Mutual Insurance Company | Management   |  | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   | 11 |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 30-1140600 |              |     |  | Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust                | MI                    | OTH                               | Blue Cross Blue Shield of Michigan Mutual Insurance Company | Management   |  | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   | 12 |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             |            |              |     |  | Blue Cross Blue Shield of Michigan 401(K) Master Trust                               | MI                    | OTH                               | Blue Cross Blue Shield of Michigan Mutual Insurance Company | Management   |  | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   |    |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 53295             | 03-0277307 |              |     |  | Blue Cross and Blue Shield of Vermont Health & Wellness Partners, Incorporated Cell  | VT                    | IA                                | Blue Cross Blue Shield of Michigan Mutual Insurance Company | Ownership  | 100.000                                      | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   |    |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 81-4279904 |              |     |  |  | VT                    | NIA                               | Blue Cross and Blue Shield of Vermont                       | Ownership  | 100.000                                      | Blue Cross Blue Shield of Michigan Mutual Insurance Company | YES                                  |    |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 95696             | 03-0354356 |              |     |  | The Vermont Health Plan, LLC   | VT                    | IA                                | Blue Cross and Blue Shield of Vermont                       | Ownership  | 100.000                                      | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   |    |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 65-1249139 |              |     |  | The Vermont Caring for Children Foundation, Inc.                                     | VT                    | NIA                               | Blue Cross and Blue Shield of Vermont                       | Ownership  | 100.000                                      | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   |    |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 84-4367791 |              |     |  | Vermont Blue Advantage, LLC  | DE                    | NIA                               | Blue Cross and Blue Shield of Vermont                       | Ownership  | 49.000                                       | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   | 19 |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 03-0346940 |              |     |  | Catamount Insurance Sevicees, LLC  | VT                    | NIA                               | Blue Cross and Blue Shield of Vermont                       | Ownership  | 100.000                                      | Blue Cross Blue Shield of Michigan Mutual Insurance Company | YES                                  |    |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 03-0360451 |              |     |  | Comprehensive Benefits Administrator, LLC  | VT                    | NIA                               | Catamount Insurance Services, LLC                           | Ownership  | 100.000                                      | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   |    |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 46-2187169 |              |     |  | Vermont Collaborative Care, LLC  | VT                    | NIA                               | Catamount Insurance Services, LLC                           | Ownership  | 50.000                                       | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   | 20 |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 27-1516730 |              |     |  | Cobalt Benefits Group, LLC   | DE                    | NIA                               | Comprehensive Benefits Adminstrator, LLC                    | Ownership  | 50.000                                       | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   | 20 |
| . 0572     | Blue Cross Blue Shield of Michigan Mutual Insurance Company                                 | 00000             | 20-1879465 |              |     |  | EBPA, LLC  | DE                    | NIA                               | Colbalt Benefits Group, LLC                                 | Ownership  | 100.000                                      | Blue Cross Blue Shield of Michigan Mutual Insurance Company | NO                                   |    |
|            | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company | 00000             | 30-0703311 |              |     |  | BMH LLC  | DE                    | NIA                               | Blue Cross Blue Shield of Michigan Mutual Insurance Company | Ownership  | 38.740                                       | BCBSM and Independence Health Group, Inc.                   | NO                                   |    |
|            | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company | 00000             | 38-3946080 |              |     |  | BMH SUBCO I LLC  | DE                    | NIA                               | BMH LLC   | Ownership  | 100.000                                      | BCBSM and Independence Health Group, Inc.                   | NO                                   | 2  |
|            | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company | 00000             | 80-0768643 |              |     |  | BMH SUBCO II LLC   | DE                    | NIA                               | BMH LLC   | Ownership  | 100.000                                      | BCBSM and Independence Health Group, Inc.                   | NO                                   | 2  |
|            | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company | 00000             | 45-5415725 |              |     |  | AmeriHealth Caritas Services, LLC  | DE                    | NIA                               | BMH LLC   | Ownership  | 100.000                                      | BCBSM and Independence Health Group, Inc.                   | NO                                   | 2  |
|            | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company | 00000             | 23-2859523 |              |     |  | AmeriHealth Caritas Health Plan  | PA                    | NIA                               | BMH SUBCO I LLC & BMH SUBCO II LLC                          | Ownership  | 100.000                                      | BCBSM and Independence Health Group, Inc.                   | NO                                   | 3  |
|            | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company | 14378             | 45-4088232 |              |     |  | AmeriHealth Caritas Florida, Inc.  | FL                    | IA                                | AmeriHealth Caritas Health Plan                             | Ownership  | 100.000                                      | BCBSM and Independence Health Group, Inc.                   | NO                                   | 2  |
|            | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company | 00000             | 47-3923267 |              |     |  | AmeriHealth Caritas Iowa, LLC  | IA                    | NIA                               | AmeriHealth Caritas Health Plan                             | Ownership  | 100.000                                      | BCBSM and Independence Health Group, Inc.                   | NO                                   | 2  |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

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

| 1             | 2   | 3                       | 4             | 5               | 6     | 7  | 8   | 9                                 | 10  | 11  | 12<br>Type<br>of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence,<br>Other) | 13<br>If<br>Control<br>is<br>Owner-<br>ship<br>Provide<br>Percen-<br>tage | 14<br><br>Ultimate Controlling<br>Entity(ies)/Person(s) | 15<br><br>Is an<br>SCA<br>Filing<br>Re-<br>quired?<br>(Yes/No) | 16<br><br>*  |
|---------------|---|-------------------------|---------------|-----------------|-------|--|---|-----------------------------------|---|---|---|---|---|--|--------------|
| Group<br>Code | Group Name  | NAIC<br>Company<br>Code | ID<br>Number  | Federal<br>RSSD | CIK   | Name of Securities<br>Exchange<br>if Publicly Traded<br>(U.S. or<br>International) | Names of<br>Parent, Subsidiaries<br>Or Affiliates                     | Domi-<br>ciliary<br>Loca-<br>tion | Rela-<br>tion-<br>ship<br>to<br>Reporting<br>Entity | Directly Controlled by<br>(Name of Entity/Person)                     |   |   |   |  |              |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 00000 .....       | 26-1809217 .. | .....           | ..... | .....  | Perform RX IPA of New York, LLC .....                                 | .. NY.....                        | ..... NIA.....                                      | AmeriHealth Caritas Health Plan .....                                 | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 00000 .....       | 27-0863878 .. | .....           | ..... | .....  | PerformRx, LLC .....  | .. PA.....                        | ..... NIA.....                                      | AmeriHealth Caritas Health Plan .....                                 | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 00000 .....       | 61-1729412 .. | .....           | ..... | .....  | PerformSpecialty, LLC .....   | .. PA.....                        | ..... NIA.....                                      | PerformRx, LLC .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 00000 .....       | 23-2842344 .. | .....           | ..... | .....  | Keystone Family Health Plan .....                                     | .. PA.....                        | ..... NIA.....                                      | BMH SUBCO I LLC & BMH SUBCO II LLC .....                              | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 3 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 00000 .....       | 26-1144363 .. | .....           | ..... | .....  | AMHP Holdings Corp .....  | .. PA.....                        | ..... NIA.....                                      | AmeriHealth Caritas Health Plan .....                                 | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 14143 .....       | 27-3575066 .. | .....           | ..... | .....  | AmeriHealth Caritas Louisiana, Inc. ....                              | .. LA.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 95458 .....       | 57-1032456 .. | .....           | ..... | .....  | Select Health of South Carolina, Inc. ....                            | .. SC.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 00000 .....       | 25-1765391 .. | .....           | ..... | .....  | Community Behavioral Healthcare Network of<br>Pennsylvania, Inc. .... | .. PA.....                        | ..... NIA.....                                      | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 13630 .....       | 26-0885397 .. | .....           | ..... | .....  | CBHNP Services, Inc. ....   | .. PA.....                        | ..... IA.....                                       | Community Behavioral Healthcare Network of<br>Pennsylvania, Inc. .... | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 15088 .....       | 46-1482013 .. | .....           | ..... | .....  | AmeriHealth District of Columbia, Inc. ....                           | .. DC.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 15104 .....       | 46-0906893 .. | .....           | ..... | .....  | AmeriHealth Michigan, Inc. ....                                       | .. MI.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 16496 .....       | 83-0987716 .. | .....           | ..... | .....  | AmeriHealth Caritas New Hampshire, Inc .....                          | .. NH.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 16980 .....       | 84-2435374 .. | .....           | ..... | .....  | AmeriHealth Caritas Ohio, Inc. ....                                   | .. OH.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 16451 .....       | 82-1141687 .. | .....           | ..... | .....  | AmeriHealth Caritas Texas, Inc. ....                                  | .. TX.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 16539 .....       | 83-1481671 .. | .....           | ..... | .....  | AmeriHealth Caritas North Carolina, Inc. ....                         | .. NC.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 16422 .....       | 61-1857768 .. | .....           | ..... | .....  | AmeriHealth Caritas New Mexico, Inc .....                             | .. NM.....                        | ..... IA.....                                       | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |
| .....         | Independence Health Group, Inc/ Blue<br>Cross Blue Shield of Michigan Mutual<br>Insurance Company ..... | ..... 00000 .....       | 61-1847073 .. | .....           | ..... | .....  | AmeriHealth Caritas Delaware, Inc. ....                               | .. DE.....                        | ..... NIA.....                                      | AMHP Holdings Corp .....  | Ownership.....  | 100.000 ...   | BCBSM and Independence Health Group,<br>Inc. ....       | .... NO.....   | .... 2 ..... |

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

| 1             | 2   | 3                       | 4            | 5               | 6   | 7  | 8   | 9                                 | 10  | 11   | 12<br>Type<br>of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence,<br>Other) | 13<br>If<br>Control<br>is<br>Owner-<br>ship<br>Provide<br>Percen-<br>tage | 14<br><br>Ultimate Controlling<br>Entity(ies)/Person(s)           | 15<br><br>Is an<br>SCA<br>Filing<br>Re-<br>quired?<br>(Yes/No) | 16<br><br>*  |
|---------------|---|-------------------------|--------------|-----------------|-----|--|---|-----------------------------------|---|--|---|---|---|--|--------------|
| Group<br>Code | Group Name  | NAIC<br>Company<br>Code | ID<br>Number | Federal<br>RSSD | CIK | Name of Securities<br>Exchange<br>if Publicly Traded<br>(U.S. or<br>International) | Names of<br>Parent, Subsidiaries<br>Or Affiliates | Domi-<br>ciliary<br>Loca-<br>tion | Rela-<br>tion-<br>ship<br>to<br>Reporting<br>Entity | Directly Controlled by<br>(Name of Entity/Person)          |   |   |   |  |              |
| 0572          | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 83-3241978   |                 |     |  | AmeriHealth Caritas Minnesota, Inc .....          | .. MN.....                        | .....NIA.....                                       | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 86-2442207   |                 |     |  | AmeriHealth Caritas California, Inc. ....         | .. CA.....                        | .....NIA.....                                       | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 81-4458766   |                 |     |  | AmeriHealth Caritas Oklahoma, Inc. ....           | .. OK.....                        | .....NIA.....                                       | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 85-3713213   |                 |     |  | AmeriHealth Caritas Nevada, Inc .....             | .. NV.....                        | .....NIA.....                                       | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 17293                   | 87-4065041   |                 |     |  | AmeriHealth Caritas VIP Next, Inc. ....           | .. DE.....                        | .....IA.....  | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 84-2266837   |                 |     |  | AmeriHealth Caritas West Virginia, Inc .....      | .. WV.....                        | .....NIA.....                                       | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 36-5071692   |                 |     |  | AmeriHealth Caritas Virginia, Inc .....           | .. VA.....                        | .....NIA.....                                       | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 17544                   | 37-2065928   |                 |     |  | AmeriHealth Caritas Georgia .....                 | .. GA.....                        | .....IA.....  | AMHP Holdings Corp .....                                   | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 85-4321302   |                 |     |  | Social Determinants of Life, Inc .....            | .. DE.....                        | .....NIA.....                                       | BMH LLC .....  | Ownership.....  | 100.000   | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 2 .....  |
|               | Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | 00000                   | 47-5496220   |                 |     |  | Wider Circle Inc. ....                            | .. DE.....                        | .....NIA.....                                       | Social Determinants of Life, Inc .....                     | Ownership.....  | 27.100  | BCBSM and Independence Health Group, Inc. ....                    | ... NO.....  | ... 13 ..... |
|               | Blue Cross Blue Shield of Michigan Mutual Insurance Company .....                                 | 00000                   | 36-4247278   |                 |     |  | BCS Financial Corporation .....                   | .. DE.....                        | .....NIA.....                                       | BCBSM and Accident Fund Insurance Company of America ..... | Ownership.....  | 13.660  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... .....    |
|               |   | 80985                   | 36-2149353   |                 |     |  | 4 Ever Life Insurance Company .....               | .. IL.....                        | .....IA.....  | BCS Financial Corporation .....                            | Ownership.....  | 100.000   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 6 .....  |
| 0572          |   | 38245                   | 36-6033921   |                 |     |  | BCS Insurance Company .....                       | .. OH.....                        | .....IA.....  | BCS Financial Corporation .....                            | Ownership.....  | 100.000   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 6 .....  |
|               |   | 00000                   | 36-3120811   |                 |     |  | BCS Insurance Agency, Inc. ....                   | .. IL.....                        | .....NIA.....                                       | BCS Financial Corporation .....                            | Ownership.....  | 100.000   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 6 .....  |
|               |   | 00000                   | 36-4303124   |                 |     |  | BCS Financial Services Corporation .....          | .. DE.....                        | .....NIA.....                                       | BCS Financial Corporation .....                            | Ownership.....  | 100.000   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 6 .....  |
|               | Blue Cross Blue Shield of Michigan Mutual Insurance Company .....                                 | 00000                   | 20-1420821   |                 |     |  | LifeSecure Holdings Corporation .....             | .. AZ.....                        | .....DS.....  | BCS Financial Corporation .....                            | Ownership.....  | 20.000  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... YES.....   | ... 7 .....  |
|               |   | 00000                   | AA-0000000   |                 |     |  | 4 Ever Life International Limited .....           | ..BMJ.....                        | .....NIA.....                                       | BCS Financial Corporation .....                            | Ownership.....  | 100.000   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 6 .....  |
|               |   | 00000                   | 32-0485937   |                 |     |  | BCS Re Inc. ....                                  | .. VT.....                        | .....NIA.....                                       | BCS Financial Corporation .....                            | Ownership.....  | 100.000   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 6 .....  |
|               |   | 00000                   | 37-1732732   |                 |     |  | Ancilyze Technologies LLC .....                   | .. DE.....                        | .....NIA.....                                       | BCS Financial Corporation .....                            | Ownership.....  | 50.000  | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 6 .....  |
|               |   | 00000                   | 46-4945044   |                 |     |  | Ancilyze Insurance Agency LLC .....               | .. IL.....                        | .....NIA.....                                       | Ancilyze Technologies LLC .....                            | Ownership.....  | 100.000   | Blue Cross Blue Shield of Michigan Mutual Insurance Company ..... | ... NO.....  | ... 8 .....  |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

| Asterisk | Explanation  |
|----------|--|
| 1 .....  | BCBSM owns 9.9% of the entity in column 8 .....  |
| 2 .....  | BCBSM owns 38.74% of the entity in column 8 .....  |
| 3 .....  | BMH SUBCO I LLC and BMH SUBCO II LLC each own 50% of the entity in column 8; BCBSM owns 38.74% of the entity in column 8 ..... |
| 4 .....  | BCBSM owns 27.12% of the entity in column 8 .....  |
| 5 .....  | Michigan Medicaid Holding Company own 69.37% of the entity in column 8 .....   |
| 6 .....  | BCBSM owns 13.66% of the entity in column 8 .....  |
| 7 .....  | BCBSM and BCS Financial Corporation owns LifeSecure Holdings Corporation 80% and 20% respectively .....                        |
| 8 .....  | BCBSM owns 6.83% of the entity in column 8 .....   |
| 9 .....  | BCBSM owns 51% of the entity in column 8 .....   |
| 10 ..... | OTH – Employee Benefit Trusts established in 2019 .....  |
| 11 ..... | OTH – Employee Benefit Trust established in 2016 .....   |
| 12 ..... | OTH – Employee Benefit Trust established in 1997 .....   |
| 13 ..... | BCBSM owns 10.5% of the entity in column 8 .....   |
| 14 ..... | BCBSM owns 99.99% of the entity in column 8 .....  |
| 15 ..... | Footnote – No longer applicable .....  |
| 16 ..... | BCBSM owns 68% of the entity in column 8 .....   |
| 17 ..... | BCBSM owns 50% of the entity in column 8 .....   |
| 18 ..... | BCBSM owns 20% of the entity in column 8 .....   |
| 19 ..... | BCBSM own 49% of the entity in column 8 .....  |
| 20 ..... | BCBSM owns 50% of the entity in column 8 .....   |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

PART 1 - LOSS EXPERIENCE

| Line of Business     |   | Current Year to Date           |                                |                                | 4   |
|----------------------|---|--------------------------------|--------------------------------|--------------------------------|---|
|                      |   | 1<br>Direct Premiums<br>Earned | 2<br>Direct Losses<br>Incurred | 3<br>Direct Loss<br>Percentage | Prior Year to Date<br>Direct Loss<br>Percentage |
| 1.                   | Fire .....  | 23,778,309                     | (45,607)                       | (0.2)                          | 32.8  |
| 2.1                  | Allied Lines .....  | 6,082,300                      | 6,358,566                      | 104.5                          | 100.2   |
| 2.2                  | Multiple peril crop .....   |                                |                                |                                |   |
| 2.3                  | Federal flood .....   |                                |                                |                                |   |
| 2.4                  | Private crop .....  |                                |                                |                                |   |
| 2.5                  | Private flood .....   |                                |                                |                                |   |
| 3.                   | Farmowners multiple peril .....                                     |                                |                                |                                |   |
| 4.                   | Homeowners multiple peril .....                                     |                                |                                |                                |   |
| 5.1                  | Commercial multiple peril (non-liability portion) .....             | 25,450,209                     | 17,356,977                     | 68.2                           | 47.0  |
| 5.2                  | Commercial multiple peril (liability portion) .....                 | 14,315,743                     | 4,338,688                      | 30.3                           | 51.3  |
| 6.                   | Mortgage guaranty .....   |                                |                                |                                |   |
| 8.                   | Ocean marine .....  | 2,985,557                      | 1,015,237                      | 34.0                           | (7.8)   |
| 9.1                  | Inland marine .....   | 1,670,729                      | 226,280                        | 13.5                           |   |
| 9.2                  | Pet insurance .....   |                                |                                |                                |   |
| 10.                  | Financial guaranty .....  |                                |                                |                                |   |
| 11.1                 | Medical professional liability - occurrence .....                   |                                |                                |                                |   |
| 11.2                 | Medical professional liability - claims-made .....                  |                                |                                |                                |   |
| 12.                  | Earthquake .....  |                                |                                |                                |   |
| 13.1                 | Comprehensive (hospital and medical) individual .....               |                                |                                |                                |   |
| 13.2                 | Comprehensive (hospital and medical) group .....                    |                                |                                |                                |   |
| 14.                  | Credit accident and health .....                                    |                                |                                |                                |   |
| 15.1                 | Vision only .....   |                                |                                |                                |   |
| 15.2                 | Dental only .....   |                                |                                |                                |   |
| 15.3                 | Disability income .....   |                                |                                |                                |   |
| 15.4                 | Medicare supplement .....   |                                |                                |                                |   |
| 15.5                 | Medicaid Title XIX .....  |                                |                                |                                |   |
| 15.6                 | Medicare Title XVIII .....  |                                |                                |                                |   |
| 15.7                 | Long-term care .....  |                                |                                |                                |   |
| 15.8                 | Federal employees health benefits plan .....                        |                                |                                |                                |   |
| 15.9                 | Other health .....  |                                |                                |                                |   |
| 16.                  | Workers' compensation .....   |                                |                                |                                |   |
| 17.1                 | Other liability - occurrence .....                                  | 32,537,382                     | 14,836,678                     | 45.6                           | 46.8  |
| 17.2                 | Other liability - claims-made .....                                 | 274,684                        | 167,283                        | 60.9                           | 7.2   |
| 17.3                 | Excess workers' compensation .....                                  |                                |                                |                                |   |
| 18.1                 | Products liability - occurrence .....                               | 237,918                        | (46,587)                       | (19.6)                         | (24.4)  |
| 18.2                 | Products liability - claims-made .....                              | 303                            | 92                             | 30.4                           |   |
| 19.1                 | Private passenger auto no-fault (personal injury protection) .....  |                                |                                |                                |   |
| 19.2                 | Other private passenger auto liability .....                        |                                |                                |                                |   |
| 19.3                 | Commercial auto no-fault (personal injury protection) .....         | 29,660                         | 38,583                         | 130.1                          | (9.7)   |
| 19.4                 | Other commercial auto liability .....                               | 4,522,947                      | (799,016)                      | (17.7)                         | 44.3  |
| 21.1                 | Private passenger auto physical damage .....                        |                                |                                |                                |   |
| 21.2                 | Commercial auto physical damage .....                               | 2,575,513                      | 992,922                        | 38.6                           | 31.2  |
| 22.                  | Aircraft (all perils) .....   |                                |                                |                                |   |
| 23.                  | Fidelity .....  | 267                            | (399)                          | (149.4)                        | 24.7  |
| 24.                  | Surety .....  | 10,648                         | (10,571)                       | (99.3)                         | 87.1  |
| 26.                  | Burglary and theft .....  |                                |                                |                                |   |
| 27.                  | Boiler and machinery .....  |                                |                                |                                |   |
| 28.                  | Credit .....  |                                |                                |                                |   |
| 29.                  | International .....   |                                |                                |                                |   |
| 30.                  | Warranty .....  |                                |                                |                                |   |
| 31.                  | Reinsurance - Nonproportional Assumed Property .....                | XXX                            | XXX                            | XXX                            | XXX   |
| 32.                  | Reinsurance - Nonproportional Assumed Liability .....               | XXX                            | XXX                            | XXX                            | XXX   |
| 33.                  | Reinsurance - Nonproportional Assumed Financial Lines .....         | XXX                            | XXX                            | XXX                            | XXX   |
| 34.                  | Aggregate write-ins for other lines of business .....               |                                |                                |                                |   |
| 35.                  | Totals  | 114,472,169                    | 44,429,126                     | 38.8                           | 45.5  |
| DETAILS OF WRITE-INS |   |                                |                                |                                |   |
| 3401.                | .....   |                                |                                |                                |   |
| 3402.                | .....   |                                |                                |                                |   |
| 3403.                | .....   |                                |                                |                                |   |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page ..... |                                |                                |                                |   |
| 3499.                | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)           |                                |                                |                                |   |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business     |   | 1<br>Current Quarter | 2<br>Current<br>Year to Date | 3<br>Prior Year<br>Year to Date |
|----------------------|---|----------------------|------------------------------|---------------------------------|
| 1.                   | Fire .....  | 26,724,810           | 26,724,810                   | 20,205,067                      |
| 2.1                  | Allied Lines .....  | 6,921,498            | 6,921,498                    | 5,071,130                       |
| 2.2                  | Multiple peril crop .....   |                      |                              |                                 |
| 2.3                  | Federal flood .....   |                      |                              |                                 |
| 2.4                  | Private crop .....  |                      |                              |                                 |
| 2.5                  | Private flood .....   |                      |                              |                                 |
| 3.                   | Farmowners multiple peril .....                                     |                      |                              |                                 |
| 4.                   | Homeowners multiple peril .....                                     |                      |                              |                                 |
| 5.1                  | Commercial multiple peril (non-liability portion) .....             | 39,091,237           | 39,091,237                   | 24,317,846                      |
| 5.2                  | Commercial multiple peril (liability portion) .....                 | 21,988,821           | 21,988,821                   | 22,013,573                      |
| 6.                   | Mortgage guaranty .....   |                      |                              |                                 |
| 8.                   | Ocean marine .....  | 3,050,569            | 3,050,569                    | 2,197,776                       |
| 9.1                  | Inland marine .....   | 1,381,506            | 1,381,506                    | 1,426,579                       |
| 9.2                  | Pet insurance .....   |                      |                              |                                 |
| 10.                  | Financial guaranty .....  |                      |                              |                                 |
| 11.1                 | Medical professional liability - occurrence .....                   |                      |                              |                                 |
| 11.2                 | Medical professional liability - claims-made .....                  |                      |                              |                                 |
| 12.                  | Earthquake .....  |                      |                              |                                 |
| 13.1                 | Comprehensive (hospital and medical) individual .....               |                      |                              |                                 |
| 13.2                 | Comprehensive (hospital and medical) group .....                    |                      |                              |                                 |
| 14.                  | Credit accident and health .....                                    |                      |                              |                                 |
| 15.1                 | Vision only .....   |                      |                              |                                 |
| 15.2                 | Dental only .....   |                      |                              |                                 |
| 15.3                 | Disability income .....   |                      |                              |                                 |
| 15.4                 | Medicare supplement .....   |                      |                              |                                 |
| 15.5                 | Medicaid Title XIX .....  |                      |                              |                                 |
| 15.6                 | Medicare Title XVIII .....  |                      |                              |                                 |
| 15.7                 | Long-term care .....  |                      |                              |                                 |
| 15.8                 | Federal employees health benefits plan .....                        |                      |                              |                                 |
| 15.9                 | Other health .....  |                      |                              |                                 |
| 16.                  | Workers' compensation .....   |                      |                              |                                 |
| 17.1                 | Other liability - occurrence .....                                  | 34,478,287           | 34,478,287                   | 29,569,962                      |
| 17.2                 | Other liability - claims-made .....                                 | 166,477              | 166,477                      | 191,299                         |
| 17.3                 | Excess workers' compensation .....                                  |                      |                              |                                 |
| 18.1                 | Products liability - occurrence .....                               | 214,828              | 214,828                      | 225,345                         |
| 18.2                 | Products liability - claims-made .....                              |                      |                              |                                 |
| 19.1                 | Private passenger auto no-fault (personal injury protection) .....  |                      |                              |                                 |
| 19.2                 | Other private passenger auto liability .....                        |                      |                              |                                 |
| 19.3                 | Commercial auto no-fault (personal injury protection) .....         | 24,709               | 24,709                       | 30,762                          |
| 19.4                 | Other commercial auto liability .....                               | 4,673,909            | 4,673,909                    | 4,577,556                       |
| 21.1                 | Private passenger auto physical damage .....                        |                      |                              |                                 |
| 21.2                 | Commercial auto physical damage .....                               | 2,669,019            | 2,669,019                    | 2,653,092                       |
| 22.                  | Aircraft (all perils) .....   |                      |                              |                                 |
| 23.                  | Fidelity .....  |                      |                              |                                 |
| 24.                  | Surety .....  | 6,482                | 6,482                        | 173                             |
| 26.                  | Burglary and theft .....  |                      |                              |                                 |
| 27.                  | Boiler and machinery .....  |                      |                              |                                 |
| 28.                  | Credit .....  |                      |                              |                                 |
| 29.                  | International .....   |                      |                              |                                 |
| 30.                  | Warranty .....  |                      |                              |                                 |
| 31.                  | Reinsurance - Nonproportional Assumed Property .....                | XXX                  | XXX                          | XXX                             |
| 32.                  | Reinsurance - Nonproportional Assumed Liability .....               | XXX                  | XXX                          | XXX                             |
| 33.                  | Reinsurance - Nonproportional Assumed Financial Lines .....         | XXX                  | XXX                          | XXX                             |
| 34.                  | Aggregate write-ins for other lines of business .....               |                      |                              |                                 |
| 35.                  | Totals  | 141,392,152          | 141,392,152                  | 112,480,160                     |
| DETAILS OF WRITE-INS |   |                      |                              |                                 |
| 3401.                | .....   |                      |                              |                                 |
| 3402.                | .....   |                      |                              |                                 |
| 3403.                | .....   |                      |                              |                                 |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page ..... |                      |                              |                                 |
| 3499.                | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)           |                      |                              |                                 |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety 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 .....                              |   |   |  |  |  |  |   |  |                                      |   |   |  |   |
| 2. 2022 .....                                      |   |   |  |  |  |  |   |  |                                      |   |   |  |   |
| 3. Subtotals 2022 + Prior .....                    |   |   |  |  |  |  |   |  |                                      |   |   |  |   |
| 4. 2023 .....                                      |   |   |  |  |  |  |   |  |                                      |   |   |  |   |
| 5. Subtotals 2023 + Prior .....                    |   |   |  |  |  |  |   |  |                                      |   |   |  |   |
| 6. 2024 .....                                      | XXX   | XXX                                       | XXX  | XXX  |  |  | XXX   |  |                                      |   | XXX   | XXX  | XXX   |
| 7. Totals .....                                    |   |   |  |  |  |  |   |  |                                      |   |   |  |   |
| 8. Prior Year-End Surplus As Regards Policyholders |   |   |  |  |  |  |   |  |                                      |   | 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.  | 2.   | 3.  |
|  |   |   |  |  |  |  |   |  |                                      |   |   |  | Col. 13, Line 7 As a % of Col. 1 Line 8   |
|  |   |   |  |  |  |  |   |  |                                      |   |   |  | 4.  |

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.

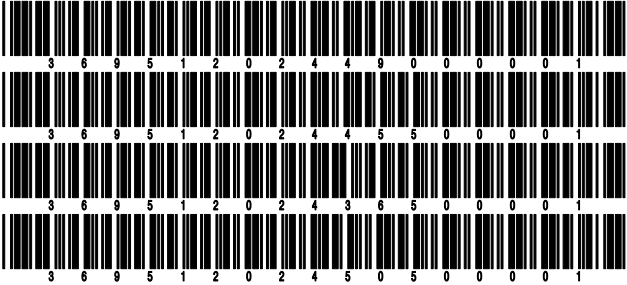
|  | Response |
|--|----------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....   | NO       |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....   | NO       |
| 3. 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]





STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Part 1 Line 34

| Line of Business |   | Current Year to Date           |                                |                                | 4   |
|------------------|---|--------------------------------|--------------------------------|--------------------------------|---|
|                  |   | 1<br>Direct Premiums<br>Earned | 2<br>Direct Losses<br>Incurred | 3<br>Direct Loss<br>Percentage | Prior Year to Date<br>Direct Loss<br>Percentage |
| 3404.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3405.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3406.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3407.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3408.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3409.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3410.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3411.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3412.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3413.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3414.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3415.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3416.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3417.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3418.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3419.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3420.            | .....   | .....                          | .....                          | .....                          | .....   |
| 3497.            | Summary of remaining write-ins for Line 34 from overflow page |                                |                                |                                |   |

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

|   | 1            | 2                               |
|---|--------------|---------------------------------|
|   | Year to Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....                      | 81,391,912   | 85,021,590                      |
| 2. Cost of bonds and stocks acquired .....  |              | 2,872,428                       |
| 3. Accrual of discount .....  | 9,428        | 45,276                          |
| 4. Unrealized valuation increase/(decrease) .....   | 172,404      | 853,788                         |
| 5. Total gain (loss) on disposals .....   | (88)         | (4,200)                         |
| 6. Deduct consideration for bonds and stocks disposed of .....  | 278,774      | 7,049,584                       |
| 7. Deduct amortization of premium .....   | 70,868       | 347,386                         |
| 8. Total foreign exchange change in book/adjusted carrying value .....                                    |              |                                 |
| 9. Deduct current year's other than temporary impairment recognized .....                                 |              |                                 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees ..... |              |                                 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....              | 81,224,013   | 81,391,912                      |
| 12. Deduct total nonadmitted amounts .....  |              |                                 |
| 13. Statement value at end of current period (Line 11 minus Line 12)                                      | 81,224,013   | 81,391,912                      |

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety 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<br>Book/Adjusted<br>Carrying Value<br>Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS                               |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                 | 36,210,882  |  | 278,862  | (87,452)   | 35,844,567  |  |   | 36,210,882  |
| 2. NAIC 2 (a) .....                 | 3,302,075   |  |  | (4,869)  | 3,297,206   |  |   | 3,302,075   |
| 3. NAIC 3 (a) .....                 |   |  |  |  |   |  |   |   |
| 4. NAIC 4 (a) .....                 |   |  |  |  |   |  |   |   |
| 5. NAIC 5 (a) .....                 |   |  |  |  |   |  |   |   |
| 6. NAIC 6 (a) .....                 | 1,045,508   |  |  | (10,580)   | 1,034,928   |  |   | 1,045,508   |
| 7. Total Bonds                      | 40,558,465  |  | 278,862  | (102,902)  | 40,176,701  |  |   | 40,558,465  |
| PREFERRED STOCK                     |   |  |  |  |   |  |   |   |
| 8. NAIC 1 .....                     |   |  |  |  |   |  |   |   |
| 9. NAIC 2 .....                     |   |  |  |  |   |  |   |   |
| 10. NAIC 3 .....                    |   |  |  |  |   |  |   |   |
| 11. NAIC 4 .....                    |   |  |  |  |   |  |   |   |
| 12. NAIC 5 .....                    |   |  |  |  |   |  |   |   |
| 13. NAIC 6 .....                    |   |  |  |  |   |  |   |   |
| 14. Total Preferred Stock .....     |   |  |  |  |   |  |   |   |
| 15. Total Bonds and Preferred Stock | 40,558,465  |  | 278,862  | (102,902)  | 40,176,701  |  |   | 40,558,465  |

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

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**

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

|   | 1            | 2                               |
|---|--------------|---------------------------------|
|   | Year To Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 8,226,547    | 2,401,900                       |
| 2. Cost of cash equivalents acquired .....  | 660,878      | 13,467,797                      |
| 3. Accrual of discount .....  |              |                                 |
| 4. Unrealized valuation increase/(decrease) .....   |              |                                 |
| 5. Total gain (loss) on disposals .....   |              |                                 |
| 6. Deduct consideration received on disposals .....                                       | 6,010,065    | 7,643,150                       |
| 7. Deduct amortization of premium .....   |              |                                 |
| 8. Total foreign exchange change in book/adjusted carrying value .....                    |              |                                 |
| 9. Deduct current year's other than temporary impairment recognized .....                 |              |                                 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) ..... | 2,877,360    | 8,226,547                       |
| 11. Deduct total nonadmitted amounts .....  |              |                                 |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 2,877,360    | 8,226,547                       |

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**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**N O N E**

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

SCHEDULE D - PART 4

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

| 1  | 2                                       | 3            | 4                | 5                       | 6                               | 7                  | 8         | 9              | 10   | Change In Book/Adjusted Carrying Value             |  |   |   |   | 16  | 17   | 18  | 19                                  | 20  | 21   | 22   |
|--|---|--------------|------------------|-------------------------|---------------------------------|--------------------|-----------|----------------|--|--|--|---|---|---|---|--|---|-------------------------------------|---|--|--|
|  |   |              |                  |                         |                                 |                    |           |                |  | 11   | 12   | 13  | 14  | 15  |   |  |   |                                     |   |  |  |
| CUSIP<br>Ident-<br>ification   | Description                             | For-<br>eign | Disposal<br>Date | Name<br>of Purchaser    | Number of<br>Shares of<br>Stock | Consid-<br>eration | Par Value | Actual<br>Cost | Prior Year<br>Book/<br>Adjusted<br>Carrying<br>Value | Unrealized<br>Valuation<br>Increase/<br>(Decrease) | Current<br>Year's<br>(Amor-<br>tization)/<br>Accretion | Current<br>Year's<br>Other Than<br>Temporary<br>Impairment<br>Recogn-<br>ized | Total<br>Change in<br>Book/<br>Adjusted<br>Carrying<br>Value<br>(11 + 12 -<br>13) | Total<br>Foreign<br>Exchange<br>Change in<br>Book<br>/Adjusted<br>Carrying<br>Value | Book/<br>Adjusted<br>Carrying<br>Value at<br>Disposal<br>Date | Foreign<br>Exchange<br>Gain<br>(Loss) on<br>Disposal | Realized<br>Gain<br>(Loss) on<br>Disposal | Total Gain<br>(Loss) on<br>Disposal | Bond<br>Interest/<br>Stock<br>Dividends<br>Received<br>During<br>Year | Stated<br>Con-<br>tractual<br>Maturity<br>Date | NAIC<br>Desig-<br>nation,<br>NAIC<br>Desig-<br>nation<br>Modifier<br>and<br>SVO<br>Admini-<br>strative<br>Symbol |
| ..091096-NJ-7  | BIRMINGHAM ALA WTRIKS BRD WTR REV ..... | .....        | 01/01/2024       | Maturity @ 100.00 ..... | .....                           | 70,000             | 70,000    | 70,000         | 70,000   | .....  | .....  | .....   | .....   | 70,000  | .....   | .....  | .....                                     | .....                               | 200   | 01/01/2024                                     | 1.C FE   |
| ..31393E-B3-2  | FNR 2003-94 CE - CMO/RMBS .....         | .....        | 03/01/2024       | Paydown .....           | .....                           | 347                | 347       | 355            | 349  | .....  | (1)  | .....   | (1)   | 347   | .....   | .....  | .....                                     | .....                               | 3   | 10/25/2033                                     | 1.A  |
| ..31395P-EM-0  | FHR 2952 PA - CMO/RMBS .....            | .....        | 03/01/2024       | Paydown .....           | .....                           | 811                | 811       | 790            | 801  | .....  | 9  | .....   | 9   | 811   | .....   | .....  | .....                                     | .....                               | 7   | 02/15/2035                                     | 1.A  |
| ..3140JG-LW-3  | FN BN0340 - RMBS .....                  | .....        | 03/01/2024       | Paydown .....           | .....                           | 10,096             | 10,096    | 10,540         | 11,360   | .....  | (1,263)  | .....   | (1,263)   | 10,096  | .....   | .....  | .....                                     | .....                               | 62  | 12/01/2048                                     | 1.A  |
| ..3140JL-X4-1  | FN BN4298 - RMBS .....                  | .....        | 03/01/2024       | Paydown .....           | .....                           | 51,421             | 51,421    | 53,803         | 56,783   | .....  | (5,362)  | .....   | (5,362)   | 51,421  | .....   | .....  | .....                                     | .....                               | 548   | 12/01/2048                                     | 1.A  |
| ..3140X5-T7-8  | FN FM2373 - RMBS .....                  | .....        | 03/01/2024       | Paydown .....           | .....                           | 4,205              | 4,205     | 4,541          | 5,014  | .....  | (809)  | .....   | (809)   | 4,205   | .....   | .....  | .....                                     | .....                               | 25  | 12/01/2049                                     | 1.A  |
| ..798136-WU-7  | SAN JOSE CALIF ARPT REV .....           | .....        | 03/01/2024       | Maturity @ 100.00 ..... | .....                           | 140,000            | 140,000   | 158,201        | 141,041  | .....  | (1,041)  | .....   | (1,041)   | 140,000   | .....   | .....  | .....                                     | .....                               | 3,500   | 03/01/2024                                     | 1.F FE   |
| ..91743P-DR-3  | UTAH HSG CORP .....                     | .....        | 03/21/2024       | Call @ 100.00 .....     | .....                           | 1,842              | 1,842     | 1,937          | 1,931  | .....  | 0  | .....   | 0   | 1,930   | .....   | .....  | (88)                                      | (88)                                | 8   | 06/21/2051                                     | 1.B FE   |
| 0909999999. Subtotal - Bonds - U.S. Special Revenues                       |   |              |                  |                         |                                 | 278,722            | 278,722   | 300,167        | 287,278  | .....  | (8,467)  | .....   | (8,467)   | .....   | 278,811   | .....  | (88)                                      | (88)                                | 4,353   | XXX  | XXX  |
| ..456606-DD-1  | INHEL SPMD 2001-C M2 - RMBS .....       | .....        | 03/25/2024       | Paydown .....           | .....                           | 51                 | 51        | 22             | 24   | .....  | 27   | .....   | 27  | 51  | .....   | .....  | .....                                     | .....                               | 0   | 12/25/2032                                     | 1.A FM   |
| 1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) |   |              |                  |                         |                                 | 51                 | 51        | 22             | 24   | .....  | 27   | .....   | 27  | .....   | 51  | .....  | .....                                     | .....                               | 0   | XXX  | XXX  |
| 2509999997. Total - Bonds - Part 4   |   |              |                  |                         |                                 | 278,774            | 278,774   | 300,190        | 287,302  | .....  | (8,440)  | .....   | (8,440)   | .....   | 278,862   | .....  | (88)                                      | (88)                                | 4,353   | XXX  | XXX  |
| 2509999998. Total - Bonds - Part 5   |   |              |                  |                         |                                 | XXX                | XXX       | XXX            | XXX  | XXX  | XXX  | XXX   | XXX   | XXX   | XXX   | XXX  | XXX                                       | XXX                                 | XXX   | XXX  | XXX  |
| 2509999999. Total - Bonds  |   |              |                  |                         |                                 | 278,774            | 278,774   | 300,190        | 287,302  | .....  | (8,440)  | .....   | (8,440)   | .....   | 278,862   | .....  | (88)                                      | (88)                                | 4,353   | XXX  | XXX  |
| 4509999997. Total - Preferred Stocks - Part 4                              |   |              |                  |                         |                                 | .....              | XXX       | .....          | .....  | .....  | .....  | .....   | .....   | .....   | .....   | .....  | .....                                     | .....                               | .....   | XXX  | XXX  |
| 4509999998. Total - Preferred Stocks - Part 5                              |   |              |                  |                         |                                 | XXX                | XXX       | XXX            | XXX  | XXX  | XXX  | XXX   | XXX   | XXX   | XXX   | XXX  | XXX                                       | XXX                                 | XXX   | XXX  | XXX  |
| 4509999999. Total - Preferred Stocks                                       |   |              |                  |                         |                                 | .....              | XXX       | .....          | .....  | .....  | .....  | .....   | .....   | .....   | .....   | .....  | .....                                     | .....                               | .....   | XXX  | XXX  |
| 5989999997. Total - Common Stocks - Part 4                                 |   |              |                  |                         |                                 | .....              | XXX       | .....          | .....  | .....  | .....  | .....   | .....   | .....   | .....   | .....  | .....                                     | .....                               | .....   | XXX  | XXX  |
| 5989999998. Total - Common Stocks - Part 5                                 |   |              |                  |                         |                                 | XXX                | XXX       | XXX            | XXX  | XXX  | XXX  | XXX   | XXX   | XXX   | XXX   | XXX  | XXX                                       | XXX                                 | XXX   | XXX  | XXX  |
| 5989999999. Total - Common Stocks  |   |              |                  |                         |                                 | .....              | XXX       | .....          | .....  | .....  | .....  | .....   | .....   | .....   | .....   | .....  | .....                                     | .....                               | .....   | XXX  | XXX  |
| 5999999999. Total - Preferred and Common Stocks                            |   |              |                  |                         |                                 | .....              | XXX       | .....          | .....  | .....  | .....  | .....   | .....   | .....   | .....   | .....  | .....                                     | .....                               | .....   | XXX  | XXX  |
| 6009999999 - Totals  |   |              |                  |                         |                                 | 278,774            | XXX       | 300,190        | 287,302  | .....  | (8,440)  | .....   | (8,440)   | .....   | 278,862   | .....  | (88)                                      | (88)                                | 4,353   | XXX  | XXX  |

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

[illegible]

STATEMENT AS OF MARCH 31, 2024 OF THE Century Surety Company

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

[illegible]