



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

Century Surety Company

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

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

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address www.ameritrustgroup.com

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

OFFICERS

President Cheung Kwan

Secretary Bobbi Jo Elliott

Treasurer Anthony George Phillips

OTHER

DIRECTORS OR TRUSTEES

Lisa Marie Corless

Tricia Ann Keith

Cheung Kwan

Anthony George Phillips

John Stephen Roberts

State of Michigan

County of Ingham

SS:

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

Cheung KwanPresident

Bobbi Jo ElliottSecretary

Anthony George PhillipsTreasurer

Subscribed and sworn to before me this 13 day of November 2024

a. Is this an original filing?Yes [X] No []

b. If no,1. State the amendment number.....2. Date filed3. Number of pages attached.....

Jeannette UwimanaNotary Public - State of Michigan, County of InghamMy Commission Expires May 28, 2029

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

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	40,710,742		40,710,742	40,558,465
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	41,112,305		41,112,305	40,833,447
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$59,515,719), cash equivalents (\$2,959,206) and short-term investments (\$)	62,474,925		62,474,925	16,764,984
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	29,755		29,755	
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	144,327,728		144,327,728	98,156,896
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	280,194		280,194	286,255
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				1,581,059
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	21,920		21,920	
18.2 Net deferred tax asset	41,038	41,038		
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	247,764		247,764	3,874
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	1,182,947		1,182,947	1,020,613
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	146,101,590	41,038	146,060,552	101,048,697
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	146,101,590	41,038	146,060,552	101,048,697
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Miscellaneous Receivables	1,142,155		1,142,155	993,418
2502. Other Assets – Miscellaneous	40,792		40,792	27,195
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,182,947		1,182,947	1,020,613

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges	15,667,450	4,999,666
5. Other expenses (excluding taxes, licenses and fees)	265	47,729
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	65,215	67,200
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		46,134
7.2 Net deferred tax liability	33,900	5,029
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 216,459,440 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	23,494,389	
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	10,605,600	657,791
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	54,543	70,035
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	49,921,361	5,893,584
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	49,921,361	5,893,584
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,000,000	3,000,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	86,467,199	86,467,199
35. Unassigned funds (surplus)	6,671,992	5,687,914
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	96,139,191	95,155,113
38. Totals (Page 2, Line 28, Col. 3)	146,060,552	101,048,697
DETAILS OF WRITE-INS		
2501. Escheat Claims	54,543	46,711
2502. Miscellaneous Payables		23,324
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	54,543	70,035
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$373,959,877)	357,795,917	290,525,846	
1.2 Assumed (written \$)			
1.3 Ceded (written \$373,959,877)	357,795,917	290,525,846	
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	129,018,515	143,512,562	
2.2 Assumed			
2.3 Ceded	129,018,515	143,512,562	
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	818,346	726,848	990,649
10. Net realized capital gains (losses) less capital gains tax of \$(640)	(2,409)	(2,205)	(3,318)
11. Net investment gain (loss) (Lines 9 + 10)	815,937	724,643	987,331
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$(1,207))	1,207		
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income		258,109	258,109
15. Total other income (Lines 12 through 14)	1,207	258,109	258,109
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	817,144	982,752	1,245,440
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	817,144	982,752	1,245,440
19. Federal and foreign income taxes incurred	142,572	173,459	219,889
20. Net income (Line 18 minus Line 19)(to Line 22)	674,572	809,293	1,025,551
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	95,155,113	93,275,519	93,275,519
22. Net income (from Line 20)	674,572	809,293	1,025,551
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$12,499	325,878	561,520	834,515
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(26,846)	(12,077)	(18,762)
27. Change in nonadmitted assets	10,474	16,437	38,290
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37).....	984,079	1,375,173	1,879,594
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	96,139,191	94,650,692	95,155,113
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income		258,109	258,109
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)		258,109	258,109
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	23,494,389	0	
2. Net investment income	989,690	905,520	1,284,332
3. Miscellaneous income	1,207	258,109	258,109
4. Total (Lines 1 to 3)	24,485,286	1,163,629	1,542,441
5. Benefit and loss related payments	(1,581,059)	(5,291,165)	(4,787,258)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	(10,618,335)	(959,591)	(3,002,429)
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ (640) tax on capital gains (losses)	209,986	91,905	179,697
10. Total (Lines 5 through 9)	(11,989,409)	(6,158,851)	(7,609,991)
11. Net cash from operations (Line 4 minus Line 10)	36,474,695	7,322,480	9,152,431
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,937,331	5,765,103	7,049,584
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds		22	22
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,937,331	5,765,125	7,049,606
13. Cost of investments acquired (long-term only):			
13.1 Bonds	5,198,302	2,459,916	2,872,428
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	29,755		
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,228,057	2,459,916	2,872,428
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(290,727)	3,305,209	4,177,178
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	9,525,973	(251,284)	(670,876)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	9,525,973	(251,284)	(670,876)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	45,709,942	10,376,405	12,658,734
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	16,764,984	4,106,250	4,106,250
19.2 End of period (Line 18 plus Line 19.1)	62,474,925	14,482,655	16,764,984

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

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NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

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

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The NAIC Accounting Practices and Procedures Manual – Effective January 1, 2001 (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Company has no such deviations as of September 30, 2024.

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

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 674,572	\$ 1,025,551
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 674,572	\$ 1,025,551
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 96,139,191	\$ 95,155,113
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 96,139,191	\$ 95,155,113

- B. Use of Estimates in the Preparation of the Financial Statements - No significant change
- C. Accounting Policy
1., 3.-5., 7.-13. No significant change
2. Bonds not backed by other loans are stated at amortized cost using the scientific method. Bonds with NAIC designations of 3 through 6 are stated at the lower of amortized cost or fair value.
6. Loan-backed securities are stated at amortized cost. Significant changes in estimated cash flows from the original purchase assumptions are accounted for using the prospective method. Loan-backed securities with NAIC designations of 3 through 6 are stated at the lower of amortized cost or fair value.
- The carrying value and final NAIC designation for non-agency residential mortgage backed securities and commercial mortgage backed securities are determined using a special two-step NAIC process. In the first step, those assigned a NAIC designation of 1 or 2 are stated at amortized cost and those assigned a 3 through 6 designation are stated at the lower of amortized cost or fair value. The NAIC designation assigned under the second step of the process is reported for those securities in Schedule D and is used in the risk-based capital calculation.
- D. Going Concern
After consideration by management, there is no substantial doubt about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

No significant change

NOTE 3 Business Combinations and Goodwill

Not applicable

NOTE 4 Discontinued Operations

Not applicable

NOTE 5 Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not applicable
- B. Debt Restructuring - Not applicable
- C. Reverse Mortgages - Not applicable
- D. Loan-Backed Securities
- (1) Our asset manager uses a proprietary model for loss assumptions and widely accepted models for prepayment assumptions in valuing mortgage-backed and asset-backed securities; inputs come from major third party data providers. The effect of interest rates, volatility, and prepayment speeds are derived using Monte Carlo simulation. Credit loss analysis, resulting effective analytics (spreads, duration, convexity) and cash-flows are reported to clients on a monthly basis. Model assumptions are specific to asset class and collateral types and are regularly evaluated and adjusted where appropriate.

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

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

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

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

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

a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ 3,480
2. 12 Months or Longer	\$ 624,411

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

1. Less than 12 Months	\$ 1,230,161
2. 12 Months or Longer	\$ 2,787,160

(5) There are a number of factors that are considered in determining if there is not an OTTI on an investment, including but not limited to, debt burden, credit ratings, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream, and economic prospects associated with the investment.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not applicable
- J. Real Estate - Not applicable
- K. Low Income Housing Tax Credits (LIHTC) - Not applicable
- L. Restricted Assets - No significant change
- M. Working Capital Finance Investments - Not applicable
- N. Offsetting and Netting of Assets and Liabilities - Not applicable
- O. 5GI Securities - Not applicable
- P. Short Sales - Not applicable
- Q. Prepayment Penalty and Acceleration Fees - Not applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type - Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 7 Investment Income

No significant change

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

No significant change

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

No significant change

NOTE 11 Debt

A. The Company has no capital note obligations, debentures, commercial paper, bank loans or lines of credit outstanding at September 30, 2024.

B. FHLB (Federal Home Loan Bank) Agreements - Not applicable

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

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

No significant change

NOTE 14 Liabilities, Contingencies and Assessments

No significant change

NOTE 15 Leases

Not applicable

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales - Not applicable

B. Transfer and Servicing of Financial Assets - Not applicable

C. Wash Sales

There are no wash sales as of September 30, 2024.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

NOTE 20 Fair Value Measurements

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

(1) Fair Value Measurements at Reporting Date

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the following table.

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

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

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

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
MM Mutual Fund, Exempt	\$ 772,187	\$ -	\$ -	\$ -	\$ 772,187
MM Mutual Fund, Other	\$ 2,187,019	\$ -	\$ -	\$ -	\$ 2,187,019
Bonds, Indust. & Misc.			\$ 1,105,056		\$ 1,105,056
Total assets at fair value/NAV	\$ 2,959,206	\$ -	\$ 1,105,056	\$ -	\$ 4,064,262

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

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

Description	Ending Balance as of Prior Quarter End	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for Current Quarter End
a. Assets										
Bonds, Indust. & Misc.	\$ 1,040,502				\$ 64,553					\$ 1,105,055
Total Assets	\$ 1,040,502	\$ -	\$ -	\$ -	\$ 64,553	\$ -	\$ -	\$ -	\$ -	\$ 1,105,055

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

NOTES TO FINANCIAL STATEMENTS

- (4) The estimated fair values of the Company's investments are based on prices provided by a third party pricing service and a third party investment manager. The prices provided by these services are based on quoted market prices, when available; non-binding broker quotes, or matrix pricing. The Company has not historically adjusted security prices.
- For corporate, government and municipal bonds, the third party pricing service utilizes a pricing model with standard inputs that include benchmark yields, reported trades, issuer spreads, two-sided markets, benchmark securities, market bids / offers, and other reference data observable in the marketplace. The model uses the option adjusted spread methodology and is a multi-dimensional relational model. All bonds valued under these techniques are classified as Level 2.
- For asset-backed, residential mortgage-backed and commercial mortgage-backed securities, the third party pricing service valuation methodology includes consideration of interest rate movements, new issue data, monthly remittance reports and other pertinent data that is observable in the marketplace. This information is used to determine the cash flows for each tranche and identifies the inputs to be used such as benchmark yields, prepayment assumptions and collateral performance. All asset-backed, residential mortgage-backed and commercial mortgage-backed securities valued under these methods are classified as Level 2.
- For all assets where readily observable pricing methods are not available the third party investment manager will price the asset using a combination of non-binding broker / dealer quotes, benchmarking techniques, and sector specific knowledge. All assets priced by using this methodology are classified as Level 3.

(5) Not applicable.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, Cash Equivalents and Short Term	\$ 62,474,925	\$ 62,474,925	\$ 62,474,925				
Bonds, Indust. & Misc.	\$ 38,889,645	\$ 40,710,742		\$ 37,349,235	\$ 1,540,410		

- D. Not Practicable to Estimate Fair Value - Not applicable
- E. Not applicable.

NOTE 21 Other Items
No significant change

NOTE 22 Events Subsequent
Type I – Recognized Subsequent Events:
There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

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

NOTE 23 Reinsurance
No significant change

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination
Not applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses
Refer to Note 26 of the annual statement regarding the details of the Intercompany Pooling Arrangement. The Company is reporting zero Net Premiums Earned, Losses and LAE Incurred, Underwriting Expenses, Unpaid Losses and LAE, and Unearned Premiums.

NOTE 26 Intercompany Pooling Arrangements
No significant change

NOTE 27 Structured Settlements
No significant change

NOTE 28 Health Care Receivables
Not applicable

NOTE 29 Participating Policies
Not applicable

NOTE 30 Premium Deficiency Reserves
No significant change

NOTE 31 High Deductibles
The Company has no high deductibles as of September 30, 2024.

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses
Not applicable

NOTE 33 Asbestos/Environmental Reserves
No significant change

NOTE 34 Subscriber Savings Accounts
Not applicable

NOTE 35 Multiple Peril Crop Insurance
Not applicable

NOTE 36 Financial Guaranty Insurance
Not applicable

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes [] No [X]
- 1.2

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

Yes [] No [X]
- 2.1

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

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

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

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

Yes [X] No []
- 3.2

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

Yes [X] No []
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
TRIARQ Health Alliance of Michigan, LLC became a wholly owned subsidiary of TRIARQ Health, LLC.
- 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	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

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

If yes, attach an explanation.

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

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

12/31/2023
- 6.2

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

12/31/2019
- 6.3

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

01/20/2021
- 6.4

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

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

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

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

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

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

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

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

Yes [] No [X]
- 8.2

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

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

Yes [X] No []
- 8.4

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

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Bricktown Capital, LLC	Detroit, Michigan	NO	NO	NO	YES

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

GENERAL INTERROGATORIES

- 9.1

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

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
.....
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3

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

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [X] No []
- 10.2

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

INVESTMENT

- 11.1

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

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
.....
12.

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

\$
13.

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

\$
- 14.1

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

Yes [X] No []
- 14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$ 40,833,447	\$ 41,112,305
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 40,833,447	\$ 41,112,305
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$
- 15.1

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

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.
.....
16.

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

16.1

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

\$

16.2

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

\$

16.3

Total payable for securities lending reported on the liability page.

\$

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

GENERAL INTERROGATORIES

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

1 Name of Custodian(s)	2 Custodian Address
The Northern Trust Company	333 South Wabash Avenue, Chicago IL 60604
U.S. Bank Trust & Custody Services	50 South 16th Street, Philadelphia, PA 19102

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Bricktown Capital, LLC	A.....
.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No [X]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
319290	Bricktown Capital, LLC	2549000B61KVCB6LOU24	SEC	NO.....
.....

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

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

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

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

Yes [] No [X]
- 3.1

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

Yes [] No [X]
- 3.2

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

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

Yes [] No [X]
- 4.2

If yes, complete the following schedule:

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

5.

Operating Percentages:
- 5.1

A&H loss percent

%
- 5.2

A&H cost containment percent

%
- 5.3

A&H expense percent excluding cost containment expenses

%
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

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

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

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

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

Yes [X] No []
- 7.1

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

Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories									
States, etc.		1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
			2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1.	Alabama	AL	E.....	6,206,389	4,838,180	395,195	741,291	4,350,758	3,572,081
2.	Alaska	AK	E.....	789,197	435,705	1,306	12,995	383,741	338,619
3.	Arizona	AZ	L.....	51,208	59,663		6,657	248,235	300,808
4.	Arkansas	AR	E.....	3,320,918	3,418,511	1,343,795	4,658,713	2,560,462	2,346,833
5.	California	CA	E.....	86,766,241	61,777,889	11,187,407	11,874,000	62,596,156	53,371,007
6.	Colorado	CO	E.....	5,637,635	4,484,297	1,324,366	2,721,031	6,191,903	4,915,607
7.	Connecticut	CT	E.....	2,900,868	2,331,112	1,572,394	298,987	2,687,594	4,117,119
8.	Delaware	DE	E.....	306,025	305,053	2,492,324	85,596	2,935,028	288,963
9.	District of Columbia	DC	E.....	630,013	471,596	19,260	8,458	331,248	245,240
10.	Florida	FL	E.....	91,586,851	96,922,330	21,551,346	17,381,809	82,572,357	70,418,844
11.	Georgia	GA	E.....	9,046,461	7,327,965	2,052,942	1,587,022	8,200,269	6,719,103
12.	Hawaii	HI	E.....	577,059	517,135	476,038	162,396	1,134,823	1,012,329
13.	Idaho	ID	E.....	1,052,369	1,023,772	453,941	4,861	979,740	726,083
14.	Illinois	IL	E.....	3,046,789	2,853,581	568,247	1,255,357	3,553,463	2,827,614
15.	Indiana	IN	E.....	2,201,548	1,790,681	169,198	451,985	1,630,940	1,194,854
16.	Iowa	IA	E.....	1,355,955	813,790	134,185	602,910	642,800	907,230
17.	Kansas	KS	E.....	1,630,616	1,070,577	164,591	2,109,616	1,231,471	940,376
18.	Kentucky	KY	E.....	2,678,126	2,328,675	586,410	2,579,623	2,377,766	2,020,038
19.	Louisiana	LA	E.....	7,859,639	9,822,143	2,150,016	2,864,872	9,628,331	9,527,581
20.	Maine	ME	E.....	784,368	639,397	633,895	94,111	900,630	555,702
21.	Maryland	MD	E.....	2,316,411	2,299,314	253,906	251,109	2,113,337	1,579,405
22.	Massachusetts	MA	E.....	3,732,254	3,220,919	1,240,178	2,233,334	2,831,457	2,377,792
23.	Michigan	MI	E.....	2,718,987	2,765,887	753,811	297,851	2,797,895	4,517,446
24.	Minnesota	MN	E.....	1,662,254	971,263	636,693	211,234	1,082,124	836,980
25.	Mississippi	MS	E.....	2,841,962	3,458,136	496,550	610,200	3,101,091	2,509,665
26.	Missouri	MO	E.....	1,389,533	888,476	316,143	945,463	2,292,358	2,133,879
27.	Montana	MT	E.....	1,317,870	1,464,425	743,220	92,562	1,339,624	926,665
28.	Nebraska	NE	E.....	1,363,075	959,696	37,102	143,330	1,125,488	804,183
29.	Nevada	NV	E.....	2,468,503	2,284,505	67,740	76,310	2,665,342	2,157,530
30.	New Hampshire	NH	E.....	684,947	447,398	34,595	301,691	865,688	609,685
31.	New Jersey	NJ	E.....	4,215,732	4,529,333	754,628	554,577	7,214,372	5,859,347
32.	New Mexico	NM	E.....	2,704,835	2,115,101	635,550	1,042,434	2,038,710	1,812,830
33.	New York	NY	E.....	19,584,138	23,993,757	2,797,939	7,021,886	56,551,682	41,892,162
34.	North Carolina	NC	E.....	6,450,655	4,698,958	916,272	477,221	5,346,986	4,181,826
35.	North Dakota	ND	E.....	781,083	688,368		22,358	1,486,437	357,732
36.	Ohio	OH	L.....	106,338	45,473	(3,000)	5,000	533,739	493,012
37.	Oklahoma	OK	E.....	2,416,149	2,253,087	94,816	106,777	2,217,042	1,690,115
38.	Oregon	OR	E.....	2,721,436	2,563,127	224,624	354,692	2,344,106	2,064,787
39.	Pennsylvania	PA	E.....	7,786,148	4,677,966	946,800	959,285	5,877,795	5,317,915
40.	Rhode Island	RI	E.....	804,860	461,345	170,084	195,122	574,914	520,241
41.	South Carolina	SC	E.....	5,146,543	3,696,358	1,041,644	361,006	2,921,323	2,370,005
42.	South Dakota	SD	E.....	386,412	324,993	1,015,000	24,893	528,152	1,019,492
43.	Tennessee	TN	E.....	3,295,011	3,164,161	377,199	2,102,654	3,012,102	2,477,478
44.	Texas	TX	E.....	58,221,055	56,466,701	17,097,880	21,386,522	54,039,516	41,993,962
45.	Utah	UT	E.....	1,462,751	1,449,630	1,064,707	301,067	1,848,743	1,244,588
46.	Vermont	VT	E.....	535,968	605,175	111,693	204,304	1,064,791	981,699
47.	Virginia	VA	E.....	3,586,365	3,239,455	872,287	223,001	3,409,279	2,354,268
48.	Washington	WA	E.....	2,176,688	1,785,222	955,472	917,350	1,697,129	2,459,393
49.	West Virginia	WV	E.....	922,873	405,239	15,962	26,251	232,680	122,059
50.	Wisconsin	WI	E.....	1,002,351	938,641	220,996	274,771	899,105	869,541
51.	Wyoming	WY	E.....	728,418	771,466	14,059	118,390	682,806	612,367
52.	American Samoa	AS	N.....						
53.	Guam	GU	N.....						
54.	Puerto Rico	PR	N.....						
55.	U.S. Virgin Islands	VI	N.....						
56.	Northern Mariana Islands	MP	N.....						
57.	Canada	CAN	N.....						
58.	Aggregate Other Alien OT	XXX							
59.	Totals	XXX		373,959,877	340,865,627	81,181,404	91,344,936	369,873,529	305,494,083
DETAILS OF WRITE-INS									
58001.	.....	XXX							
58002.	.....	XXX							
58003.	.....	XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX							
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX							

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

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

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

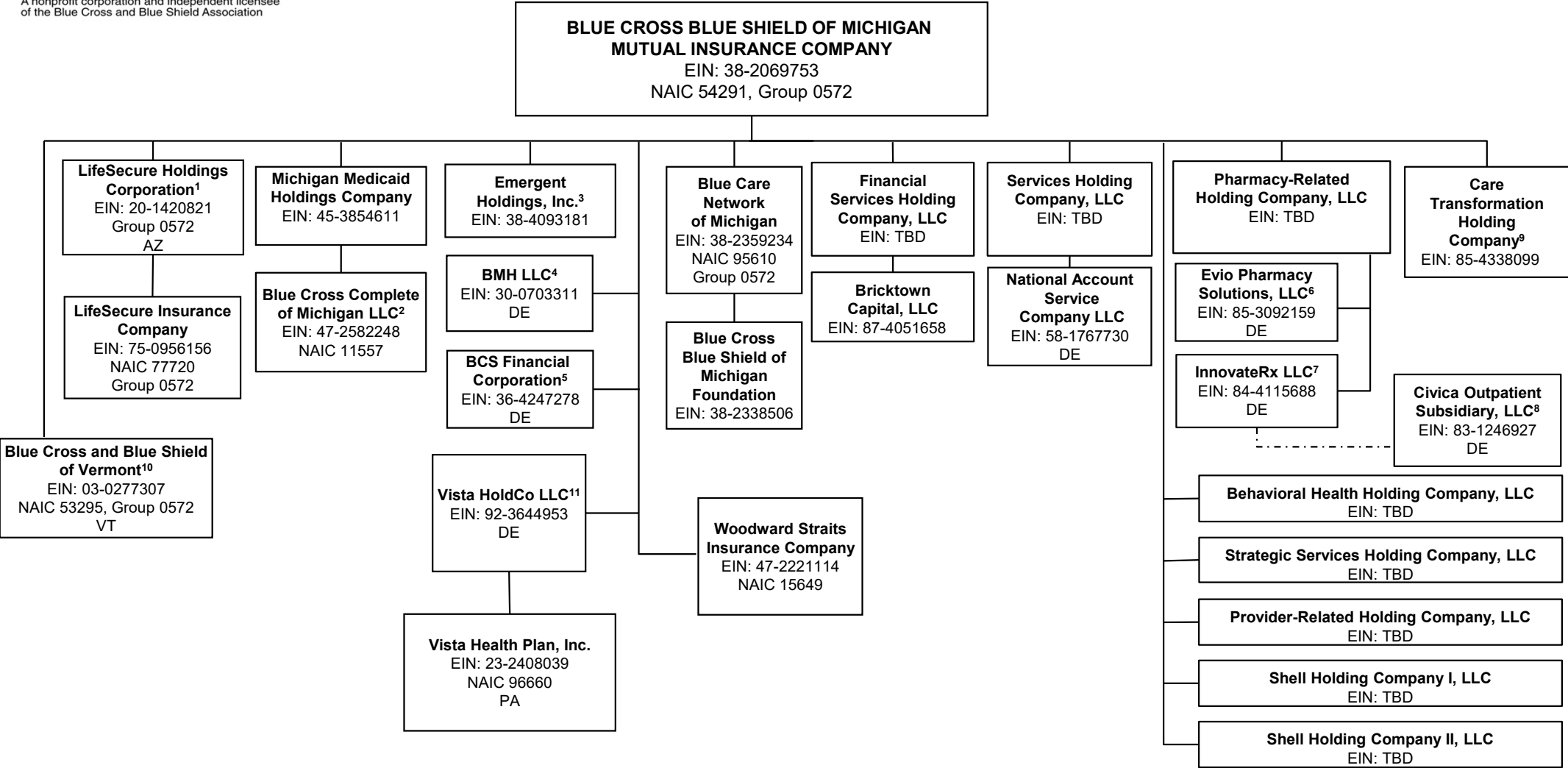
5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile.....

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



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

SUBSIDIARY & AFFILIATE ORGANIZATION CHART

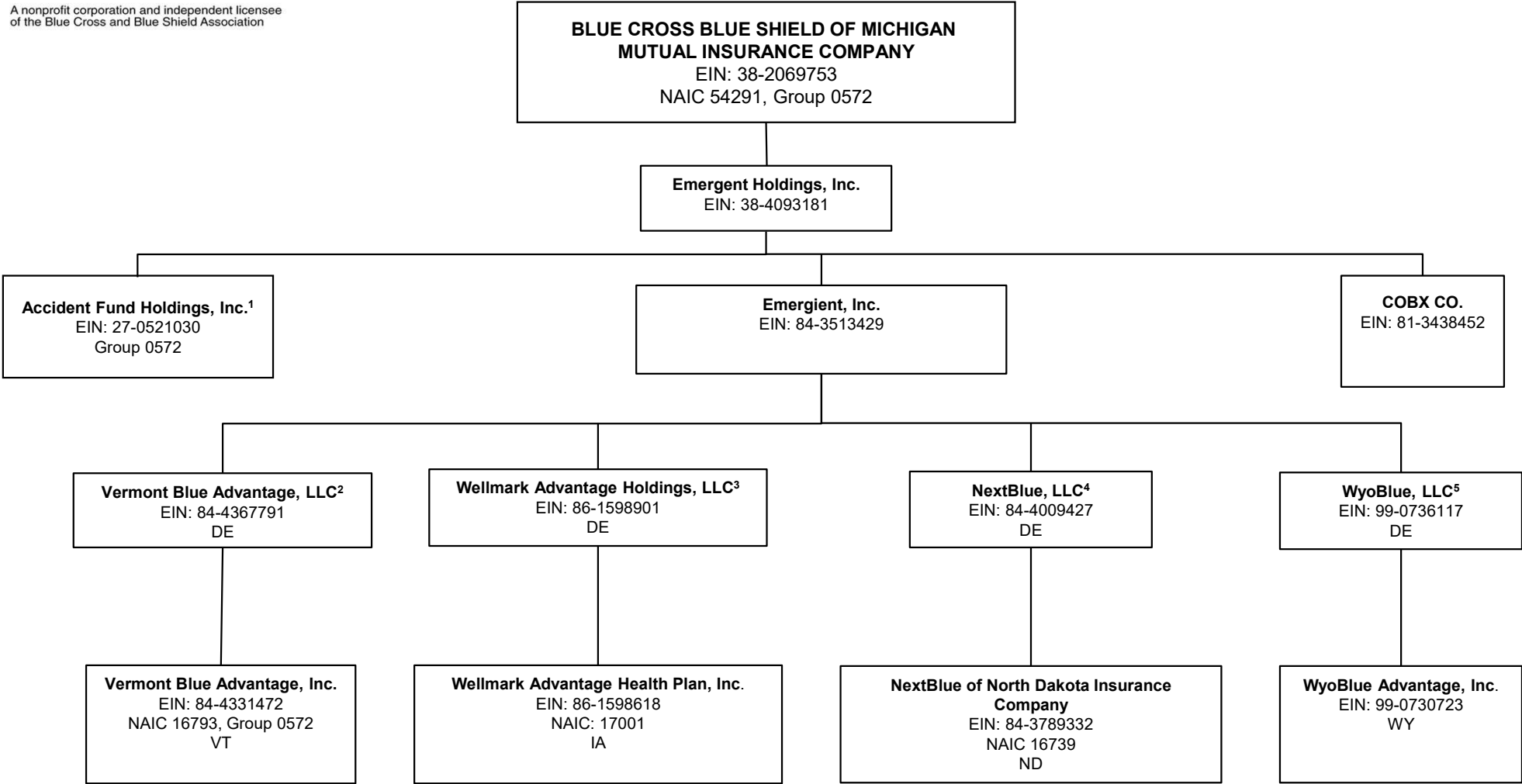


1 BCBSM owns an 80% stake of LifeSecure Holdings Corporation with the remaining 20% owned by BCS Financial Corporation.
2 Michigan Medicaid Holdings Company owns a 69.37% stake of Blue Cross Complete of Michigan LLC.
3 See pg. 2 for additional subsidiaries.
4 See pg. 4 for additional affiliates.
5 See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

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

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

SUBSIDIARY & AFFILIATE ORGANIZATION CHART



1

See page 3 for additional subsidiaries and affiliates.

2

Emergent, Inc. owns a 51% stake in Vermont Blue Advantage LLC with the remaining 49% owned by Blue Cross and Blue Shield of Vermont.

3

Emergent, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC.

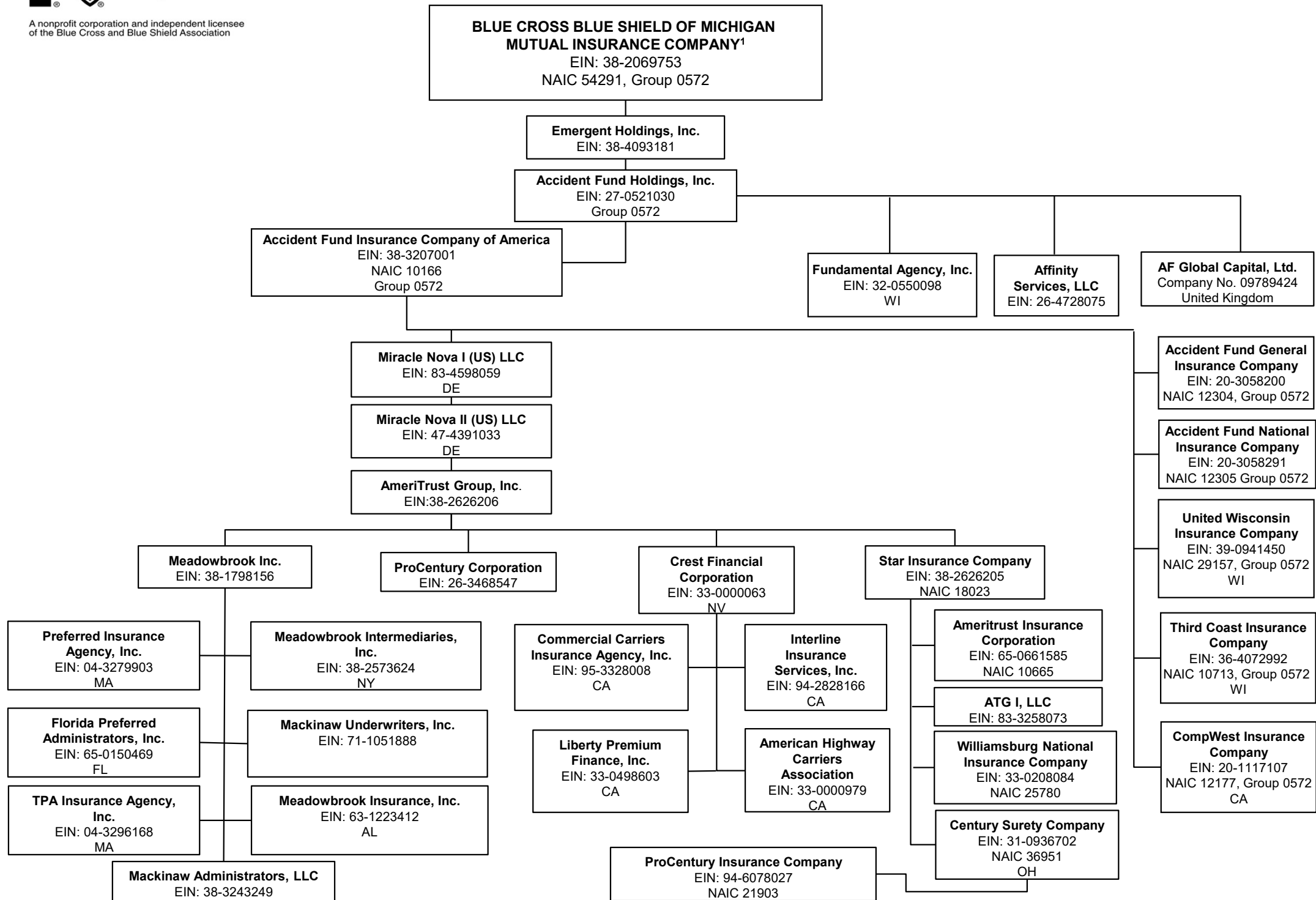
4

Emergent, Inc. owns a 51% stake in NextBlue, LLC.

5

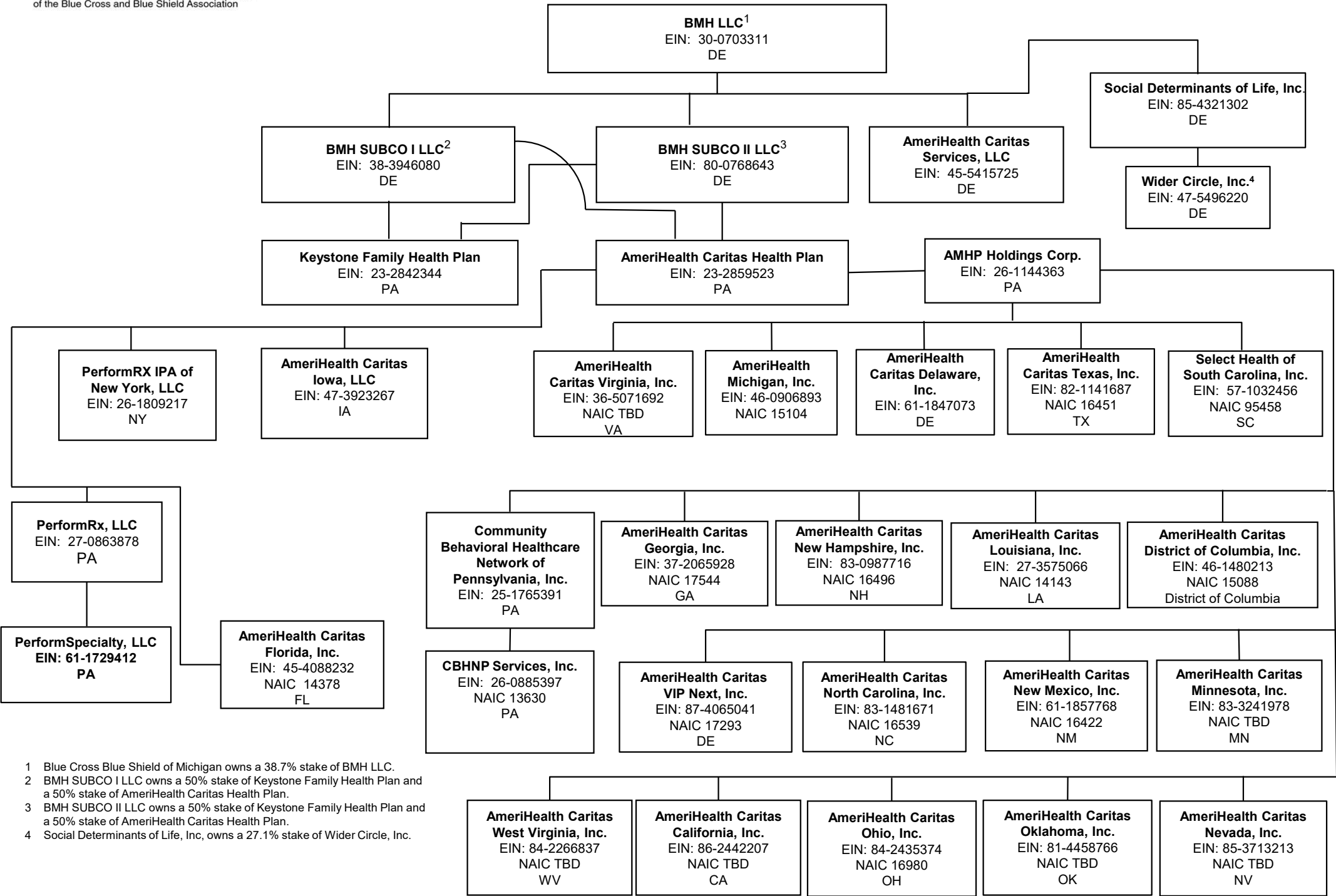
Emergent, Inc. owns a 51% stake in WyoBlue, LLC.

SUBSIDIARY & AFFILIATE ORGANIZATION CHART



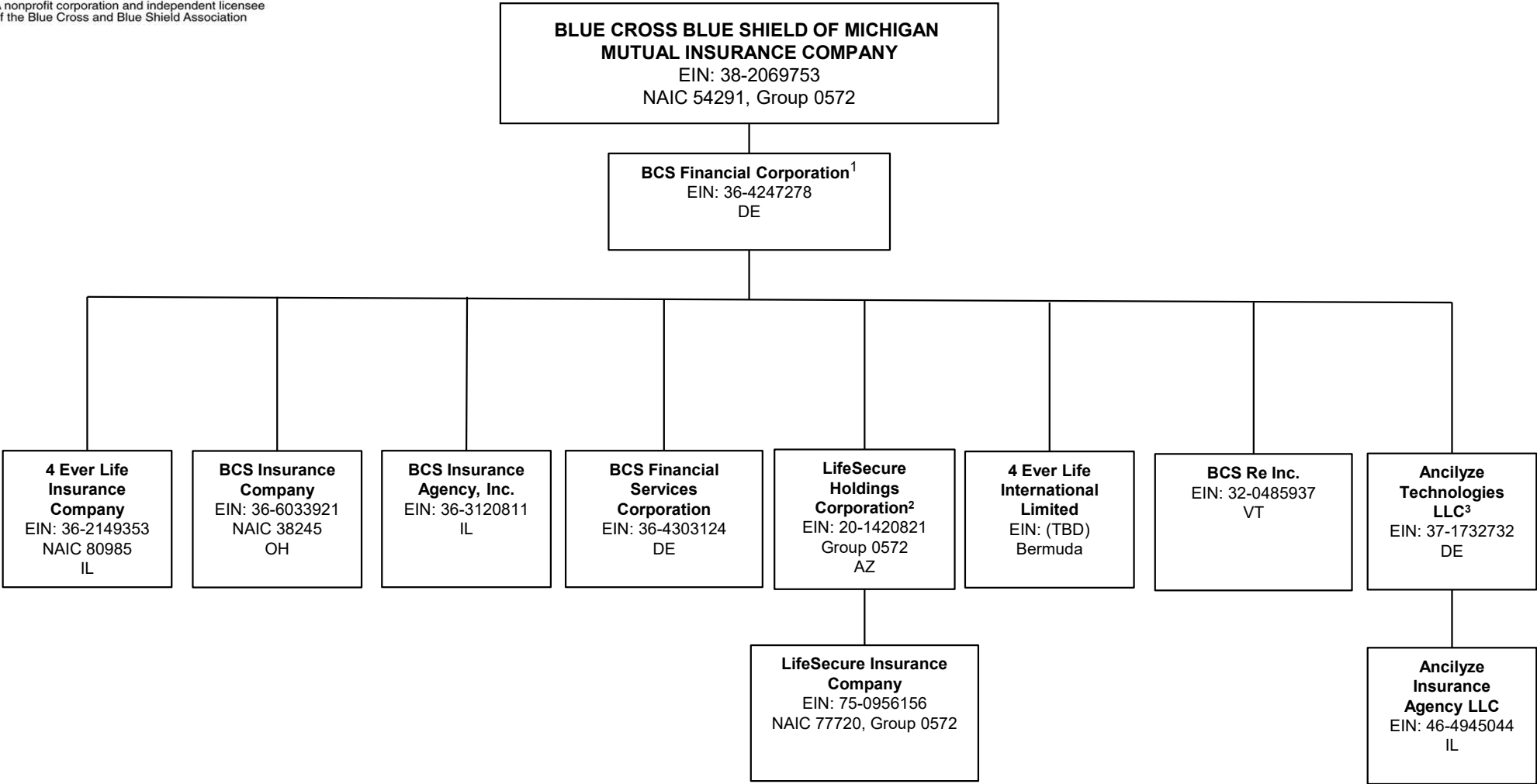
All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

SUBSIDIARY & AFFILIATE ORGANIZATION CHART



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

SUBSIDIARY & AFFILIATE ORGANIZATION CHART

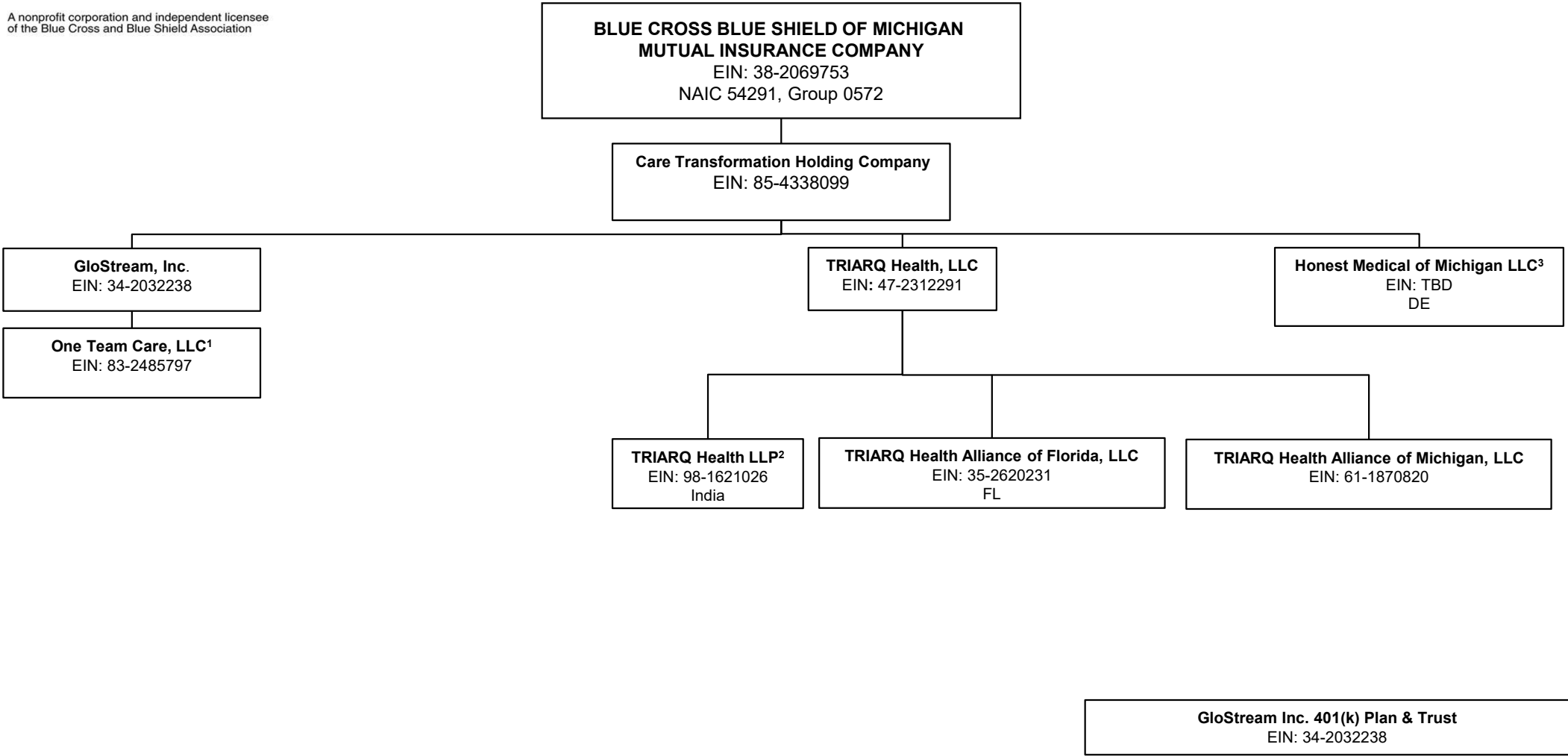


1 Blue Cross Blue Shield of Michigan owns 10.1% of BCS Financial Corporation Accident Fund Insurance Company of America owns 3.56% of BCS Financial Corporation.

2 BCS Financial owns a 20% stake in LifeSecure Holdings Corporation with the remaining 80% owned by BCBSM.

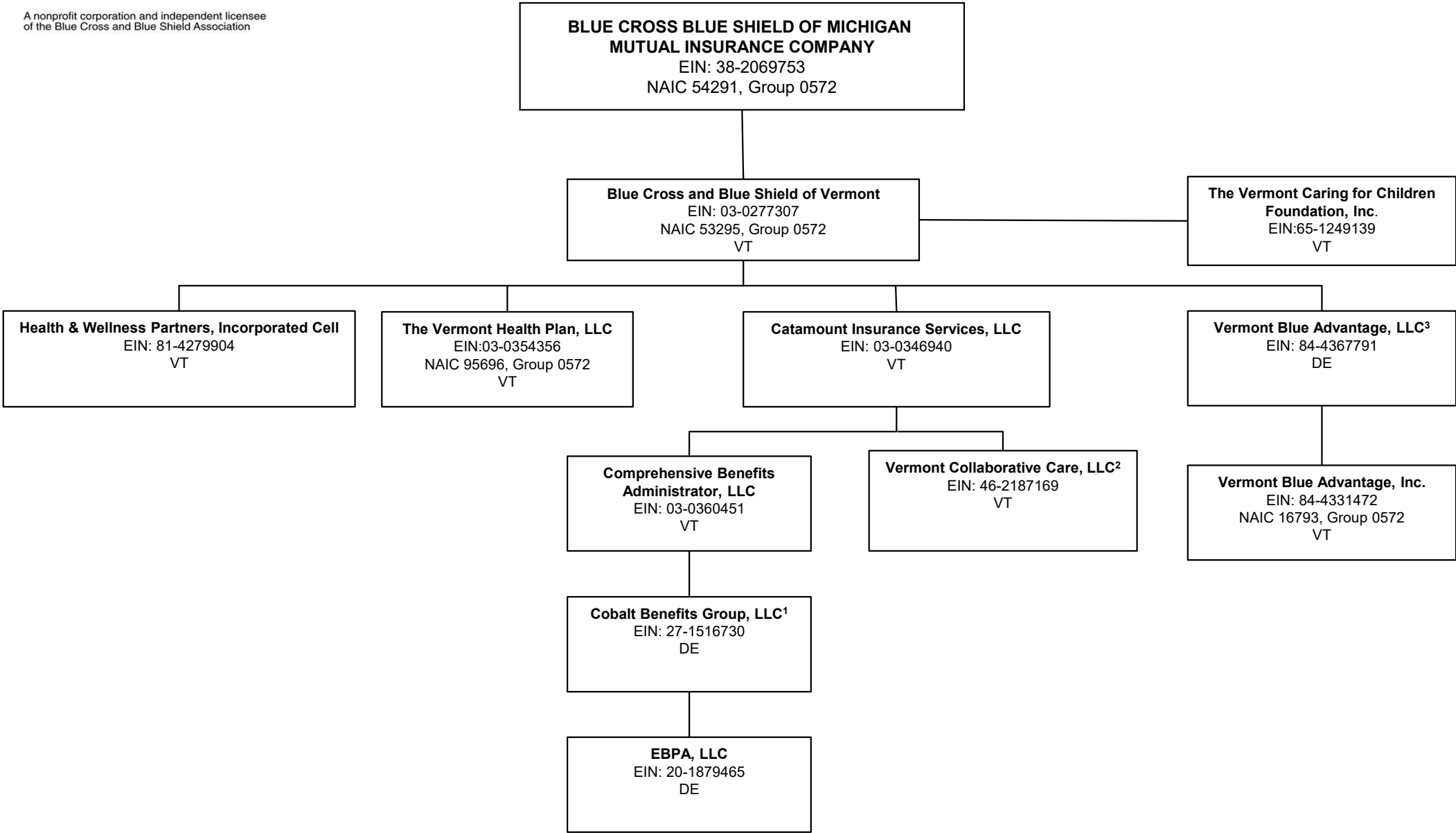
3 BCS Financial Corporation owns 50% of Ancilyze Technologies LLC.

SUBSIDIARY & AFFILIATE ORGANIZATION CHART



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

SUBSIDIARY & AFFILIATE ORGANIZATION CHART



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

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	94-2828166 ..	.....	.....	.....	Interline Insurance Services, Inc .....	.. CA.....	.....NIA.....	Crest Financial Corporation	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	33-0000979 ..	.....	.....	.....	American Highway Carriers Association .....	.. CA.....	.....NIA.....	Crest Financial Corporation	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 18023	38-2626205 ..	.....	.....	.....	Star Insurance Company .....	.. MI.....	.....IA.....	AmeriTrust Group, Inc.	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 10665	65-0661585 ..	.....	.....	.....	Ameritrust Insurance Corporation .....	.. MI.....	.....IA.....	Star Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	83-3258073 ..	.....	.....	.....	ATG I, LLC .....	.. MI.....	.....NIA.....	Star Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 25780	33-0208084 ..	.....	.....	.....	Williamsburg National Insurance Company ....	.. MI.....	.....IA.....	Star Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 36951	31-0936702 ..	.....	.....	.....	Century Surety Company .....	.. OH.....	.....IA.....	Star Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 21903	94-6078027 ..	.....	.....	.....	ProCentury Insurance Company .....	.. MI.....	.....IA.....	Century Surety Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	26-4728075 ..	.....	.....	.....	Affinity Services, LLC .....	.. MI.....	.....NIA.....	Accident Fund Holdings, Inc.	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	32-0550098 ..	.....	.....	.....	Fundamental Agency, Inc. ....	.. WI.....	.....NIA.....	Accident Fund Holdings, Inc.	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 29157	39-0941450 ..	.....	.....	.....	United Wisconsin Insurance Company .....	.. WI.....	.....IA.....	Accident Fund Insurance Company of America	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 12304	20-3058200 ..	.....	.....	.....	Accident Fund General Insurance Company ....	.. MI.....	.....IA.....	Accident Fund Insurance Company of America	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 12305	20-3058291 ..	.....	.....	.....	Accident Fund National Insurance Company ....	.. MI.....	.....IA.....	Accident Fund Insurance Company of America	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 10713	36-4072992 ..	.....	.....	.....	Third Coast Insurance Company .....	.. WI.....	.....IA.....	Accident Fund Insurance Company of America	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 12177	20-1117107 ..	.....	.....	.....	ComplWest Insurance Company .....	.. CA.....	.....IA.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	20-1420821 ..	.....	.....	.....	LifeSecure Holdings Corporation .....	.. AZ.....	.....DS.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	.. 80.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... YES.....	..... 7
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 77720	75-0956156 ..	.....	.....	.....	LifeSecure Insurance Company .....	.. MI.....	.....IA.....	LifeSecure Holdings Corporation	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	..... 7
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 95610	38-2359234 ..	.....	.....	.....	Blue Care Network of Michigan .....	.. MI.....	.....IA.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	38-2338506 ..	.....	.....	.....	Blue Cross and Blue Shield of Michigan Foundation .....	.. MI.....	.....NIA.....	Blue Care Network of Michigan	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	92-3644953 ..	.....	.....	.....	Vista HoldCo, LLC .....	.. DE.....	.....DS.....	BCBSM and Independence Health Group, Inc .	Ownership.....	.. 38.740	BCBSM and Independence Health Group, Inc. ....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 96660	23-2408039 ..	.....	.....	.....	Vista Health Plan, Inc .....	.. PA.....	.....IA.....	Vista HoldCo, LLC	Ownership.....	.. 100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	45-3854611 ..	.....	.....	.....	Michigan Medicaid Holdings Company .....	.. MI.....	.....DS.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... YES.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 11557	47-2582248 ..	.....	.....	.....	Blue Cross Complete of Michigan LLC .....	.. MI.....	.....IA.....	Michigan Medicaid Holdings Company	Ownership.....	.. 69.370	BCBSM and Independence Health Group, Inc. ....	... NO.....	..... 5
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	85-4338099 ..	.....	.....	.....	Care Transformation Holding Company .....	.. MI.....	.....DS.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000 ....	.....	.....	.....	.....	Honest Medical of Michigan LLC .....	.. DE.....	.....NIA.....	Care Transformation Holding Company	Ownership.....	.. 19.900	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	47-2312291 ..	.....	.....	.....	TRIARQ Health, LLC .....	.. MI.....	.....NIA.....	Care Transformation Holding Company	Ownership.....	.. 100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

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

1	2	3	4	5	6	7	8	9	10	11	12 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 *
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)					
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	98-1621026 ..	.....	.....	.....	TRIARQ Health, LLP .....	.. IND.....	.. NIA.....	TRIARQ Health, LLC	Ownership.....	..99.990	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....14
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	35-2620231 ..	.....	.....	.....	TRIARQ Health Alliance of Florida, LLC .....	.. FL.....	.. NIA.....	TRIARQ Health, LLC	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	61-1870820 ..	.....	.....	.....	TRIARQ Health Alliance of Michigan, LLC .....	.. MI.....	.. NIA.....	TRIARQ Health, LLC	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	34-2032238 ..	.....	.....	.....	GloStream, Inc .....	.. MI.....	.. NIA.....	Care Transformation Holding Company	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	83-2485797 ..	.....	.....	.....	One Team Care, LLC .....	.. MI.....	.. NIA.....	GloStream, Inc	Ownership.....	..50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....17
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	34-2032238 ..	.....	.....	.....	GloStream Inc. 401(K) Plan & Trust .....	.. MI.....	..... OTH.....	Care Transformation Holding Company	Management.....	.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 15649	47-2221114 ..	.....	.....	.....	Woodward Straits Insurance Company .....	.. MI.....	..... IA.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	81-3438452 ..	.....	.....	.....	COBX Co .....	.. MI.....	.. NIA.....	Emergent Holdings, Inc.	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	84-3513429 ..	.....	.....	.....	Emergent, Inc. ....	.. MI.....	.. NIA.....	Emergent Holdings, Inc.	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	99-0736117 ..	.....	.....	.....	WyoBlue, LLC .....	.. DE.....	.. NIA.....	Emergent, Inc.	Ownership.....	..51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 17585	99-0730723 ..	.....	.....	.....	WyoBlue Advantage, Inc. ....	.. WY.....	..... IA.....	WyoBlue, LLC	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	84-4009427 ..	.....	.....	.....	NextBlue, LLC .....	.. DE.....	.. NIA.....	Emergent, Inc.	Ownership.....	..51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....9
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 16739	84-3789332 ..	.....	.....	.....	NextBlue of North Dakota Insurance Company ..	.. ND.....	..... IA.....	NextBlue, LLC	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....9
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	84-4367791 ..	.....	.....	.....	Vermont Blue Advantage, LLC .....	.. DE.....	.. NIA.....	Emergent, Inc.	Ownership.....	..51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....9
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 16793	84-4331472 ..	.....	.....	.....	Vermont Blue Advantage, Inc .....	.. VT.....	..... IA.....	Vermont Blue Advantage, LLC	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....9
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	86-1598901 ..	.....	.....	.....	Wellmark Advantage Holdings, LLC .....	.. DE.....	.. NIA.....	Emergent, Inc.	Ownership.....	..51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....9
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 17001	86-1598618 ..	.....	.....	.....	Wellmark Advantage Health Plan, Inc. ....	.. IA.....	..... IA.....	Wellmark Advantage Holdings, Inc.	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....9
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000 ....	.....	.....	.....	.....	Services Holding Company, LLC .....	.. MI.....	..... DS.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	58-1767730 ..	.....	.....	.....	NASCO Corporation .....	.. DE.....	.. NIA.....	Services Holding Company, LLC	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... YES.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	84-4115688 ..	.....	.....	.....	InnovateRX LLC .....	.. DE.....	.. NIA.....	Pharmacy-Related Holding Company, LLC	Ownership.....	..9.990	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....1
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	83-1246927 ..	.....	.....	.....	Civica Outpatient Subsidiary, LLC .....	.. DE.....	.. NIA.....	InnovateRX LLC	Management.....	.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	85-3092159 ..	.....	.....	.....	Evio Pharmacy Solutions, LLC .....	.. DE.....	.. NIA.....	Pharmacy-Related Holding Company, LLC	Ownership.....	..20.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....18
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000 ....	.....	.....	.....	.....	Financial Services Holding Company, LLC .....	.. MI.....	..... DS.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	87-4051658 ..	.....	.....	.....	Bricktown Capital, LLC .....	.. MI.....	.. NIA.....	Financial Services Holding Company, LLC ...	Ownership.....	..100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	.....
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	84-6869872 ..	.....	.....	.....	Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust .....	.. MI.....	..... OTH.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management.....	.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....10
. 0572 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	.... 00000	84-6871980 ..	.....	.....	.....	Blue Cross Blue Shield of Michigan Non- Bargaining Unit Internal Health Benefit Trust ..	.. MI.....	..... OTH.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Managerment .....	.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	... NO.....	....10

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-6482696				Blue Cross Blue Shield of Michigan Long-Term Disability Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	11
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	30-1140600				Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	12
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000					Blue Cross Blue Shield of Michigan 401(K) Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	53295	03-0277307				Blue Cross and Blue Shield of Vermont Health & Wellness Partners, Incorporated Cell	VT	IA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-4279904					VT	NIA	Blue Cross and Blue Shield of Vermont	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	95696	03-0354356				The Vermont Health Plan, LLC	VT	IA	Blue Cross and Blue Shield of Vermont	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	65-1249139				The Vermont Caring for Children Foundation, Inc.	VT	NIA	Blue Cross and Blue Shield of Vermont	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-4367791				Vermont Blue Advantage, LLC	DE	NIA	Blue Cross and Blue Shield of Vermont	Ownership	49.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	19
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	03-0346940				Catamount Insurance Sevcies, LLC	VT	NIA	Blue Cross and Blue Shield of Vermont	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	03-0360451				Comprehensive Benefits Administrator, LLC	VT	NIA	Catamount Insurance Services, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	46-2187169				Vermont Collaborative Care, LLC	VT	NIA	Catamount Insurance Services, LLC	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	20
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	27-1516730				Cobalt Benefits Group, LLC	DE	NIA	Comprehensive Benefits Adminstrator, LLC	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	20
. 0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	20-1879465				EBPA, LLC	DE	NIA	Colbalt Benefits Group, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.740	BCBSM and Independence Health Group, Inc.	NO	
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	3
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 00000	27-0863878 ..	.....	.....	.....	PerformRx, LLC .....	.. PA.....	..... NIA.....	AmeriHealth Caritas Health Plan	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 00000	61-1729412 ..	.....	.....	.....	PerformSpecialty, LLC .....	.. PA.....	..... NIA.....	PerformRx, LLC	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 00000	23-2842344 ..	.....	.....	.....	Keystone Family Health Plan .....	.. PA.....	..... NIA.....	BMH SUBCO I LLC & BMH SUBCO II LLC	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 3
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 00000	26-1144363 ..	.....	.....	.....	AMHP Holdings Corp .....	.. PA.....	..... NIA.....	AmeriHealth Caritas Health Plan	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 14143	27-3575066 ..	.....	.....	.....	AmeriHealth Caritas Louisiana, Inc. ....	.. LA.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 95458	57-1032456 ..	.....	.....	.....	Select Health of South Carolina, Inc. ....	.. SC.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 00000	25-1765391 ..	.....	.....	.....	Community Behavioral Healthcare Network of Pennsylvania, Inc. ....	.. PA.....	..... NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 13630	26-0885397 ..	.....	.....	.....	CBHNP Services, Inc. ....	.. PA.....	..... IA.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 15088	46-1482013 ..	.....	.....	.....	AmeriHealth District of Columbia, Inc. ....	.. DC.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 15104	46-0906893 ..	.....	.....	.....	AmeriHealth Michigan, Inc. ....	.. MI.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 16496	83-0987716 ..	.....	.....	.....	AmeriHealth Caritas New Hampshire, Inc .....	.. NH.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 16980	84-2435374 ..	.....	.....	.....	AmeriHealth Caritas Ohio, Inc. ....	.. OH.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 16451	82-1141687 ..	.....	.....	.....	AmeriHealth Caritas Texas, Inc. ....	.. TX.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 16539	83-1481671 ..	.....	.....	.....	AmeriHealth Caritas North Carolina, Inc. ....	.. NC.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 16422	61-1857768 ..	.....	.....	.....	AmeriHealth Caritas New Mexico, Inc .....	.. NM.....	..... IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 00000	61-1847073 ..	.....	.....	.....	AmeriHealth Caritas Delaware, Inc. ....	.. DE.....	..... NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2
.....	Independence Health Group, Inc./ Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	..... 00000	83-3241978 ..	.....	.....	.....	AmeriHealth Caritas Minnesota, Inc .....	.. MN.....	..... NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc. ....	... NO.....	... 2

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

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

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

Asterisk	Explanation
1	BCBSM owns 9.9% of the entity in column 8

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire	74,407,409	5,130,586	6.9	32.6
2.1	Allied Lines	19,245,050	14,835,822	77.1	113.7
2.2	Multiple peril crop				
2.3	Federal flood				
2.4	Private crop				
2.5	Private flood				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.1	Commercial multiple peril (non-liability portion)	1,496,686	52,273,235	3,492.6	63.9
5.2	Commercial multiple peril (liability portion)	124,445,085	(3,802,495)	(3.1)	49.3
6.	Mortgage guaranty				
8.	Ocean marine	9,487,312	1,681,726	17.7	32.9
9.1	Inland marine	4,927,729	1,102,681	22.4	62.1
9.2	Pet insurance				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence				
11.2	Medical professional liability - claims-made				
12.	Earthquake				
13.1	Comprehensive (hospital and medical) individual				
13.2	Comprehensive (hospital and medical) group				
14.	Credit accident and health				
15.1	Vision only				
15.2	Dental only				
15.3	Disability income				
15.4	Medicare supplement				
15.5	Medicaid Title XIX				
15.6	Medicare Title XVIII				
15.7	Long-term care				
15.8	Federal employees health benefits plan				
15.9	Other health				
16.	Workers' compensation				
17.1	Other liability - occurrence	100,453,188	50,137,134	49.9	44.1
17.2	Other liability - claims-made	830,282	388,848	46.8	(46.3)
17.3	Excess workers' compensation				
18.1	Products liability - occurrence	641,297	82,217	12.8	(21.1)
18.2	Products liability - claims-made	915	106	11.6	
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability				
19.3	Commercial auto no-fault (personal injury protection)	88,887	130,980	147.4	28.4
19.4	Other commercial auto liability	13,739,965	3,662,500	26.7	48.0
21.1	Private passenger auto physical damage				
21.2	Commercial auto physical damage	8,001,422	3,373,727	42.2	32.5
22.	Aircraft (all perils)				
23.	Fidelity	445	342	76.8	28.0
24.	Surety	30,243	21,105	69.8	79.2
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business				
35.	Totals	357,795,917	129,018,515	36.1	49.4
DETAILS OF WRITE-INS					
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety 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	20,337,334	73,625,222	70,841,469
2.1	Allied Lines	5,283,659	19,269,526	18,007,582
2.2	Multiple peril crop			
2.3	Federal flood			
2.4	Private crop			
2.5	Private flood			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.1	Commercial multiple peril (non-liability portion)	21,033,544	86,474,642	72,675,528
5.2	Commercial multiple peril (liability portion)	11,831,369	48,641,986	44,120,343
6.	Mortgage guaranty			
8.	Ocean marine	3,426,323	10,121,283	8,904,439
9.1	Inland marine	1,190,951	4,218,493	5,453,101
9.2	Pet insurance			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence			
11.2	Medical professional liability - claims-made			
12.	Earthquake			
13.1	Comprehensive (hospital and medical) individual			
13.2	Comprehensive (hospital and medical) group			
14.	Credit accident and health			
15.1	Vision only			
15.2	Dental only			
15.3	Disability income			
15.4	Medicare supplement			
15.5	Medicaid Title XIX			
15.6	Medicare Title XVIII			
15.7	Long-term care			
15.8	Federal employees health benefits plan			
15.9	Other health			
16.	Workers' compensation			
17.1	Other liability - occurrence	37,767,003	109,090,189	97,083,349
17.2	Other liability - claims-made	301,126	747,771	793,156
17.3	Excess workers' compensation			
18.1	Products liability - occurrence	183,096	562,039	726,032
18.2	Products liability - claims-made			
19.1	Private passenger auto no-fault (personal injury protection)			
19.2	Other private passenger auto liability			
19.3	Commercial auto no-fault (personal injury protection)	25,641	87,728	99,622
19.4	Other commercial auto liability	3,742,938	13,363,953	14,023,759
21.1	Private passenger auto physical damage			
21.2	Commercial auto physical damage	2,091,466	7,743,558	8,128,764
22.	Aircraft (all perils)			
23.	Fidelity			100
24.	Surety	1,103	13,488	8,383
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business			
35.	Totals	107,215,552	373,959,877	340,865,627
DETAILS OF WRITE-INS				
3401.	.....		
3402.	.....		
3403.	.....		
3498.	Summary of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

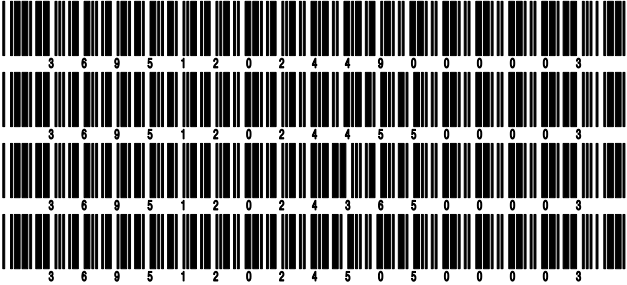
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state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

Explanations:

- 1.
- 2.
- 3.
- 4.

Bar Codes:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	81,391,912	85,021,590
2. Cost of bonds and stocks acquired	5,198,302	2,872,428
3. Accrual of discount	40,221	45,276
4. Unrealized valuation increase/(decrease)	338,496	853,788
5. Total gain (loss) on disposals	(3,049)	(4,200)
6. Deduct consideration for bonds and stocks disposed of	4,937,331	7,049,584
7. Deduct amortization of premium	205,504	347,386
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	81,823,047	81,391,912
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	81,823,047	81,391,912

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

SCHEDULE D - PART 1B

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

NAIC Designation	1 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)	35,087,198	5,198,302	922,362	(41,260)	35,844,567	35,087,198	39,321,879	36,210,882
2. NAIC 2 (a)	3,292,335		3,004,973	(3,555)	3,297,206	3,292,335	283,807	3,302,075
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)	1,040,502			64,554	1,034,928	1,040,502	1,105,056	1,045,508
7. Total Bonds	39,420,035	5,198,302	3,927,334	19,740	40,176,701	39,420,035	40,710,742	40,558,465
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	39,420,035	5,198,302	3,927,334	19,740	40,176,701	39,420,035	40,710,742	40,558,465

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

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Premium	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals		XX			

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	8,226,547	2,401,900
2. Cost of cash equivalents acquired	10,477,551	13,467,797
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	15,744,892	7,643,150
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,959,206	8,226,547
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,959,206	8,226,547

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
912810-TA-6	UNITED STATES TREASURY .....	.....	.....08/08/2024	Various .....	.....	1,385,332	2,000,000	16,851	1.A
91282C-CB-5	UNITED STATES TREASURY .....	.....	.....08/08/2024	Various .....	.....	2,579,297	3,000,000	9,768	1.A
0109999999. Subtotal - Bonds - U.S. Governments						3,964,629	5,000,000	26,619	XXX
3140QU-6U-5	FN CB8982 - RMBS .....	.....	.....09/06/2024	FIRST UNION CAPITAL .....	.....	600,527	598,423	665	1.A
3140XM-JT-4	FN FS5673 - RMBS .....	.....	.....09/06/2024	DAIWA SECURITIES AMERICA INC. ....	.....	633,146	657,227	584	1.A
0909999999. Subtotal - Bonds - U.S. Special Revenues						1,233,673	1,255,650	1,249	XXX
2509999997. Total - Bonds - Part 3						5,198,302	6,255,650	27,868	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						5,198,302	6,255,650	27,868	XXX
4509999997. Total - Preferred Stocks - Part 3							XXX		XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks							XXX		XXX
5989999997. Total - Common Stocks - Part 3							XXX		XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks							XXX		XXX
5999999999. Total - Preferred and Common Stocks							XXX		XXX
.....
.....
.....
.....
6009999999 - Totals						5,198,302	XXX	27,868	XXX

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Ident-ification	Description	For-eign	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 Recog-nized	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 Con-tractual Maturity Date	NAIC Design-ation, NAIC Design-ation Modifier and SVO Admini-strative Symbol	
..010268-CL-2	ALABAMA FED AID HWY FIN AUTH SPL OBLIG R		09/01/2024	Maturity @ 100.00		300,000	300,000	300,000	300,000						300,000				2,067	09/01/2024	1.A FE	
..31393E-B3-2	FNR 2003-94 CE - CMO/RMBS		09/01/2024	Paydown		418	418	427	420		(2)		(2)		418				5	10/25/2033	1.A	
..31395P-EM-0	FHR 2952 PA - CMO/RMBS		09/01/2024	Paydown		1,647	1,647	1,605	1,628		19		19		1,647				13	02/15/2035	1.A	
..3140JG-LW-3	FN BN0340 - RMBS		09/01/2024	Paydown		10,205	10,205	10,654	11,474		(1,269)		(1,269)		10,205				81	12/01/2048	1.A	
..3140JL-X4-1	FN BN4298 - RMBS		09/01/2024	Paydown		7,712	7,615	7,968	8,408		(697)		(697)		7,712				141	12/01/2048	1.A	
..3140X5-T7-8	FN FM2373 - RMBS		09/01/2024	Paydown		11,731	11,731	12,668	13,948		(2,217)		(2,217)		11,731				77	12/01/2049	1.A	
..594698-RV-6	MICHIGAN ST STRATEGIC FD LTD OBLIG REV		09/01/2024	Maturity @ 100.00		160,000	160,000	160,000	160,000						160,000				1,275	09/01/2024	1.A FE	
..898735-UH-6	TUCSON ARIZ CTFS PARTN		07/01/2024	Maturity @ 100.00		425,000	425,000	425,000	425,000						425,000				1,951	07/01/2024	1.D FE	
..91743P-DR-3	UTAH HSG CORP		09/23/2024	Call @ 100.00		5,089	5,089	5,349	5,330		(1)		(1)		5,329		(240)	(240)	24	06/21/2051	1.B FE	
0909999999. Subtotal - Bonds - U.S. Special Revenues						921,802	921,705	923,671	926,208		(4,166)		(4,166)		922,042		(240)	(240)	5,632	XXX	XXX	
..456606-DD-1	INHEL SPMD 2001-C M2 - RMBS		09/25/2024	Paydown		320	320	139	150		169		169		320				18	12/25/2032	1.A FM	
..92343V-EP-5	VERIZON COMMUNICATIONS INC		07/31/2024	RBC Dain Rauscher (US)		3,024,270	3,000,000	3,041,443	3,004,995		(4,787)		(4,787)		3,004,973		19,297	19,297	145,144	05/15/2025	2.A FE	
11099999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						3,024,590	3,000,320	3,041,582	3,005,146		(4,617)		(4,617)		3,005,293		19,297	19,297	145,162	XXX	XXX	
25099999997. Total - Bonds - Part 4						3,946,391	3,922,025	3,965,253	3,931,354		(8,784)		(8,784)		3,927,334		19,057	19,057	150,794	XXX	XXX	
25099999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
25099999999. Total - Bonds						3,946,391	3,922,025	3,965,253	3,931,354		(8,784)		(8,784)		3,927,334		19,057	19,057	150,794	XXX	XXX	
45099999997. Total - Preferred Stocks - Part 4							XXX													XXX	XXX	
45099999998. Total - Preferred Stocks - Part 5							XXX													XXX	XXX	
45099999999. Total - Preferred Stocks							XXX													XXX	XXX	
59899999997. Total - Common Stocks - Part 4							XXX													XXX	XXX	
59899999998. Total - Common Stocks - Part 5							XXX													XXX	XXX	
59899999999. Total - Common Stocks							XXX													XXX	XXX	
59999999999. Total - Preferred and Common Stocks							XXX													XXX	XXX	
60099999999 - Totals						3,946,391	XXX	3,965,253	3,931,354		(8,784)		(8,784)		3,927,334		19,057	19,057	150,794	XXX	XXX	

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

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

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

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Century Surety Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]