



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

**QUARTERLY STATEMENT**AS OF JUNE 30, 2024  
OF THE CONDITION AND AFFAIRS OF THE**Westfield Premier Insurance Company**NAIC Group Code 0228 0228 NAIC Company Code 16450 Employer's ID Number 83-0887963  
(Current) (Prior)

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

Country of Domicile \_\_\_\_\_ United States of America

Incorporated/Organized \_\_\_\_\_ 04/24/2018 Commenced Business \_\_\_\_\_ 12/25/2018

Statutory Home Office \_\_\_\_\_ One Park Circle, \_\_\_\_\_ Westfield Center, OH, US 44251-5001  
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office \_\_\_\_\_ One Park Circle  
(Street and Number) \_\_\_\_\_ Westfield Center, OH, US 44251-5001 330-887-0101  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address \_\_\_\_\_ P. O. Box 5001, \_\_\_\_\_ Westfield Center, OH, US 44251-5001  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records \_\_\_\_\_ One Park Circle  
(Street and Number) \_\_\_\_\_ Westfield Center, OH, US 44251-5001 330-887-0101  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address \_\_\_\_\_ [www.westfieldgrp.com](http://www.westfieldgrp.com)Statutory Statement Contact \_\_\_\_\_ Michelle Lynne Manzagol 330-887-0101  
(Name) \_\_\_\_\_ FinancialReporting@westfieldgrp.com (Area Code) (Telephone Number)  
(E-mail Address) \_\_\_\_\_ 330-887-4415 (FAX Number)**OFFICERS**President, CEO, and Board Chair \_\_\_\_\_ Edward James Largent III Special Counsel and Secretary \_\_\_\_\_ Frank Anthony Carrino  
Chief Financial Officer and Treasurer \_\_\_\_\_ Joseph Christian Kohmann**OTHER**Kathleen Rose Golovan, Chief Operations Officer \_\_\_\_\_ John Andrew Kuhn, President, Westfield Specialty \_\_\_\_\_ Kristine Lynn Neate, Chief of Staff  
Jennifer Constantine Palmieri, Chief People Officer \_\_\_\_\_ Stuart Wayne Rosenberg, President, Standard Lines**DIRECTORS OR TRUSTEES**Barbara Marie Bufkin \_\_\_\_\_ David Preston Hollander \_\_\_\_\_ Michael Tufts Jeans  
John Patrick Lanigan Jr \_\_\_\_\_ Edward James Largent III \_\_\_\_\_ Craig David Pfeiffer  
Billie Kay Rawot \_\_\_\_\_ John Lewis Watson \_\_\_\_\_ Mary Kim Elkins #  
Gregory Robert Galeaz #State of \_\_\_\_\_ Ohio SS:  
County of \_\_\_\_\_ Medina

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

Edward James Largent III  
President, CEO, and Board ChairJoseph Christian Kohmann  
Chief Financial Officer and TreasurerFrank Anthony Carrino  
Special Counsel and SecretarySubscribed and sworn to before me this  
15th day of July, 2024

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

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	7,909,592	0	7,909,592	7,755,371
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances) .....	0	0	0	0
5. Cash (\$ 0 ), cash equivalents (\$ 497,117 ) and short-term investments (\$ 0 ) .....	497,117	0	497,117	571,680
6. Contract loans (including \$ 0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	8,406,709	0	8,406,709	8,327,051
13. Title plants less \$ 0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	79,168	0	79,168	77,848
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ 0 ) and contracts subject to redetermination (\$ 0 ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	742	0	742	10,195
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ 0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	2,913	0	2,913	0
24. Health care (\$ 0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	8,489,532	0	8,489,532	8,415,094
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	8,489,532	0	8,489,532	8,415,094
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 0 )	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	14,547	12,339
8. Borrowed money \$ 0 and interest thereon \$ 0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 20,342,873 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ 0 certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	0	39,704
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ 0 and interest thereon \$ 0	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	14,547	52,043
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	14,547	52,043
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,000,000	3,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	4,500,000	4,500,000
35. Unassigned funds (surplus)	974,985	863,051
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0 )	0	0
36.2 0 shares preferred (value included in Line 31 \$ 0 )	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	8,474,985	8,363,051
38. Totals (Page 2, Line 28, Col. 3)	8,489,532	8,415,094
<b>DETAILS OF WRITE-INS</b>		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company  
**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 21,537,043 )	16,966,705	11,071,523	0
1.2 Assumed (written \$ 32,293 )	25,427	19,596	0
1.3 Ceded (written \$ 21,569,336 )	16,992,132	11,091,119	0
1.4 Net (written \$ 0 )	0	0	0
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ 0 ):			
2.1 Direct	14,665,635	5,872,909	0
2.2 Assumed	30,989	27,878	0
2.3 Ceded	14,696,624	5,900,787	0
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	120,062	112,296	231,034
10. Net realized capital gains (losses) less capital gains tax of \$ 0	0	0	0
11. Net investment gain (loss) (Lines 9 + 10)	120,062	112,296	231,034
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0 )	0	0	0
13. Finance and service charges not included in premiums	21,627	39,360	32,290
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	21,627	39,360	32,290
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	141,689	151,656	263,324
17. Dividends to policyholders	0	0	0
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)	141,689	151,656	263,324
19. Federal and foreign income taxes incurred	27,547	30,670	52,090
20. Net income (Line 18 minus Line 19)(to Line 22)	114,142	120,986	211,234
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	8,363,051	8,155,026	8,155,026
22. Net income (from Line 20)	114,142	120,986	211,234
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(2,208)	(1,178)	(3,209)
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	111,934	119,808	208,025
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	8,474,985	8,274,834	8,363,051
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

**STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company**  
**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	0	0	0
2. Net investment income .....	118,778	117,469	236,269
3. Miscellaneous income .....	21,627	39,359	32,289
4. Total (Lines 1 to 3) .....	140,405	156,828	268,558
5. Benefit and loss related payments .....	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0	0
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) .....	18,094	31,368	62,539
10. Total (Lines 5 through 9) .....	18,094	31,368	62,539
11. Net cash from operations (Line 4 minus Line 10) .....	122,311	125,460	206,019
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	154,257	0	287,508
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	154,257	0	287,508
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(154,257)	0	(287,508)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(42,617)	(514)	45,597
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(42,617)	(514)	45,597
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(74,563)	124,946	(35,892)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	571,680	607,572	607,572
19.2 End of period (Line 18 plus Line 19.1) .....	497,117	732,518	571,680

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

--	--	--	--

## NOTES TO FINANCIAL STATEMENTS

**NOTE 1 Summary of Significant Accounting Policies and Going Concern**
**A. Accounting Practices**

The financial statements of Westfield Premier Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices (SAP) 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 National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

The Company has not implemented any prescribed or permitted accounting practices by the State of Ohio that differ from those found in NAIC SAP.

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

	SSAP #	F/S Page	F/S Line #	6/30/2024	12/31/2023
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 114,142	\$ 211,234
(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	\$ 114,142	\$ 211,234
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,474,985	\$ 8,363,051
(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	\$ 8,474,985	\$ 8,363,051

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

No significant changes

**C. Accounting Policy**

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

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

In addition, the Company uses the following accounting policies:

- (1) No significant changes
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific interest method per SSAP No.26.
- (3-9) Not applicable
- (10-13) No significant changes

**D. Going Concern**

Management continuously monitors the Company's financial results and compliance with regulatory requirements and finds no reason to expect the Company to not continue as a going concern.

**NOTE 2 Accounting Changes and Corrections of Errors**

Not applicable

**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  
The Company does not invest in mortgage loans. No mezzanine real estate loans are held.
- B. Debt Restructuring  
The Company is not a creditor for any loans that have been restructured.
- C. Reverse Mortgages  
Not applicable
- D. Loan-Backed Securities  
Not applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions  
Not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

## NOTES TO FINANCIAL STATEMENTS

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 changes

M. Working Capital Finance Investments

Not applicable

N. Offsetting and Netting of Assets and Liabilities

Not applicable

O. 5GI Securities

Not applicable

P. Short Sales

Not applicable

Q. Prepayment Penalty and Acceleration Fees

Not applicable

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

Not applicable

### NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

### NOTE 7 Investment Income

No significant changes

### NOTE 8 Derivative Instruments

Not applicable

### NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ -	\$ 7	\$ 7	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ -
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ 7	\$ 7	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ 7	\$ 7	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ -
(f) Deferred Tax Liabilities	\$ -	\$ 14,554	\$ 14,554	\$ -	\$ 12,346	\$ 12,346	\$ -	\$ 2,208	\$ 2,208
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ (14,547)	\$ (14,547)	\$ -	\$ (12,339)	\$ (12,339)	\$ -	\$ (2,208)	\$ (2,208)

2.

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 1,271,248	XXX	XXX	\$ 1,254,458	XXX	XXX	\$ 16,790
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ -	\$ 7	\$ 7	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$ 7	\$ 7	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ -

3.

## NOTES TO FINANCIAL STATEMENTS

	2024	2023
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	24795.883%	24468.390%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 8,474,985	\$ 8,363,051

4.

	As of End of Current Period		12/31/2023		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ -	\$ 7	\$ -	\$ 7	\$ -	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ -	\$ 7	\$ -	\$ 7	\$ -	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [ ] No [X]

## B. Deferred Tax Liabilities Not Recognized

1. The types of temporary differences for which a DTL has not been recognized and the types of events that would cause those temporary differences to become taxable are: There are no temporary differences for which deferred tax liabilities are not recorded.
2. The cumulative amount of each type of temporary difference is: Not Applicable
3. The amount of the unrecognized DTL for temporary differences related to investments in foreign subsidiaries and foreign corporate joint ventures that are essentially permanent in duration, if determination of that liability is practicable, or a statement that determination is not practicable are: Not Applicable
4. The amount of the DTL for temporary differences other than those in item (3) above that is not recognized is: Not Applicable

## C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2023	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 27,547	\$ 52,090	\$ (24,543)
(b) Foreign	\$ -	\$ -	\$ -
(c) Subtotal (1a+1b)	\$ 27,547	\$ 52,090	\$ (24,543)
(d) Federal income tax on net capital gains	\$ -	\$ -	\$ -
(e) Utilization of capital loss carry-forwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 27,547	\$ 52,090	\$ (24,543)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ -	\$ -	\$ -
(2) Unearned premium reserve	\$ -	\$ -	\$ -
(3) Policyholder reserves	\$ -	\$ -	\$ -
(4) Investments	\$ -	\$ -	\$ -
(5) Deferred acquisition costs	\$ -	\$ -	\$ -
(6) Policyholder dividends accrual	\$ -	\$ -	\$ -
(7) Fixed assets	\$ -	\$ -	\$ -
(8) Compensation and benefits accrual	\$ -	\$ -	\$ -
(9) Pension accrual	\$ -	\$ -	\$ -
(10) Receivables - nonadmitted	\$ -	\$ -	\$ -
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other	\$ -	\$ -	\$ -
(99) Subtotal (sum of 2a1 through 2a13)	\$ -	\$ -	\$ -
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c) Nonadmitted	\$ -	\$ -	\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ -	\$ -	\$ -
(e) Capital:			
(1) Investments	\$ 7	\$ 7	\$ -
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ -	\$ -
(4) Other	\$ -	\$ -	\$ -
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 7	\$ 7	\$ -
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 7	\$ 7	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 7	\$ 7	\$ -
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -

## NOTES TO FINANCIAL STATEMENTS

(4) Policyholder reserves	\$ -	\$ -	\$ -	\$ -
(5) Other	\$ -	\$ -	\$ -	\$ -
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ -	\$ -	\$ -	\$ -
(b) Capital:				
(1) Investments	\$ 14,554	\$ 12,346	\$ 2,208	
(2) Real estate	\$ -	\$ -	\$ -	
(3) Other	\$ -	\$ -	\$ -	
(99) Subtotal (3b1+3b2+3b3)	\$ 14,554	\$ 12,346	\$ 2,208	
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 14,554	\$ 12,346	\$ 2,208	
4. Net deferred tax assets/liabilities (2i - 3c)	\$ (14,547)	\$ (12,339)	\$ (2,208)	

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate %
<b>Permanent Differences:</b>		
Provision computed at statutory rate	\$ 29,755	21.00%
Change in Non-Admitted Assets	\$ -	0.00%
Proration of tax exempt investment income	\$ -	0.00%
Tax exempt income deduction	\$ -	0.00%
Dividends received deduction	\$ -	0.00%
Disallowable travel and entertainment	\$ -	0.00%
Other permanent differences	\$ -	0.00%
<b>Temporary Differences:</b>		
Total ordinary DTA's	\$ -	0.00%
Total ordinary DTL's	\$ -	0.00%
Total capital DTA's	\$ -	0.00%
Total capital DTL's	\$ (2,208)	-1.60%
<b>Other:</b>		
Statutory valuation allowance	\$ -	0.00%
Accrual adjustment - prior year	\$ -	0.00%
Other	\$ -	0.00%
<b>Totals</b>	<b>\$ 27,547</b>	<b>19.40%</b>
Federal and foreign income taxes incurred	\$ 27,547	19.40%
Realized capital gains (losses) tax	\$ -	0.00%
Change in net deferred income taxes	\$ 2,208	1.60%
<b>Total statutory income taxes</b>	<b>\$ 29,755</b>	<b>21.00%</b>

E. Operating Loss Carryforwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:

Description (Operating Loss or Tax Credit Carry Forward)	Amounts	Origination Dates	Expiration Dates
AMT Credit Carryforward	\$ -	N/A	N/A
R&D Credit Carryforward	\$ -	N/A	N/A
Foreign Tax Credit Carryforward	\$ -	N/A	N/A

2. The following is income tax expense for the current year and each preceding years that is available for recoupment in the event of future net losses:

Year	Amounts
6/30/2024	\$ 27,547
12/31/2023	\$ 52,090
12/31/2022	\$ -

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code.  
The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Service Code.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

Ohio Farmers Insurance Company (parent company)  
Westfield Insurance Company  
Westfield National Insurance Company  
American Select Insurance Company  
Old Guard Insurance Company  
Westfield Champion Insurance Company  
Westfield Select Insurance Company  
Westfield Specialty Insurance Company  
Westfield Superior Insurance Company  
Westfield Touchstone Insurance Company  
Westfield Management Company  
Westfield Services, Inc.  
Westfield Bancorp, Inc.  
Westfield Credit Corp.  
Westfield Bank, FSB  
Westfield Specialty, Inc.

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

Each company in the consolidation has agreed to share any tax or recovery of tax based on their individual taxable income or loss. Each company's current taxable income or loss will be adjusted by any prior taxable income or loss which can be carried forward to the current year.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

## NOTES TO FINANCIAL STATEMENTS

None

## H. Repatriation Transition Tax (RTT)

RTT owed under the TCJA

1a Has the entity fully remitted the RTT? Yes

1b If yes, list the amount of the RTT paid \$ -

If no, list the future installments to satisfy the RTT:

Installment 1	\$	-
Installment 2	\$	-
Installment 3	\$	-
Installment 4	\$	-
Installment 5	\$	-
Installment 6	\$	-
Installment 7	\$	-
Installment 8	\$	-
Total	\$	-

## I. Alternative Minimum Tax (AMT) Credit

Was the AMT Credit recognized as a current year recoverable or Deferred Tax Asset (DTA)? DTA

	Amount
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	\$ -
b. Deferred tax asset (DTA)	\$ -
(2) Beginning Balance of AMT Credit Carryforward	\$ -
(3) Amounts Recovered	\$ -
(4) Adjustments	\$ -
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)	\$ -
(6) Reduction for Sequestration	\$ -
(7) Nonadmitted by Reporting Entity	\$ -
(8) Reporting Entity Ending Balance (8=5-6-7)	\$ -

**NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. The Company is owned and operated by its parent company, Ohio Farmers Insurance Company.

## B. Transactions

Not applicable

## C. Transactions with related party who are not reported on Schedule Y

Not applicable

## D. Amounts Due to or from Related Parties - No significant changes

## E. Material Management or Service Contracts and Cost-Sharing Arrangements

No significant changes

## F. Guarantees or Undertakings

No significant changes

## G. Nature of the Control Relationship

The Company is owned and operated by its parent company, Ohio Farmers Insurance Company.

## H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

Not applicable

## I. Investments in SCA that Exceed 10% of Admitted Assets

No significant changes

## J. Investments in Impaired SCAs

Not applicable

## K. Investment in Foreign Insurance Subsidiary

Not applicable

## L. Investment in Downstream Noninsurance Holding Company

Not applicable

## M. All SCA Investments

Not applicable

## N. Investment in Insurance SCAs

Not applicable

## O. SCA or SSAP 48 Entity Loss Tracking

Not applicable

**NOTE 11 Debt**

## A. Debt, Including Capital Notes

Not applicable

## 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

# NOTES TO FINANCIAL STATEMENTS

---

**NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No significant changes

**NOTE 14 Liabilities, Contingencies and Assessments**

A. Contingent Commitments  
Not applicable

B. Assessments  
No significant changes

C. Gain Contingencies  
Not applicable

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits  
Not applicable

E. Product Warranties  
Not applicable

F. Joint and Several Liabilities  
Not applicable

G. All Other Contingencies  
Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company. There are no contingent liabilities arising from litigation.

The Company is a participant in the Ohio Farmers Insurance Company's pooling agreement with zero pool percentage and as such has no accounts receivable related to agents balances or uncollected premiums.

**NOTE 15 Leases**

No significant changes

**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  
The Company has not sold or transferred any receivables to any other parties.

B. Transfer and Servicing of Financial Assets  
Not applicable

C. Wash Sales  
Not applicable

**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. Fair Value Measurements

For assets that are measured and reported at fair value or net asset value (NAV) in the statement of financial position after initial recognition, the valuation techniques and the inputs used to develop those measurements are as follows:

Level 1 - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.

Level 3 - Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The Company has no liabilities that are measured at fair value in the statement of financial position.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value CE - Money Market Mutual Funds	\$ -	\$ 497,117	\$ -	\$ -	\$ 497,117
Total assets at fair value/NAV	\$ -	\$ 497,117	\$ -	\$ -	\$ 497,117

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

## NOTES TO FINANCIAL STATEMENTS

(2) At June 30, 2024, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 3.

(3) The Company's policy for determining when transfers between levels is required is based upon change in the inputs used to determine fair value measurement. If an input changes, the Company evaluates the new input(s) and makes the determination whether or not a transfer between levels is appropriate. If an asset or liability is transferred between levels, it is the Company's policy to record the transfer as of the beginning of the quarter in which the transfer occurs. The Company held no assets or liabilities categorized as Level 1, 2 or 3 during the reporting period that were transferred into or out of the level categorization held at January 1, 2024.

(4) As of June 30, 2024, the Company held money market mutual funds, which were reported at fair value and were classified as Level 2. As of June 30, 2024, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 3. Historically, fair values in the Level 2 category are provided by independent pricing services. Where independent pricing services provide fair values, the Company has obtained an understanding of the methods, models and inputs used in pricing and has controls in place to validate that amounts provided represent current fair values. Estimated fair values of investments categorized as Level 3 generally include inputs for which no readily observable inputs are available and require management judgment.

(5) As of June 30, 2024, the Company had no holdings classified as either a derivative asset or liability.

**B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - Not required**

**C. Fair Value Level**

The method(s) and significant assumptions used to estimate the fair value of financial instruments are as follows:

**Investment Securities** - Fair values for bonds, including the aggregate write-ins for invested assets are based on the values prescribed by an independent pricing service or from brokers. For bonds that are not actively traded, estimated fair values are based on values of bonds of comparable yield and credit quality. The fair values for common stocks are based on quoted market prices, where available, which are provided to the Company by an independent pricing service.

**Cash Equivalents** - Cash equivalents include money market mutual funds, which are reported at fair value. Cash equivalents are short-term, highly liquid investments that are both readily convertible to known amounts of cash, and so near their maturity that they present insignificant risk of changes in value due to change in interest rates.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 7,097,164	\$ 7,909,592	\$ 7,097,164	\$ -	\$ -	\$ -	\$ -
Cash equivalents	\$ 497,117	\$ 497,117	\$ -	\$ 497,117	\$ -	\$ -	\$ -

**D. Not Practicable to Estimate Fair Value**  
Not applicable

**E. NAV Practical Expedient Investments**  
Not applicable

**NOTE 21 Other Items**

A. Unusual or Infrequent Items  
Not applicable

B. Troubled Debt Restructuring: Debtors  
Not applicable

C. Other Disclosures  
Not applicable

D. Business Interruption Insurance Recoveries  
No significant changes

E. State Transferable and Non-transferable Tax Credits  
No significant changes

F. Subprime Mortgage Related Risk Exposure  
No significant changes

G. Insurance-Linked Securities (ILS) Contracts  
Not applicable

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy  
Not applicable

**NOTE 22 Events Subsequent**

Subsequent events have been considered through July 15, 2024 for the statutory statements issued as of June 30, 2024. No events or transactions have occurred that would give rise to a Type I or Type II subsequent event.

**NOTE 23 Reinsurance**

No significant changes

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not applicable

**NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses**

The Company is a participant in the Ohio Farmers Insurance Company's pooling agreement with a zero pool percentage, and as such has no net incurred losses nor loss adjustment expenses.

**NOTE 26 Intercompany Pooling Arrangements**

A.-F. No significant changes

## NOTES TO FINANCIAL STATEMENTS

---

G. Amounts due to/from the lead entity and pool participants as of June 30, 2024:

	Amount Receivable	Amount Payable
Ohio Farmers Insurance Company (lead entity)	\$ 818,054	\$ 80,369,153
Westfield Insurance Company	\$ 70,502,119	\$ -
Westfield National Insurance Company	\$ 6,683,224	\$ -
American Select Insurance Company	\$ 3,168,223	\$ -
Old Guard Insurance Company	\$ -	\$ 818,054
Westfield Champion Insurance Company	\$ 5,021	\$ -
Westfield Select Insurance Company	\$ -	\$ -
Westfield Premier Insurance Company	\$ 2,913	\$ -
Westfield Superior Insurance Company	\$ 6,469	\$ -
Westfield Specialty Insurance Company	\$ -	\$ -
Westfield Touchstone Insurance Company	\$ 1,184	\$ -

**NOTE 27 Structured Settlements**

No significant changes

**NOTE 28 Health Care Receivables**

Not applicable

**NOTE 29 Participating Policies**

Not applicable

**NOTE 30 Premium Deficiency Reserves**

No significant changes

**NOTE 31 High Deductibles**

Not applicable

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

No significant changes

**NOTE 33 Asbestos/Environmental Reserves**

No significant changes

**NOTE 34 Subscriber Savings Accounts**

Not applicable

**NOTE 35 Multiple Peril Crop Insurance**

Not applicable

**NOTE 36 Financial Guaranty Insurance**

Not applicable

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... If yes, complete Schedule Y, Parts 1 and 1A. Yes [ X ] No [ ]

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes. \_\_\_\_\_

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]

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 [ X ]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 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? ..... Yes [ ] No [ X ] N/A [ ] 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. ..... 12/31/2022

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2022

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). ..... 05/31/2024

6.4 By what department or departments?  
Ohio .....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]

7.2 If yes, give full information: \_\_\_\_\_

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ X ] No [ ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
Ohio Farmers Insurance Company .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ X ] No [ ]

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Ohio Farmers Insurance Company .....	Westfield Center, Ohio .....	YES.....	NO.....	NO.....	NO.....
Westfield Bancorp, Inc. .....	Westfield Center, Ohio .....	YES.....	NO.....	NO.....	NO.....
Westfield Bank, FSB .....	Westfield Center, Ohio .....	NO.....	YES.....	NO.....	NO.....

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

## **GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]

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

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]  
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 2,913

## 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: ..... \$ ..... C

13. Amount of real estate and mortgages held in short-term investments: ..... \$ ..... C

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]

14.2 If yes, please complete the following:

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

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 [ ]  
If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....	\$ ..... 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....	\$ ..... 0
16.3 Total payable for securities lending reported on the liability page. ....	\$ ..... 0

**STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company**  
**GENERAL INTERROGATORIES**

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

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
BNY Mellon .....	240 Greenwich St., New York, NY 10286 .....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Individuals designated by the Chief Investment Officer .....	I .....

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

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

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

1	2	3	4	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [  ] 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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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 [  ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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 [  ]

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:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- 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 [  ]

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance 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? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.  
 .....

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? ..... Yes [ ] No [ X ]  
 If yes, attach an explanation.  
 .....

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:

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

5. Operating Percentages:

5.1 A&H loss percent ..... 0.000 %

5.2 A&H cost containment percent ..... 0.000 %

5.3 A&H expense percent excluding cost containment expenses ..... 0.000 %

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 ..... \$ ..... 0

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 ..... \$ ..... 0

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 JUNE 30, 2024 OF THE Westfield Premier Insurance Company

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

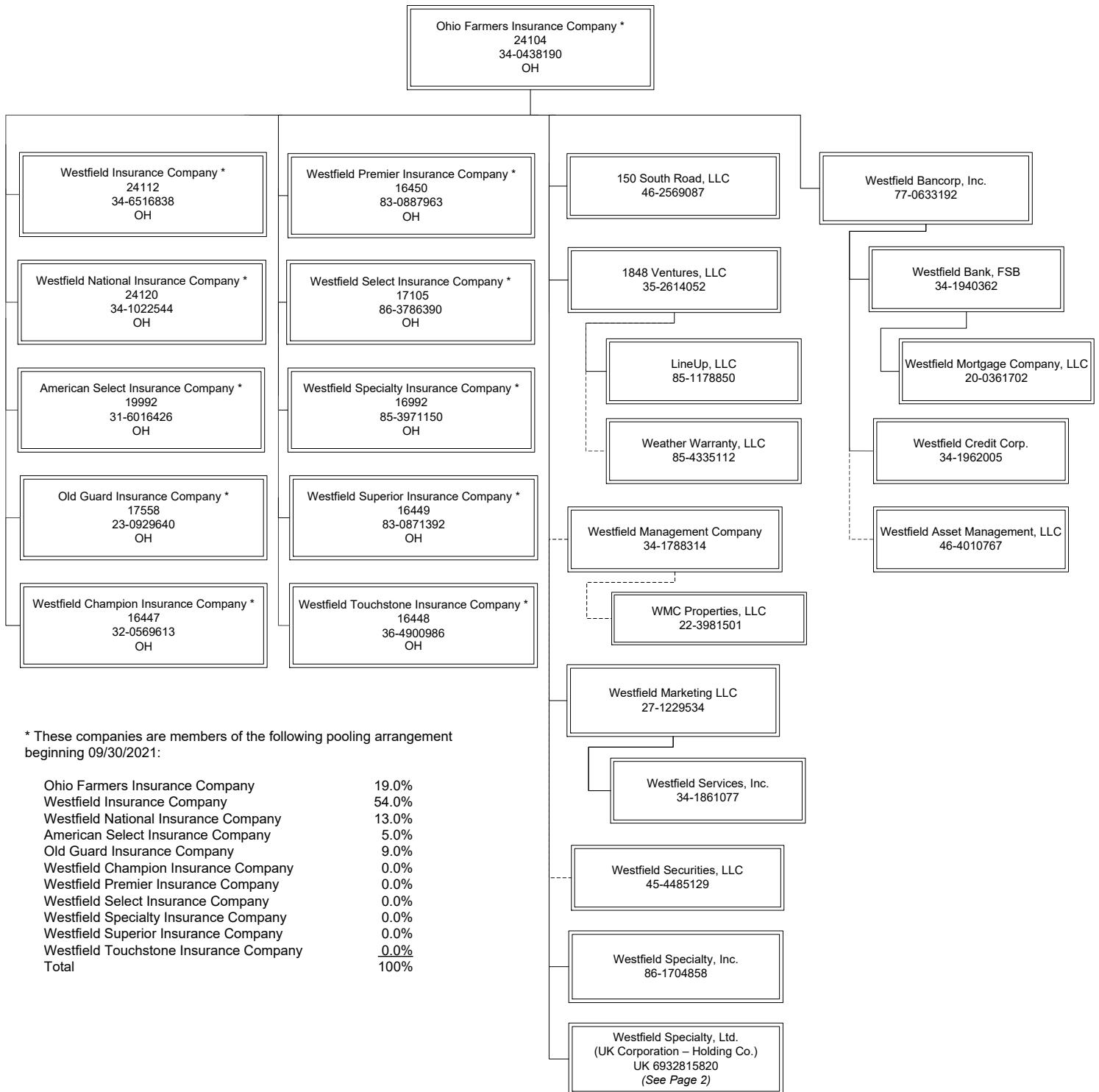
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama .....	AL	.....L	.....(183)	.....(24)	.....0	.....0	.....3,741
2. Alaska .....	AK	.....N	.....0	.....0	.....0	.....0	.....0
3. Arizona .....	AZ	.....L	394,209	164,706	11,179	474	171,075
4. Arkansas .....	AR	.....L	.....0	.....0	.....0	.....0	.....0
5. California .....	CA	.....N	.....0	.....0	.....0	.....0	.....0
6. Colorado .....	CO	.....L	822,867	493,195	568,139	20,422	1,027,769
7. Connecticut .....	CT	.....N	.....0	.....0	.....0	.....0	.....0
8. Delaware .....	DE	.....L	168,313	65,688	1,085	0	63,398
9. District of Columbia .....	DC	.....N	.....0	.....0	.....0	.....0	.....0
10. Florida .....	FL	.....N	.....0	.....0	.....0	.....0	.....0
11. Georgia .....	GA	.....L	1,563,694	673,833	38,473	258,825	857,872
12. Hawaii .....	HI	.....N	.....0	.....0	.....0	.....0	.....0
13. Idaho .....	ID	.....N	.....0	.....0	.....0	.....0	.....0
14. Illinois .....	IL	.....L	2,070,621	1,164,692	75,143	136,048	1,404,236
15. Indiana .....	IN	.....L	1,077,417	829,582	4,499,693	265,737	2,005,614
16. Iowa .....	IA	.....L	374,487	224,403	12,328	86,735	138,609
17. Kansas .....	KS	.....L	.....0	.....0	.....0	.....0	.....0
18. Kentucky .....	KY	.....L	222,670	191,140	34,377	63,606	297,531
19. Louisiana .....	LA	.....N	.....0	.....0	.....0	.....0	.....0
20. Maine .....	ME	.....N	.....0	.....0	.....0	.....0	.....0
21. Maryland .....	MD	.....L	807,627	551,121	48,549	53,752	335,298
22. Massachusetts .....	MA	.....N	.....0	.....0	.....0	.....0	.....0
23. Michigan .....	MI	.....L	1,235,011	654,040	27,505	74,918	566,550
24. Minnesota .....	MN	.....L	.....0	.....0	.....0	.....0	.....0
25. Mississippi .....	MS	.....L	.....0	.....0	.....0	.....0	.....0
26. Missouri .....	MO	.....L	.....0	.....0	.....0	.....0	.....0
27. Montana .....	MT	.....N	.....0	.....0	.....0	.....0	.....0
28. Nebraska .....	NE	.....L	2,438	0	0	0	68
29. Nevada .....	NV	.....L	.....0	.....0	.....0	.....0	.....0
30. New Hampshire .....	NH	.....N	.....0	.....0	.....0	.....0	.....0
31. New Jersey .....	NJ	.....N	.....0	.....0	.....0	.....0	.....0
32. New Mexico .....	NM	.....L	710,300	256,254	46,451	61,242	286,809
33. New York .....	NY	.....N	.....0	.....0	.....0	.....0	.....0
34. North Carolina .....	NC	.....L	504,647	405,469	95,912	131,226	297,166
35. North Dakota .....	ND	.....N	.....0	.....0	.....0	.....0	.....0
36. Ohio .....	OH	.....L	5,068,601	3,195,596	1,704,132	727,968	3,104,463
37. Oklahoma .....	OK	.....N	.....0	.....0	.....0	.....0	.....0
38. Oregon .....	OR	.....N	.....0	.....0	.....0	.....0	.....0
39. Pennsylvania .....	PA	.....L	2,080,182	1,353,263	157,291	297,361	929,631
40. Rhode Island .....	RI	.....N	.....0	.....0	.....0	.....0	.....0
41. South Carolina .....	SC	.....L	209,644	146,540	3,253	12,731	147,830
42. South Dakota .....	SD	.....N	.....0	.....0	.....0	.....0	.....0
43. Tennessee .....	TN	.....L	2,019,512	1,274,538	951,322	1,113,233	991,795
44. Texas .....	TX	.....L	3	0	0	0	0
45. Utah .....	UT	.....N	.....0	.....0	.....0	.....0	.....0
46. Vermont .....	VT	.....N	.....0	.....0	.....0	.....0	.....0
47. Virginia .....	VA	.....L	446,759	282,449	19,850	4,080	319,478
48. Washington .....	WA	.....N	.....0	.....0	.....0	.....0	.....0
49. West Virginia .....	WV	.....L	1,497,648	1,041,269	36,635	323,538	3,664,904
50. Wisconsin .....	WI	.....L	260,576	99,077	15,675	15,076	95,935
51. Wyoming .....	WY	.....N	.....0	.....0	.....0	.....0	.....0
52. American Samoa .....	AS	.....N	.....0	.....0	.....0	.....0	.....0
53. Guam .....	GU	.....N	.....0	.....0	.....0	.....0	.....0
54. Puerto Rico .....	PR	.....N	.....0	.....0	.....0	.....0	.....0
55. U.S. Virgin Islands .....	VI	.....N	.....0	.....0	.....0	.....0	.....0
56. Northern Mariana Islands .....	MP	.....N	.....0	.....0	.....0	.....0	.....0
57. Canada .....	CAN	.....N	.....0	.....0	.....0	.....0	.....0
58. Aggregate Other Alien OT	XXX	.....0	.....0	.....0	.....0	.....0	.....0
59. Totals	XXX	21,537,043	13,066,831	8,346,992	3,646,972	16,709,772	6,530,768
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....28  
 2. R - Registered - Non-domiciled RRGs.....0  
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state  
 (other than their state of domicile - see DSLI).....0  
 4. Q - Qualified - Qualified or accredited reinsurer.....0  
 5. D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities  
 authorized to write surplus lines in the state of domicile.....0  
 6. N - None of the above - Not allowed to write business in the state.....29

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

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

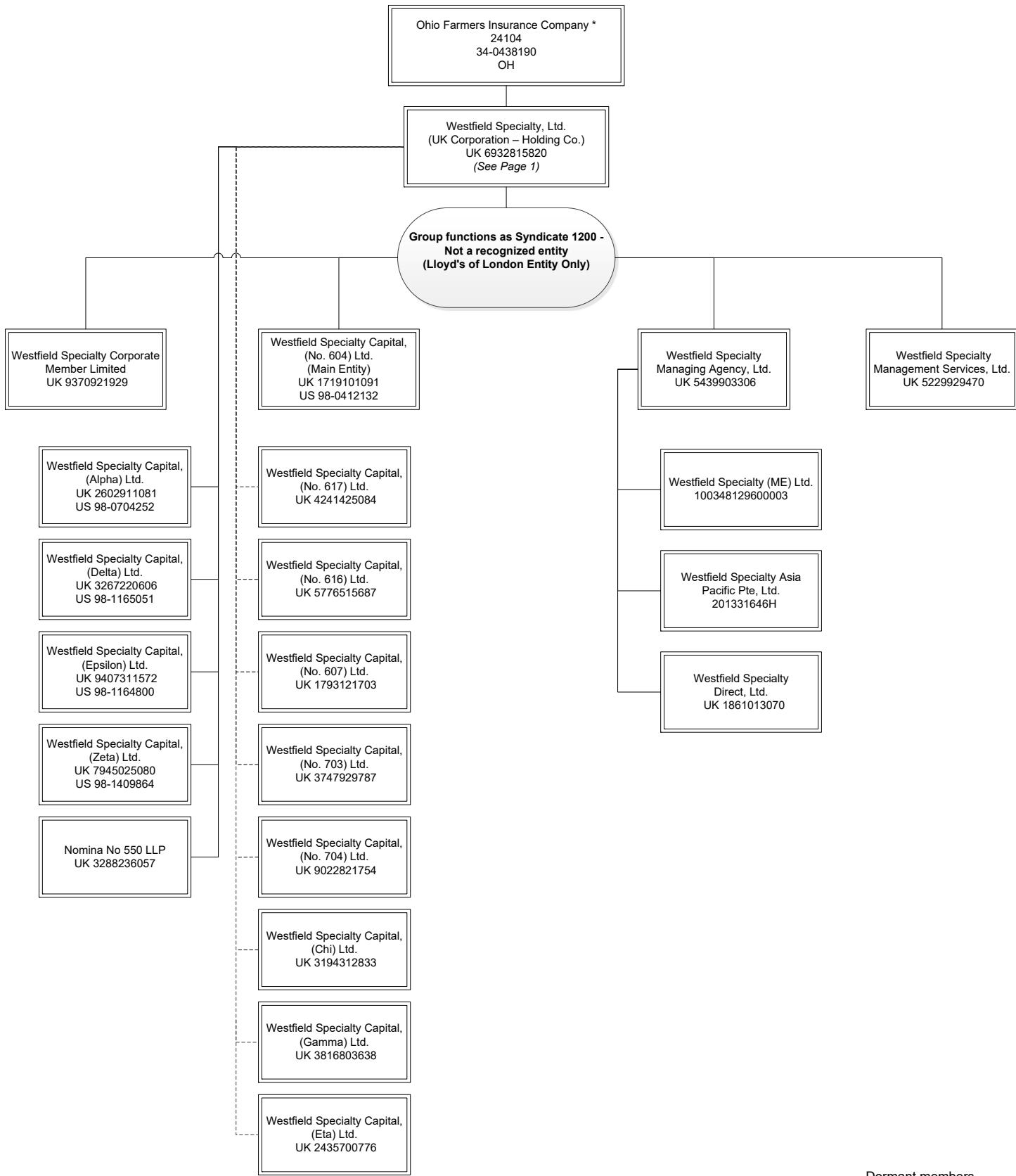


----- Dormant members

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART (cont.)



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

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

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

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

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

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

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company  
**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....	127,810	(20,112)	(15.7)	1.3
2.1 Allied Lines .....	211,300	5,825	2.8	31.6
2.2 Multiple peril crop .....	0	0	0.0	0.0
2.3 Federal flood .....	0	0	0.0	0.0
2.4 Private crop .....	0	0	0.0	0.0
2.5 Private flood .....	0	0	0.0	0.0
3. Farmowners multiple peril .....	0	0	0.0	0.0
4. Homeowners multiple peril .....	0	0	0.0	0.0
5.1 Commercial multiple peril (non-liability portion) .....	6,884,964	8,479,127	123.2	97.0
5.2 Commercial multiple peril (liability portion) .....	2,508,353	1,365,120	54.4	42.7
6. Mortgage guaranty .....	0	0	0.0	0.0
8. Ocean marine .....	0	0	0.0	0.0
9.1 Inland marine .....	705,160	98,398	14.0	7.4
9.2 Pet insurance .....	0	0	0.0	0.0
10. Financial guaranty .....	0	0	0.0	0.0
11.1 Medical professional liability - occurrence .....	0	0	0.0	0.0
11.2 Medical professional liability - claims-made .....	0	0	0.0	0.0
12. Earthquake .....	15,730	0	0.0	0.0
13.1 Comprehensive (hospital and medical) individual .....	0	0	0.0	0.0
13.2 Comprehensive (hospital and medical) group .....	0	0	0.0	0.0
14. Credit accident and health .....	0	0	0.0	0.0
15.1 Vision only .....	0	0	0.0	0.0
15.2 Dental only .....	0	0	0.0	0.0
15.3 Disability income .....	0	0	0.0	0.0
15.4 Medicare supplement .....	0	0	0.0	0.0
15.5 Medicaid Title XIX .....	0	0	0.0	0.0
15.6 Medicare Title XVIII .....	0	0	0.0	0.0
15.7 Long-term care .....	0	0	0.0	0.0
15.8 Federal employees health benefits plan .....	0	0	0.0	0.0
15.9 Other health .....	0	0	0.0	0.0
16. Workers' compensation .....	737,912	384,827	52.2	18.8
17.1 Other liability - occurrence .....	2,267,022	2,234,154	98.6	6.0
17.2 Other liability - claims-made .....	24,064	10,346	43.0	0.0
17.3 Excess workers' compensation .....	0	0	0.0	0.0
18.1 Products liability - occurrence .....	51,091	1,505	2.9	(4.0)
18.2 Products liability - claims-made .....	0	0	0.0	0.0
19.1 Private passenger auto no-fault (personal injury protection) .....	0	0	0.0	0.0
19.2 Other private passenger auto liability .....	0	0	0.0	0.0
19.3 Commercial auto no-fault (personal injury protection) .....	28,386	1,652	5.8	19.0
19.4 Other commercial auto liability .....	2,250,426	1,668,898	74.2	39.0
21.1 Private passenger auto physical damage .....	0	0	0.0	0.0
21.2 Commercial auto physical damage .....	929,520	250,649	27.0	56.0
22. Aircraft (all perils) .....	0	0	0.0	0.0
23. Fidelity .....	5,971	124	2.1	28.8
24. Surety .....	0	0	0.0	0.0
26. Burglary and theft .....	579	7	1.2	11.9
27. Boiler and machinery .....	218,419	185,115	84.8	3.2
28. Credit .....	0	0	0.0	0.0
29. International .....	0	0	0.0	0.0
30. Warranty .....	0	0	0.0	0.0
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....	0	0	0.0	0.0
35. Totals .....	16,966,707	14,665,635	86.4	53.0
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0	0.0	0.0

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company  
**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire .....	130,466	211,774	95,148
2.1 Allied Lines .....	240,683	352,336	172,026
2.2 Multiple peril crop .....	0	0	0
2.3 Federal flood .....	0	0	0
2.4 Private crop .....	0	0	0
2.5 Private flood .....	0	0	0
3. Farmowners multiple peril .....	0	0	0
4. Homeowners multiple peril .....	0	0	0
5.1 Commercial multiple peril (non-liability portion) .....	4,214,407	8,451,909	5,005,062
5.2 Commercial multiple peril (liability portion) .....	1,563,660	3,077,144	1,984,908
6. Mortgage guaranty .....	0	0	0
8. Ocean marine .....	0	0	0
9.1 Inland marine .....	559,276	875,615	642,477
9.2 Pet insurance .....	0	0	0
10. Financial guaranty .....	0	0	0
11.1 Medical professional liability - occurrence .....	0	0	0
11.2 Medical professional liability - claims-made .....	0	0	0
12. Earthquake .....	9,575	19,947	6,343
13.1 Comprehensive (hospital and medical) individual .....	0	0	0
13.2 Comprehensive (hospital and medical) group .....	0	0	0
14. Credit accident and health .....	0	0	0
15.1 Vision only .....	0	0	0
15.2 Dental only .....	0	0	0
15.3 Disability income .....	0	0	0
15.4 Medicare supplement .....	0	0	0
15.5 Medicaid Title XIX .....	0	0	0
15.6 Medicare Title XVIII .....	0	0	0
15.7 Long-term care .....	0	0	0
15.8 Federal employees health benefits plan .....	0	0	0
15.9 Other health .....	0	0	0
16. Workers' compensation .....	388,547	812,523	643,738
17.1 Other liability - occurrence .....	1,535,000	2,863,823	1,709,521
17.2 Other liability - claims-made .....	17,759	30,481	22,240
17.3 Excess workers' compensation .....	0	0	0
18.1 Products liability - occurrence .....	43,034	63,981	21,827
18.2 Products liability - claims-made .....	0	0	0
19.1 Private passenger auto no-fault (personal injury protection) .....	0	0	0
19.2 Other private passenger auto liability .....	0	0	0
19.3 Commercial auto no-fault (personal injury protection) .....	24,599	40,499	23,729
19.4 Other commercial auto liability .....	1,643,939	3,061,976	1,845,626
21.1 Private passenger auto physical damage .....	0	0	0
21.2 Commercial auto physical damage .....	775,274	1,386,921	737,656
22. Aircraft (all perils) .....	0	0	0
23. Fidelity .....	1,817	7,107	5,877
24. Surety .....	0	0	0
26. Burglary and theft .....	185	640	671
27. Boiler and machinery .....	144,184	280,368	149,982
28. Credit .....	0	0	0
29. International .....	0	0	0
30. Warranty .....	0	0	0
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....	0	0	0
35. Totals .....	11,292,405	21,537,044	13,066,831
<b>DETAILS OF WRITE-INS</b>			
3401. ....			
3402. ....			
3403. ....			
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0	0

## STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

**PART 3 (\$000 OMITTED)**

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2024 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2024 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2021 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2022 .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Subtotals 2022 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2023 .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Subtotals 2023 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0	XXX	XXX	XXX
7. Totals .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End Surplus As Regards Policyholders	8,363										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 0.0	2. 0.0	3. 0.0
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.0

**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?	YES

**AUGUST FILING**

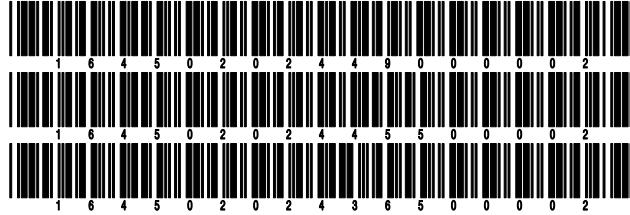
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
---	-----

## Explanations:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.

## 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]



STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest paid 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) .....		

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	7,755,371	7,473,467
2. Cost of bonds and stocks acquired .....	154,257	287,508
3. Accrual of discount .....	10,512	15,296
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	0	0
7. Deduct amortization of premium .....	10,548	20,900
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	7,909,592	7,755,371
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	7,909,592	7,755,371

## STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	7,755,317	154,257	0	18	7,755,317	7,909,592	0	7,755,371
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds .....	7,755,317	154,257	0	18	7,755,317	7,909,592	0	7,755,371
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock .....	7,755,317	154,257	0	18	7,755,317	7,909,592	0	7,755,371

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SI02

Schedule DA - Part 1 - Short-Term Investments  
**N O N E**

Schedule DA - Verification - Short-Term Investments  
**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**N O N E**

Schedule DB - Part B - Verification - Futures Contracts  
**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

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

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

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	571,680	607,572
2. Cost of cash equivalents acquired .....	111,190	163,493
3. Accrual of discount .....	0	0
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	185,753	199,385
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	497,117	571,680
11. Deduct total nonadmitted amounts .....	0	0
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>	<b>497,117</b>	<b>571,680</b>

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

## STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
91282C-KG-5 .....	UNITED STATES TREAS NTS 4.125% 03/31/29 .....	.....	04/02/2024	JP Morgan .....	.....	154,257	.....	156,000	.....
0109999999. Subtotal - Bonds - U.S. Governments						154,257	156,000	53	XXX
2509999997. Total - Bonds - Part 3						154,257	156,000	53	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						154,257	156,000	53	XXX
4509999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3						0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						0	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks						0	XXX	0	XXX
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6009999999 - Totals						154,257	XXX	53	XXX

E04

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

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 - Month End Depository Balances  
**N O N E**

STATEMENT AS OF JUNE 30, 2024 OF THE Westfield Premier Insurance Company

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

### Show Investments Owned End of Current Quarter



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2024 OF THE Westfield Premier Insurance Company

## DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended JUNE 30, 2024

NAIC Group Code 0228

NAIC Company Code 16450

Company Name Westfield Premier Insurance Company .....

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ .....0	\$ .....0	\$ .....0

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [  ] No [  ]  
2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? ..... Yes [  ] No [  ]  
2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies  
2.31 Amount quantified: ..... \$ ..... 833  
2.32 Amount estimated using reasonable assumptions: ..... \$ ..... 0  
2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. ..... \$ ..... 0