

QUARTERLY STATEMENT

For the Quarter Ended September 30, 2024

OF THE CONDITION AND AFFAIRS OF THE

SANDY & BEAVER INSURANCE CO.

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

NAIC Company Code 10270

Home Office 108 N. Market Street Lisbon 44432 OH
Street and Number City Zip Code

Mail Address P. O. Box 490 Lisbon 44432 OH
Street and Number City Zip Code

Main Administrative Office (330) 424-1464
Telephone Number

Organized October 13, 1877 Commenced Business October 13, 1877

Annual Statement Contact Person James Sanor Telephone Number (330) 424-1464

Contact Person Email Address jsanor@sbmins.com

OFFICERS

President James Sanor Vice President Rebecca Holmes

Secretary Glenn McMillan Treasurer James Sanor

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Timothy Bresnehan	Thomas Patterson		
Jerry Connor	Tad Rose		
Timothy Dickey	James Sanor		
Thomas Komer			

State of Ohio

County of

Columbiana

James Sanor President and Glenn McMillan Secretary of the
SANDY & BEAVER INSURANCE CO.

, being duly sworn each for himself/herself deposes and says, that they are the
above described officers of said reporting entity, and that on the reporting period stated above all 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, with the schedules and explanations herein contained, annexed or referred to, is a full and correct 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, according to the best of their information, knowledge and belief, respectively.

Subscribed and sworn to before me, this 29th
day of October, 2024

Notary Public



REBECCA J. HOLMES
Notary Public, State of Ohio
My Commission Expires 03/03/2029

Signature of President
Signature of Secretary
Signature of Person Preparing Statement