



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENTAS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE**American Select Insurance Company**NAIC Group Code 0228 0228 NAIC Company Code 19992 Employer's ID Number 31-6016426
(Current) (Prior)

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

Country of Domicile _____ United States of America

Incorporated/Organized _____ 08/21/1959 Commenced Business _____ 10/01/1959

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.comStatutory 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 October, 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	241,469,850	0	241,469,850	225,564,101
2. Stocks:				0
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	49,769,499	0	49,769,499	49,362,163
3. Mortgage loans on real estate:				0
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				0
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 (\$ 1,327,596) and short-term investments (\$ 4,372,138)	5,699,734	0	5,699,734	4,924,894
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)	296,939,083	0	296,939,083	279,851,158
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	2,080,753	0	2,080,753	2,170,347
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	10,402,866	1,016,135	9,386,731	9,328,583
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 119,930 earned but unbilled premiums)	42,453,597	11,993	42,441,604	33,091,980
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	0	0	0	0
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	3,363,158	0	3,363,158	5,278,103
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)	355,239,457	1,028,128	354,211,329	329,720,171
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	355,239,457	1,028,128	354,211,329	329,720,171
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 46,574,626)	99,763,432	82,435,265
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	20,620,452	20,026,132
4. Commissions payable, contingent commissions and other similar charges	6,578,398	7,150,528
5. Other expenses (excluding taxes, licenses and fees)	6,113,469	6,345,863
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	850,806	1,392,498
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	268,507	842,536
7.2 Net deferred tax liability	1,181,412	1,526,799
8. Borrowed money \$ 0 and interest thereon \$ 0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 412,105,144 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)	77,882,718	66,067,586
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)	2,755,764	4,018,653
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	0
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)	216,014,958	189,805,860
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	216,014,958	189,805,860
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	11,046,134	11,046,134
35. Unassigned funds (surplus)	124,150,237	125,868,177
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)	138,196,371	139,914,311
38. Totals (Page 2, Line 28, Col. 3)	354,211,329	329,720,171
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 610,547,423)	576,752,478	505,644,680	689,103,570
1.2 Assumed (written \$ 120,844,655)	109,036,599	88,350,701	121,108,754
1.3 Ceded (written \$ 610,571,068)	576,783,198	505,719,777	689,198,541
1.4 Net (written \$ 120,821,010)	109,005,879	88,275,604	121,013,783
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 71,201,259):			
2.1 Direct	428,824,679	474,049,801	638,647,168
2.2 Assumed	67,100,959	60,484,114	78,729,775
2.3 Ceded	428,848,445	474,093,277	638,705,403
2.4 Net	67,077,193	60,440,638	78,671,540
3. Loss adjustment expenses incurred	8,803,614	8,446,120	11,415,106
4. Other underwriting expenses incurred	40,138,024	32,067,458	42,759,406
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	116,018,831	100,954,216	132,846,052
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(7,012,952)	(12,678,612)	(11,832,269)
INVESTMENT INCOME			
9. Net investment income earned	6,809,015	6,591,051	8,791,563
10. Net realized capital gains (losses) less capital gains tax of \$ 917,561	3,451,778	2,825,666	3,567,032
11. Net investment gain (loss) (Lines 9 + 10)	10,260,793	9,416,717	12,358,595
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 180,099 amount charged off \$ 428,099)	(248,000)	(177,468)	(220,797)
13. Finance and service charges not included in premiums	236,019	1,111,513	334,569
14. Aggregate write-ins for miscellaneous income	2	39	42
15. Total other income (Lines 12 through 14)	(11,979)	934,084	113,814
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	3,235,862	(2,327,811)	640,140
17. Dividends to policyholders	0	117,053	131,011
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)	3,235,862	(2,444,864)	509,129
19. Federal and foreign income taxes incurred	252,389	(831,183)	(371,957)
20. Net income (Line 18 minus Line 19)(to Line 22)	2,983,473	(1,613,681)	881,086
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	139,914,311	158,008,194	158,008,194
22. Net income (from Line 20)	2,983,473	(1,613,681)	881,086
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 34,536	129,922	(5,423,205)	(4,304,116)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	379,923	427,870	529,177
27. Change in nonadmitted assets	110,483	(82,865)	(200,030)
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	(5,321,741)	(15,000,000)	(15,000,000)
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)	(1,717,940)	(21,691,881)	(18,093,883)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	138,196,371	136,316,313	139,914,311
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Net other interest income (expense)	2	39	42
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)	2	39	42
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 SEPTEMBER 30, 2024 OF THE American Select Insurance Company
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	110,260,833	93,345,623	126,651,993
2. Net investment income	7,361,813	7,521,585	9,815,619
3. Miscellaneous income	(11,978)	934,085	113,813
4. Total (Lines 1 to 3)	117,610,668	101,801,293	136,581,425
5. Benefit and loss related payments	49,749,026	55,928,685	73,828,021
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	49,680,484	40,516,340	52,560,670
8. Dividends paid to policyholders	0	117,053	131,011
9. Federal and foreign income taxes paid (recovered) net of \$	917,561	tax on capital gains (losses)	330,468
10. Total (Lines 5 through 9)	101,173,489	95,911,928	126,850,170
11. Net cash from operations (Line 4 minus Line 10)	16,437,179	5,889,365	9,731,255
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,300,229	4,752,527	9,627,491
12.2 Stocks	7,551,528	7,996,547	10,126,627
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)	11,851,757	12,749,074	19,754,118
13. Cost of investments acquired (long-term only):			
13.1 Bonds	20,692,021	5,872,349	8,819,905
13.2 Stocks	3,415,279	3,627,997	6,063,964
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)	24,107,300	9,500,346	14,883,869
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)	(12,255,543)	3,248,728	4,870,249
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	5,321,741	15,000,000	15,000,000
16.6 Other cash provided (applied)	1,914,945	(1,576,489)	(4,274,886)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(3,406,796)	(16,576,489)	(19,274,886)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	774,840	(7,438,396)	(4,673,382)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,924,894	9,598,276	9,598,276
19.2 End of period (Line 18 plus Line 19.1)	5,699,734	2,159,880	4,924,894

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

20.0001. Exchange of equity investment to equity investment	0	0	0
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NOTES TO FINANCIAL STATEMENTS

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

The financial statements of American Select 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 #	9/30/2024	12/31/2023
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 2,983,473	\$ 881,086
(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	\$ 2,983,473	\$ 881,086
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 138,196,371	\$ 139,914,311
(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	\$ 138,196,371	\$ 139,914,311

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.
- (3-5) No significant changes
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities. If a security has been written down due to an other-than-temporary impairment, the prospective adjustment method is used subsequent to the loss recognition in accordance with SSAP No.43R.
- (7-13) No significant changes

D. Going Concern
 Not applicable

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

- (1) Prepayment assumptions for single class and multi class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates. The Company used Interactive Data Corp. in determining the market value of its loan-backed securities.

NOTES TO FINANCIAL STATEMENTS

(2-3) Not applicable

(4) Impaired loan-backed securities for which an other-than-temporary impairment has not been recognized as of September 30, 2024 are summarized below:

a) The aggregate amount of unrealized losses:	\$ (380)
1. Less than 12 Months	\$ (368,891)
2. 12 Months or Longer	\$ 46,089
b) The aggregate related fair value of securities with unrealized losses:	\$ 3,393,265
1. Less than 12 Months	\$ 46,089
2. 12 Months or Longer	\$ 3,393,265

(5) In concluding that the impairments are not other-than-temporary, the Company has considered the following general categories of information:

- a. Length of time and extent to which the fair value has been less than cost
- b. Issuer credit quality
- c. Industry sector considerations
- d. General interest rate environment
- e. Probability of collecting future cash flows

E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale
Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not applicable

J. Real Estate
Not applicable

K. Low Income Housing tax Credits (LIHTC)
Not applicable

L. Restricted Assets
No significant 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

No significant changes

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. The Company paid common stock dividends to its parent, Ohio Farmers Insurance Company, for the following dates and amounts:

August 16, 2023	\$ 15,000,000
September 30, 2024	\$ 5,321,741

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

NOTES TO FINANCIAL STATEMENTS

- 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

- A. Defined Benefit Plan
Not applicable
- B. Investment Policies and Strategies
Not applicable
- C. Fair Value of Each Class of Plan Assets
Not applicable
- D. Basis Used to Determine Expected Long-Term Rate-of-Return
Not applicable
- E. Defined Contribution Plan
No significant changes
- F. Multiemployer Plans
Not applicable
- G. Consolidated/Holding Company Plans
Not applicable
- H. Postemployment Benefits and Compensated Absences
Not applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
Not applicable

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

NOTES TO FINANCIAL STATEMENTS

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.

There has been no significant change in the collectability of the Company's accounts receivable for 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					
CS - Industrial and Miscellaneous - Unaffiliated Publicly Traded	\$ 44,756,543	\$ -	\$ -	\$ -	\$ 44,756,543
CS - Exchange Traded Funds	\$ 5,012,956	\$ -	\$ -	\$ -	\$ 5,012,956
CE - Money Market Mutual Funds	\$ -	\$ 1,327,596	\$ -	\$ -	\$ 1,327,596
Total assets at fair value/NAV	\$ 49,769,499	\$ 1,327,596	\$ -	\$ -	\$ 51,097,095

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	\$ -	\$ -	\$ -	\$ -	\$ -

(2) At September 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 September 30, 2024, the Company held money market mutual funds, which were reported at fair value and were classified as Level 2. As of September 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 September 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:

NOTES TO FINANCIAL STATEMENTS

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	\$ 224,498,818	\$ 241,469,850	\$ 31,614,694	\$ 192,884,124	\$ -	\$ -	\$ -
Common stocks	\$ 49,769,499	\$ 49,769,499	\$ 49,769,499	\$ -	\$ -	\$ -	\$ -
Cash equivalents	\$ 1,327,596	\$ 1,327,596	\$ -	\$ 1,327,596	\$ -	\$ -	\$ -
Short term investments	\$ 4,372,138	\$ 4,372,138	\$ -	\$ 4,372,138	\$ -	\$ -	\$ -

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 October 15, 2024 for the statutory statements issued as of September 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

Reserves as of December 31, 2023 were \$102.5 million. In calendar year 2024, \$30.0 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$69.0 million. Therefore, there has been a \$3.5 million favorable prior-year development from December 31, 2023 to September 30, 2024. The favorable development is principally from decreases in the estimates of loss and loss adjustment expenses for the following lines of business: commercial auto liability and auto physical damage. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The estimates are not affected by prior year loss development on retrospectively rated policies, as the Company does not write this type of policy.

NOTE 26 Intercompany Pooling Arrangements

A.-F. No significant changes

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

	Amount Receivable	Amount Payable
Ohio Farmers Insurance Company (lead entity)	\$ 8,355	\$ 27,043,419
Westfield Insurance Company	\$ 9,726,852	\$ -
Westfield National Insurance Company	\$ 7,910,966	\$ -
American Select Insurance Company	\$ 3,363,158	\$ -
Old Guard Insurance Company	\$ 6,030,675	\$ -
Westfield Champion Insurance Company	\$ -	\$ 8,355
Westfield Select Insurance Company	\$ 98	\$ -
Westfield Premier Insurance Company	\$ 3,308	\$ -
Westfield Superior Insurance Company	\$ 6,559	\$ -
Westfield Specialty Insurance Company	\$ -	\$ -
Westfield Touchstone Insurance Company	\$ 1,803	\$ -

NOTE 27 Structured Settlements

No significant changes

NOTES TO FINANCIAL STATEMENTS

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 SEPTEMBER 30, 2024 OF THE American Select 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? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.

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 SEPTEMBER 30, 2024 OF THE American Select 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: \$ 3,363,158

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
14.2 If yes, please complete the following:

	1 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 SEPTEMBER 30, 2024 OF THE American Select 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:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No []

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No []

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select 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 SEPTEMBER 30, 2024 OF THE American Select Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

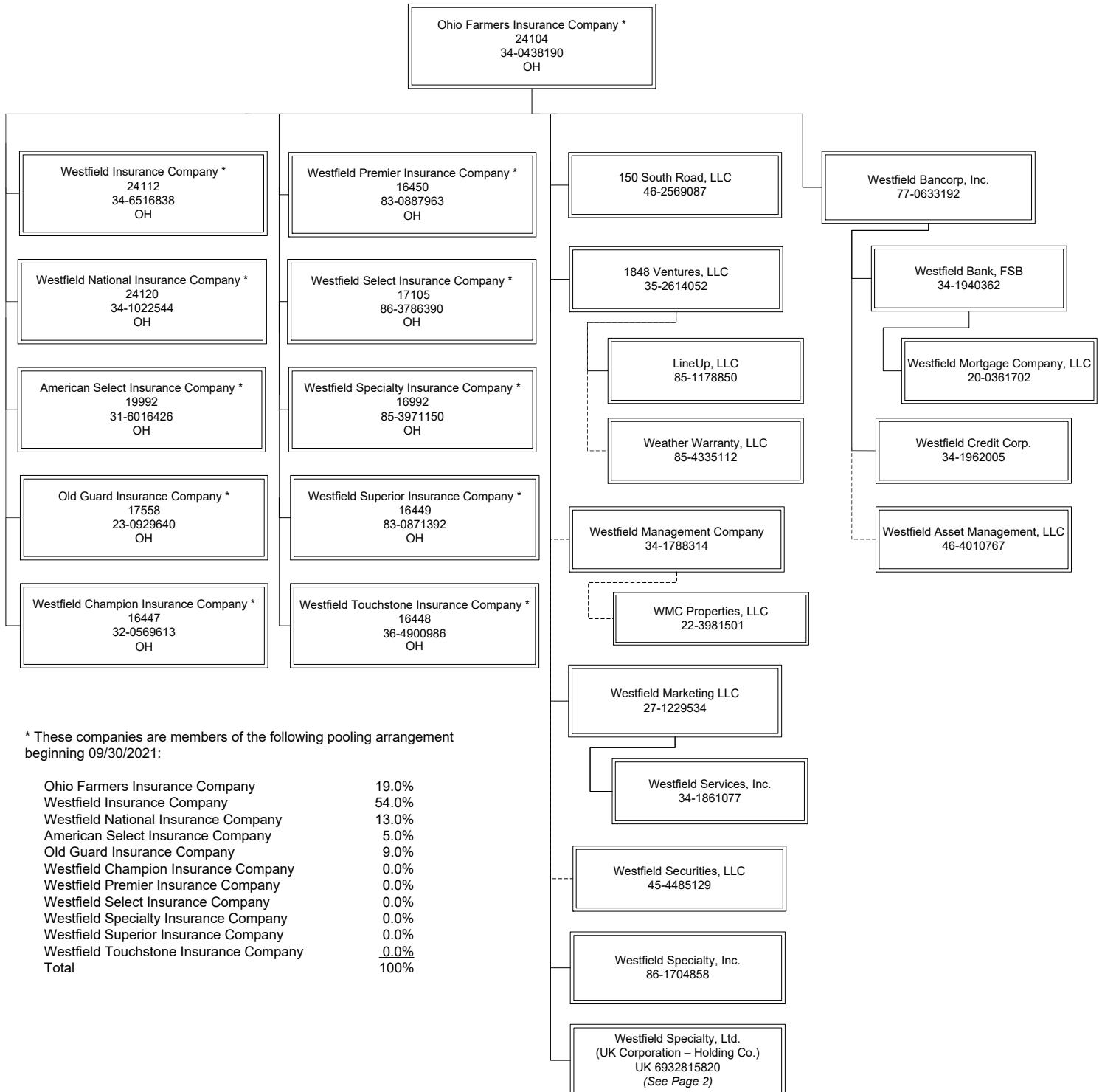
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	152,483	24,104	27,541	8,084	116,586	81,528
2. Alaska	AK	0	0	0	0	0	0
3. Arizona	AZ	2,088,054	2,260,608	950,688	230,892	2,180,954	2,000,457
4. Arkansas	AR	19,481	13,290	493	690	5,599	11,123
5. California	CA	0	0	0	0	0	0
6. Colorado	CO	5,904,913	4,597,939	2,582,650	518,291	4,864,611	4,219,826
7. Connecticut	CT	0	0	0	0	0	0
8. Delaware	DE	915,108	735,311	36,474	176,958	666,082	587,032
9. District of Columbia	DC	2,032	180	0	0	1,100	831
10. Florida	FL	0	0	0	0	0	0
11. Georgia	GA	6,912,671	6,165,070	1,337,204	6,652,535	11,121,732	6,412,171
12. Hawaii	HI	0	0	0	0	0	0
13. Idaho	ID	3	0	0	0	886	7
14. Illinois	IL	39,845,086	32,196,873	27,302,713	27,030,443	24,640,442	19,679,186
15. Indiana	IN	40,522,453	38,754,571	27,855,348	24,626,865	25,911,221	21,101,999
16. Iowa	IA	20,839,945	18,517,521	13,190,733	26,423,963	9,698,792	11,442,158
17. Kansas	KS	823	(5,722)	13,348	81,399	222,443	273,140
18. Kentucky	KY	35,081,669	29,985,157	18,392,682	26,331,960	16,019,603	13,966,404
19. Louisiana	LA	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0
21. Maryland	MD	1,671,122	1,728,131	380,872	427,600	1,265,327	1,472,905
22. Massachusetts	MA	0	0	0	0	0	0
23. Michigan	MI	38,681,734	42,219,640	33,856,059	46,793,339	51,314,672	50,638,982
24. Minnesota	MN	76,802,004	66,946,763	64,199,358	69,108,917	38,842,984	38,973,012
25. Mississippi	MS	0	0	0	0	1,673	2,001
26. Missouri	MO	10,118	160,729	48,874	44,269	179,418	226,340
27. Montana	MT	97	(1,571)	281	3,920	35,023	48,415
28. Nebraska	NE	2,213	1,565	0	0	6,715	8,859
29. Nevada	NV	3,536	3,494	0	0	2,431	2,157
30. New Hampshire	NH	0	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0	0
32. New Mexico	NM	2,905,178	2,012,289	442,148	963,060	2,039,313	1,715,772
33. New York	NY	0	0	0	0	0	0
34. North Carolina	NC	4,501,216	3,982,753	1,001,436	451,878	3,706,947	3,763,327
35. North Dakota	ND	116,343	114,243	20,233	8,884	52,719	54,689
36. Ohio	OH	175,029,177	169,167,391	103,833,714	127,312,159	104,374,780	75,935,153
37. Oklahoma	OK	83	0	0	0	2,288	2,918
38. Oregon	OR	0	0	0	0	0	0
39. Pennsylvania	PA	91,398,471	78,194,067	49,478,042	49,035,039	57,778,815	42,194,168
40. Rhode Island	RI	0	0	0	0	0	0
41. South Carolina	SC	1,984,862	2,135,306	362,111	717,272	2,165,400	2,313,380
42. South Dakota	SD	0	0	0	0	0	0
43. Tennessee	TN	33,220,279	30,625,915	18,723,570	19,709,280	15,282,774	11,825,624
44. Texas	TX	623,262	355,481	0	11,360	441,575	157,062
45. Utah	UT	14,476	600	0	0	3,037	1,287
46. Vermont	VT	0	0	0	0	0	0
47. Virginia	VA	2,674,197	2,432,244	415,686	903,078	4,425,199	1,423,490
48. Washington	WA	23	263	0	0	1,750	3,091
49. West Virginia	WV	27,586,495	24,005,587	16,374,687	14,508,114	16,081,451	10,389,599
50. Wisconsin	WI	993,977	799,213	1,377,994	373,092	691,563	653,133
51. Wyoming	WY	43,839	47,183	19,414	10,237	30,391	27,335
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	XXX	610,547,423	558,176,188	382,224,353	442,463,578	394,176,296	321,608,561
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..... 36 4. Q - Qualified - Qualified or accredited reinsurer..... 0
 2. R - Registered - Non-domiciled RRGs..... 0 5. D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state authorized to write surplus lines in the state of domicile..... 0
 (other than their state of domicile - see DSLI)..... 0 6. N - None of the above - Not allowed to write business in the state..... 21

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company

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



* These companies are members of the following pooling arrangement beginning 09/30/2021:

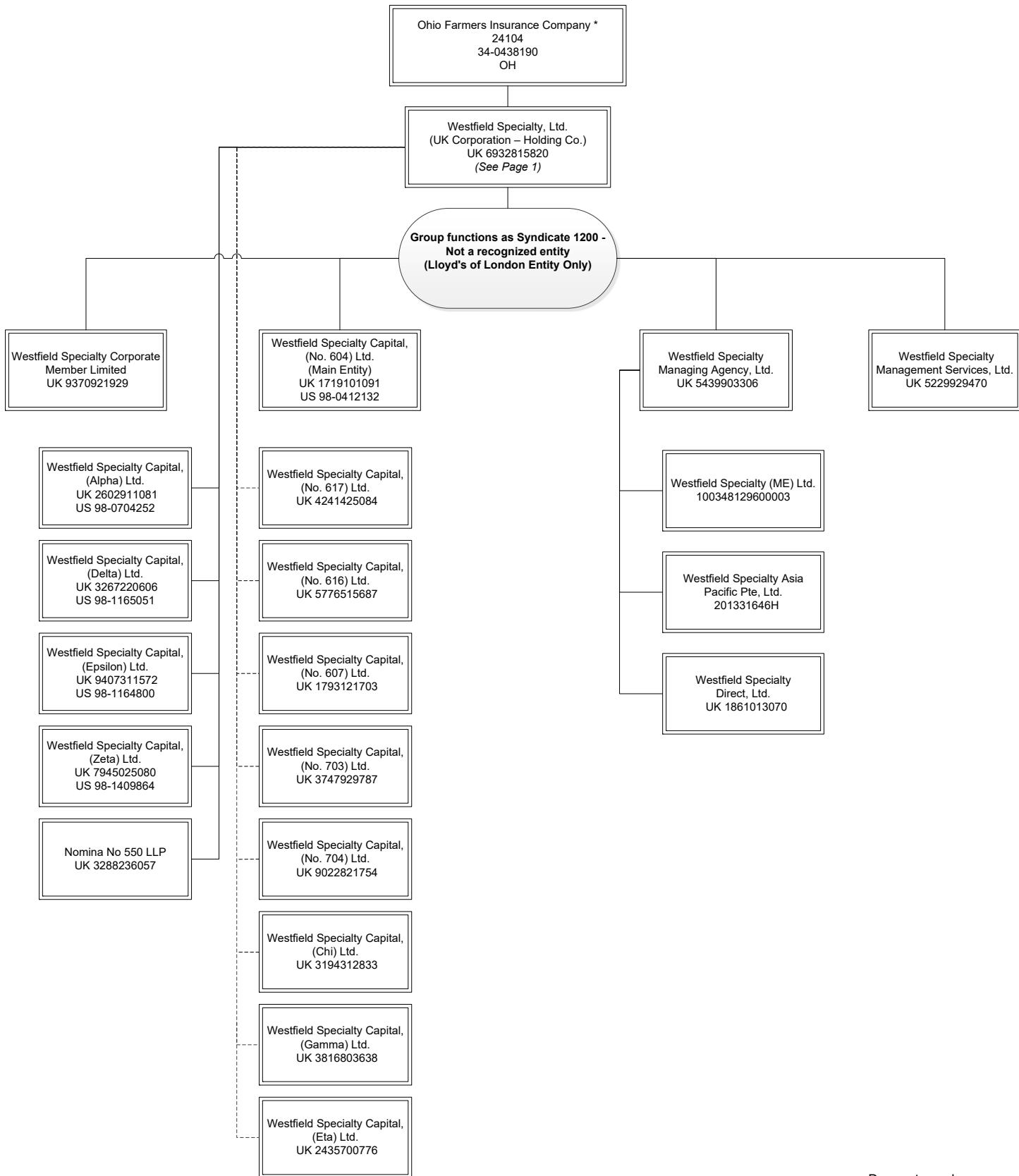
Ohio Farmers Insurance Company	19.0%
Westfield Insurance Company	54.0%
Westfield National Insurance Company	13.0%
American Select Insurance Company	5.0%
Old Guard Insurance Company	9.0%
Westfield Champion Insurance Company	0.0%
Westfield Premier Insurance Company	0.0%
Westfield Select Insurance Company	0.0%
Westfield Specialty Insurance Company	0.0%
Westfield Superior Insurance Company	0.0%
Westfield Touchstone Insurance Company	0.0%
Total	100%

----- Dormant members

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company

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

PART 1 – ORGANIZATIONAL CHART (cont.)



----- Dormant members

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary 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 Re-quired? (Yes/No)	*
.0228	OFIC & Affiliates	24104	34-0438190	0	0		Ohio Farmers Insurance Company .....	.OH...	.UDP...	NA	NA	0.000	NA	NO	1
.0228	OFIC & Affiliates	24112	34-6516838	0	0		Westfield Insurance Company .....	.OH...	.IA...	Ohio Farmers Insurance Company	Ownership...	100.000	Ohio Farmers Insurance Company	NO	0
.0228	OFIC & Affiliates	24120	34-1022544	0	0		Westfield National Insurance Company .....	.OH...	.IA...	Ohio Farmers Insurance Company	Ownership...	100.000	Ohio Farmers Insurance Company	NO	0
.0228	OFIC & Affiliates	19992	31-6016426	0	0		American Select Insurance Company .....	.OH...	.RE...	Ohio Farmers Insurance Company	Ownership...	100.000	Ohio Farmers Insurance Company	NO	0
.0228	OFIC & Affiliates	17558	23-0929640	0	0		Old Guard Insurance Company .....	.OH...	.IA...	Ohio Farmers Insurance Company	Ownership...	100.000	Ohio Farmers Insurance Company	NO	0
.0228	OFIC & Affiliates	16447	32-0569613	0	0		Westfield Champion Insurance Company .....	.OH...	.IA...	Ohio Farmers Insurance Company	Ownership...	100.000	Ohio Farmers Insurance Company	NO	0
.0228	OFIC & Affiliates	16450	83-0887963	0	0		Westfield Premier Insurance Company .....	.OH...	.IA...	Ohio Farmers Insurance Company	Ownership...	100.000	Ohio Farmers Insurance Company	NO	0
.0228	OFIC & Affiliates	17105	86-3786390	0	0		Westfield Select Insurance Company .....	.OH...	.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, (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 SEPTEMBER 30, 2024 OF THE American Select 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 Domi- ciliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (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 SEPTEMBER 30, 2024 OF THE American Select 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	616,345	(258,188)	(41.9)	177.3
2.1 Allied Lines	772,732	74,855	9.7	(48.8)
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	8,758,480	5,486,643	62.6	71.7
4. Homeowners multiple peril	206,244,310	210,817,768	102.2	152.9
5.1 Commercial multiple peril (non-liability portion)	20,483,125	13,359,482	65.2	106.5
5.2 Commercial multiple peril (liability portion)	10,064,375	4,097,857	40.7	21.6
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9.1 Inland marine	11,090,057	2,968,071	26.8	20.4
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	2,410,070	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	7,090,381	3,769,125	53.2	32.8
17.1 Other liability - occurrence	16,756,256	5,824,620	34.8	13.3
17.2 Other liability - claims-made	197,617	24,570	12.4	(7.2)
17.3 Excess workers' compensation	0	0	0.0	0.0
18.1 Products liability - occurrence	221,840	2,551	1.1	13.1
18.2 Products liability - claims-made	0	0	0.0	0.0
19.1 Private passenger auto no-fault (personal injury protection)	9,607,739	12,209,169	127.1	59.9
19.2 Other private passenger auto liability	108,315,141	77,738,534	71.8	64.2
19.3 Commercial auto no-fault (personal injury protection)	103,425	38,566	37.3	3.1
19.4 Other commercial auto liability	13,169,050	7,247,143	55.0	30.2
21.1 Private passenger auto physical damage	152,368,238	80,564,018	52.9	71.0
21.2 Commercial auto physical damage	6,193,257	4,040,274	65.2	53.9
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	98,196	5,848	6.0	1.1
24. Surety	0	0	0.0	0.0
26. Burglary and theft	7,252	(11)	(0.2)	41.6
27. Boiler and machinery	2,184,592	813,784	37.3	24.5
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	576,752,478	428,824,679	74.4	93.8
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select 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	75,582	544,971	629,837
2.1 Allied Lines	132,796	805,889	856,982
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	2,190,909	9,355,223	7,611,501
4. Homeowners multiple peril	81,346,425	223,228,707	198,982,834
5.1 Commercial multiple peril (non-liability portion)	7,312,569	19,953,528	17,222,882
5.2 Commercial multiple peril (liability portion)	3,249,682	10,427,823	9,744,981
6. Mortgage guaranty	0	0	0
8. Ocean marine	0	0	0
9.1 Inland marine	4,136,600	11,294,243	11,245,123
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	771,073	2,378,074	2,504,613
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	1,225,321	6,512,877	6,901,495
17.1 Other liability - occurrence	6,190,188	17,801,488	16,932,837
17.2 Other liability - claims-made	61,773	198,004	177,379
17.3 Excess workers' compensation	0	0	0
18.1 Products liability - occurrence	265,641	344,840	307,617
18.2 Products liability - claims-made	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	3,143,701	8,908,746	10,043,781
19.2 Other private passenger auto liability	39,633,250	111,871,950	108,506,983
19.3 Commercial auto no-fault (personal injury protection)	49,434	118,288	99,159
19.4 Other commercial auto liability	5,782,152	15,341,347	12,782,661
21.1 Private passenger auto physical damage	57,954,036	162,155,939	145,998,898
21.2 Commercial auto physical damage	2,459,623	6,965,022	5,618,269
22. Aircraft (all perils)	0	0	0
23. Fidelity	39,536	99,996	94,735
24. Surety	0	0	0
26. Burglary and theft	3,359	8,579	6,927
27. Boiler and machinery	800,352	2,231,890	1,906,693
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	216,824,002	610,547,424	558,176,187
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select 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	12,588	20,685	33,273	7,157	1,149	8,306	7,515	679	15,910	24,104	2,083	(2,947)	(864)
2. 2022	6,792	15,491	22,283	4,357	1,101	5,458	4,769	551	11,010	16,330	2,334	(2,828)	(495)
3. Subtotals 2022 + Prior	19,381	36,176	55,556	11,514	2,250	13,764	12,284	1,230	26,920	40,434	4,417	(5,775)	(1,358)
4. 2023	11,981	34,924	46,905	11,961	4,271	16,231	5,305	2,165	21,119	28,589	5,285	(7,370)	(2,085)
5. Subtotals 2023 + Prior	31,362	71,100	102,461	23,474	6,521	29,995	17,590	3,395	48,038	69,023	9,702	(13,145)	(3,443)
6. 2024	XXX	XXX	XXX	XXX	27,963	27,963	XXX	10,306	41,055	51,361	XXX	XXX	XXX
7. Totals	31,362	71,100	102,461	23,474	34,484	57,959	17,590	13,701	89,093	120,384	9,702	(13,145)	(3,443)
8. Prior Year-End Surplus As Regards Policyholders		139,914									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. 30.9	2. (18.5)	3. (3.4)
													4. (2.5)

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

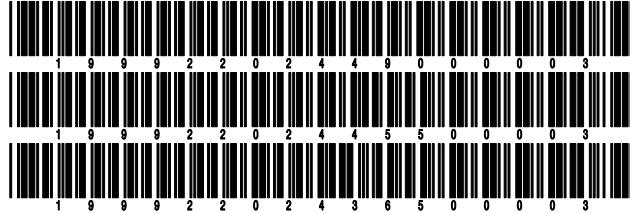
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
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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 SEPTEMBER 30, 2024 OF THE American Select 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	274,926,264	281,681,673
2. Cost of bonds and stocks acquired	24,107,300	14,883,869
3. Accrual of discount	488,020	431,818
4. Unrealized valuation increase/(decrease)	164,458	(5,448,248)
5. Total gain (loss) on disposals	4,369,338	4,515,230
6. Deduct consideration for bonds and stocks disposed of	11,851,757	19,754,118
7. Deduct amortization of premium	964,274	1,383,960
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)	291,239,349	274,926,264
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	291,239,349	274,926,264

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	219,102,275	5,800,414	1,341,253	(2,099,593)	206,286,400	219,102,275	221,461,843	207,777,251
2. NAIC 2 (a)	22,427,164	0	0	1,952,980	22,436,317	22,427,164	24,380,144	20,765,890
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	241,529,439	5,800,414	1,341,253	(146,613)	228,722,717	241,529,439	245,841,987	228,543,141
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	241,529,439	5,800,414	1,341,253	(146,613)	228,722,717	241,529,439	245,841,987	228,543,141

(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 \$4,372,138 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SI02

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
7709999999 Totals	4,372,138	XXX	4,372,138	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of short-term investments acquired	4,372,138	0
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	0	0
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)	4,372,138	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	4,372,138	0

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	4,924,894	9,598,276
2. Cost of cash equivalents acquired	11,120,956	21,361,980
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	14,718,254	26,035,362
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)	1,327,596	4,924,894
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,327,596	4,924,894

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 SEPTEMBER 30, 2024 OF THE American Select 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
3136BS-GB-5	FNMA 2% REMIC 2024-25 EB 5.500% 05/25/51		07/29/2024	Wells Fargo		1,428,277	1,430,065	6,336	1.A
0909999999. Subtotal - Bonds - U.S. Special Revenues						1,428,277	1,430,065	6,336	XXX
2509999997. Total - Bonds - Part 3						1,428,277	1,430,065	6,336	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						1,428,277	1,430,065	6,336	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
03027X-10-0	AMERICAN TOWER CORP REIT		09/23/2024	Evercore ISI	3,000,000	705,221		0	.....
58933Y-10-5	MERCK & CO INC		09/03/2024	Evercore ISI	5,500,000	642,461		0	.....
5019999999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded						1,347,682	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3						1,347,682	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						1,347,682	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks						1,347,682	XXX	0	XXX
.....
.....
.....
.....
6009999999 - Totals						2,775,959	XXX	6,336	XXX

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company

SCHEDULE D - PART 4

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

E05

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE American Select Insurance Company

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22		
										11	12	13	14	15									
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amor-tization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modification and SVO Administrative Symbol		
..31410G-KU-6	FNMA PASS THRU POOL 888707 7.50% 10/01/37	.....	09/01/2024	Paydown .....	.....	1,498	.....1,498	.....1,575	.....1,550	.....0	.....(52)	.....0	.....(52)	.....0	.....1,498	.....0	.....0	.....0	.....0	.....75	10/01/2037	1.A FE	
..31412F-H4-8	FNMA PASS THRU POOL 923751 7.00% 04/01/37	.....	09/01/2024	Paydown .....	.....	77	.....77	.....79	.....78	.....0	.....(1)	.....0	.....(1)	.....0	.....0	.....77	.....0	.....0	.....0	.....0	.....4	04/01/2037	1.A FE
..31412M-A9-9	FNMA PASS THRU POOL 928932 6.50% 11/01/37	.....	09/01/2024	Paydown .....	.....	706	.....706	.....728	.....726	.....0	.....(20)	.....0	.....(20)	.....0	.....0	.....706	.....0	.....0	.....0	.....0	.....31	11/01/2037	1.A FE
..31418A-VV-7	FNMA PASS THRU POOL MA1527 3.00% 08/01/33	.....	09/01/2024	Paydown .....	.....	7,483	.....7,483	.....7,533	.....7,509	.....0	.....(26)	.....0	.....(26)	.....0	.....0	.....7,483	.....0	.....0	.....0	.....0	.....150	08/01/2033	1.A FE
..31418F-A7-2	FNMA PASS THRU POOL MA5429 5.50% 06/01/44	.....	09/01/2024	Paydown .....	.....	54,156	.....54,156	.....54,731	.....0	.....0	.....(575)	.....0	.....(575)	.....0	.....0	.....54,156	.....0	.....0	.....0	.....0	.....524	06/01/2044	1.A
..491552-UY-9	KENTUCKY ST TURNPIKE ECON TAXABLE DEV ROAD SER B REV_5.244% 07/01/25	.....	08/08/2024	Paydown Redemption 100.0000	.....	375,000	.....375,000	.....417,199	.....375,000	.....0	.....0	.....0	.....0	.....0	.....375,000	.....0	.....0	.....0	.....0	.....20,689	07/01/2025	1.D FE	
0909999999. Subtotal - Bonds - U.S. Special Revenues										1,205,084	1,205,084	1,254,945	527,953	0	(7,113)	0	(7,113)	0	1,205,084	0	0	0	36,525 XXX XXX
2509999997. Total - Bonds - Part 4										1,341,253	1,341,253	1,378,274	546,574	0	5,823	0	5,823	0	1,341,253	0	0	0	37,655 XXX XXX
2509999998. Total - Bonds - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX XXX		
2509999999. Total - Bonds										1,341,253	1,341,253	1,378,274	546,574	0	5,823	0	5,823	0	1,341,253	0	0	0	37,655 XXX XXX
4509999997. Total - Preferred Stocks - Part 4										0	XXX	0	0	0	0	0	0	0	0	0	0	XXX XXX	
4509999998. Total - Preferred Stocks - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX XXX		
4509999999. Total - Preferred Stocks										0	XXX	0	0	0	0	0	0	0	0	0	0	XXX XXX XXX	
..075887-10-9	BECTON DICKINSON & CO	.....	07/23/2024	Strategas Research Partners .....	.....2,000,000	462,890	.....531,333	.....487,660	.....43,673	.....0	.....0	.....0	.....43,673	.....0	.....531,333	.....0	.....(68,443)	.....(68,443)	.....3,800	.....	.....
5019999999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded										462,890	XXX	531,333	487,660	43,673	0	0	43,673	0	531,333	0	.....(68,443)	.....(68,443)	.....3,800 XXX XXX
5989999997. Total - Common Stocks - Part 4										462,890	XXX	531,333	487,660	43,673	0	0	43,673	0	531,333	0	.....(68,443)	.....(68,443)	.....3,800 XXX XXX
5989999998. Total - Common Stocks - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX XXX		
5989999999. Total - Common Stocks										462,890	XXX	531,333	487,660	43,673	0	0	43,673	0	531,333	0	.....(68,443)	.....(68,443)	.....3,800 XXX XXX
5999999999. Total - Preferred and Common Stocks										462,890	XXX	531,333	487,660	43,673	0	0	43,673	0	531,333	0	.....(68,443)	.....(68,443)	.....3,800 XXX XXX
6009999999 - Totals										1,804,143	XXX	1,909,607	1,034,234	43,673	5,823	0	49,496	0	1,872,586	0	.....(68,443)	.....(68,443)	.....41,455 XXX XXX

E05. 1

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 SEPTEMBER 30, 2024 OF THE American Select Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

E14



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE American Select Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2024

NAIC Group Code 0228

NAIC Company Code 19992

Company Name American Select 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: \$ 6,609

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