



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## Mid-Continent Assurance Company

NAIC Group Code 0084 0084 NAIC Company Code 15380 Employer's ID Number 73-1406844  
(Current) (Prior)

Organized under the Laws of OH, State of Domicile or Port of Entry OH  
Country of Domicile United States of America

Incorporated/Organized 08/13/1992 Commenced Business 01/01/1994

Statutory Home Office 301 E. 4th Street, Cincinnati, OH, US 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 100 S. Cincinnati Ave.  
(Street and Number)  
Tulsa, OK, US 74103 918-587-7221  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P. O. Box 1409, Tulsa, OK, US 74101  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 S. Cincinnati Ave.  
(Street and Number)  
Tulsa, OK, US 74103 918-587-7221  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address http://www.mcq-ins.com/

Statutory Statement Contact Gregory Patrick Jones, 918-587-7221-6125  
(Name) (Area Code) (Telephone Number)  
gjonas@mcq-ins.com 918-588-1253  
(E-mail Address) (FAX Number)

### OFFICERS

President and COO Robert Dewayne Martin Senior Vice President, CFO & Treasurer Gregory Patrick Jones  
Assistant Secretary Sharon Lee Anne Hackl

### OTHER

David Lawrence Thompson Jr, Chairman Raymond Herbert Corley, Senior Vice President Lynn Marchbank, Vice President  
Michael Brandon Wilder, Senior Vice President & Chief Information Officer Magdalena Franziska Kulik Grossman, Chief Compliance Officer Matthew David Felvus, Secretary  
Stephen Charles Beraha, Assistant Secretary Matthew John Stevens, Assistant Treasurer Andrew W Wilmers, Assistant Treasurer  
Michael Eugene Sullivan Jr, Vice Chairman Annette Denise Gardner, Assistant Treasurer

### DIRECTORS OR TRUSTEES

David Lawrence Thompson Jr Michelle Ann Gillis Michael Eugene Sullivan Jr  
Brian Scott Hertzman Anthony Joseph Mercurio

State of Ohio SS  
County of Hamilton

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.

Robert Dewayne Martin  
President and COO

Sharon Lee Anne Hackl  
Assistant Secretary

Gregory Patrick Jones  
Senior Vice President, CFO & Treasurer

Subscribed and sworn to before me this  
10th day of February, 2026

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

Sonya L. Embry  
Notary Public, State of Oklahoma  
My Commission expires December 28, 2028



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY**  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0084

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 15380

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1 Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet insurance plans	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-term care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability - occurrence	42,910	42,622	0	20,779	(750)	7,672	12,757	99	99	8,272	644	0
17.2 Other liability - claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence	18,581	18,180	0	11,252	0	0	0	0	0	3,687	279	0
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	30,262	59,983	0	20,219	273,340	(195,516)	291,856	300	(4,908)	4,595	4,809	454
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	30,452	45,157	0	16,901	516	549	5,597	(33)	21	4,705	457	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a)	122,205	165,942	0	69,151	273,106	(187,295)	310,210	300	(4,842)	4,716	21,473	1,833
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 15380

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
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)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine												
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (group and Individual)												
15.1 Vision only (b)												
15.2 Dental only (b)												
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)												
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other liability - claims-Made												
17.3 Excess workers' compensation												
18.1 Products liability - occurrence												
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)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business												
35. Total (a)												
<b>DETAILS OF WRITE-INS</b>												
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)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, Life, and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY**  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0084

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 15380

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1 Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet insurance plans	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-term care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability - occurrence	69,968	101,002	0	36,004	0	(995,043)	0	0	0	0	15,048	1,399
17.2 Other liability - claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence	23,515	77,847	0	17,254	0	(967,867)	12,912	8,624	(68,237)	0	5,475	470
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	(505,892)	2,497	6,708	6,708	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a)	93,483	178,848	0	53,257	0	(2,468,802)	15,409	15,331	(61,529)	0	20,523	1,870
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 NIE



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY**  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0084

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 15380

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1 Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet insurance plans	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-term care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability - occurrence	1,198	1,048	0	150	238	0	0	0	0	0	238	42
17.2 Other liability - claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a)	1,198	1,048	0	150	0	0	0	0	0	0	237	42
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 NH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., and a total row (35) showing 27,365 in Direct Premiums Written and 23,510 in Direct Premiums Earned.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 NJ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 ND



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY**  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0084

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 15380

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1 Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet insurance plans	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-term care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability - occurrence	231	144	0	87	231	0	0	0	0	0	58	3
17.2 Other liability - claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a)	231	144	0	87	0	0	0	0	0	0	58	3
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 OH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

191WV

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.WI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 15380

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 GT

Schedule F - Part 1 - Assumed Reinsurance

**N O N E**

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 3**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
73-0556513	23418	Mid-Continent Casualty Company	OH		9,601	0	0	2,603	159	2,000	0	4,146	0	8,907	0	0	0	8,907	0
0199999		Total authorized - affiliates - U.S. intercompany pooling			9,601	0	0	2,603	159	2,000	0	4,146	0	8,907	0	0	0	8,907	0
0499999		Total authorized - affiliates - U.S. non-pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0799999		Total authorized - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999		Total authorized - affiliates			9,601	0	0	2,603	159	2,000	0	4,146	0	8,907	0	0	0	8,907	0
1499999		Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			9,601	0	0	2,603	159	2,000	0	4,146	0	8,907	0	0	0	8,907	0
1899999		Total unauthorized - affiliates - U.S. non-pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999		Total unauthorized - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999		Total unauthorized - affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999		Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999		Total certified - affiliates - U.S. non-pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999		Total certified - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999		Total certified - affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999		Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999		Total reciprocal jurisdiction - affiliates - U.S. non-pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999		Total reciprocal jurisdiction - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999		Total reciprocal jurisdiction - affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999		Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999		Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			9,601	0	0	2,603	159	2,000	0	4,146	0	8,907	0	0	0	8,907	0
5899999		Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999		Totals			9,601	0	0	2,603	159	2,000	0	4,146	0	8,907	0	0	0	8,907	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
73-0556513	Mid-Continent Casualty Company	0	0		0	8,907	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999	Total authorized - affiliates - U.S. intercompany pooling	0	0	XXX	0	8,907	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total authorized - affiliates - U.S. non-pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total authorized - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	
0899999	Total authorized - affiliates	0	0	XXX	0	8,907	0	0	0	0	0	0	0	0	XXX	0	
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	8,907	0	0	0	0	0	0	0	0	XXX	0	
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total unauthorized - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
2299999	Total unauthorized - affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
2899999	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
3299999	Total certified - affiliates - U.S. non-pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999	Total certified - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
3699999	Total certified - affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
4299999	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
4699999	Total reciprocal jurisdiction - affiliates - U.S. non-pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total reciprocal jurisdiction - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5099999	Total reciprocal jurisdiction - affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5699999	Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5799999	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	XXX	0	8,907	0	0	0	0	0	0	0	0	XXX	0	
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999	Totals	0	0	XXX	0	8,907	0	0	0	0	0	0	0	0	XXX	0	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
73-0556513 ..	Mid-Continent Casualty Company .....	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0199999.	Total authorized - affiliates - U.S. intercompany pooling	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0499999.	Total authorized - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0799999.	Total authorized - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999.	Total authorized - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1499999.	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1899999.	Total unauthorized - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2199999.	Total unauthorized - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2299999.	Total unauthorized - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2899999.	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3299999.	Total certified - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3599999.	Total certified - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3699999.	Total certified - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4299999.	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4699999.	Total reciprocal jurisdiction - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4999999.	Total reciprocal jurisdiction - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5099999.	Total reciprocal jurisdiction - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5699999.	Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5799999.	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5899999.	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
9999999	Totals	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
73-0556513	Mid-Continent Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999	Total authorized - affiliates - U.S. intercompany pooling			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total authorized - affiliates - U.S. non-pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total authorized - affiliates - other (non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999	Total authorized - affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999	Total unauthorized - affiliates - U.S. non-pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total unauthorized - affiliates - other (non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999	Total unauthorized - affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999	Total certified - affiliates - U.S. non-pool			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
3599999	Total certified - affiliates - other (non-U.S.)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
3699999	Total certified - affiliates			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
4299999	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
4699999	Total reciprocal jurisdiction - affiliates - U.S. non-pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total reciprocal jurisdiction - affiliates - other (non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5099999	Total reciprocal jurisdiction - affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999	Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
9999999	Totals			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			72 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
73-0556513	Mid-Continent Casualty Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0199999	Total authorized - affiliates - U.S. intercompany pooling	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	Total authorized - affiliates - U.S. non-pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999	Total authorized - affiliates - other (non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	Total authorized - affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999	Total unauthorized - affiliates - other (non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999	Total unauthorized - affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
2899999	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0
3299999	Total certified - affiliates - U.S. non-pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999	Total certified - affiliates - other (non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999	Total certified - affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999	Total reciprocal jurisdiction - affiliates - U.S. non-pool	0	XXX	XXX	0	0	0	XXX	XXX	0
4999999	Total reciprocal jurisdiction - affiliates - other (non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
5099999	Total reciprocal jurisdiction - affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
5699999	Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	0	0	0	XXX	XXX	0
5799999	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	0	0	0	0	0	0	0
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0
9999999	Totals	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 4**

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
<b>NONE</b>				
Total				

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	.....	0.000	0
2.	.....	0.000	0
3.	.....	0.000	0
4.	.....	0.000	0
5.	.....	0.000	0

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	Mid-Continent Casualty Company .....	8,907	9,601	Yes [ X ] No [ ]
7.	.....	0	0	Yes [ ] No [ ]
8.	.....	0	0	Yes [ ] No [ ]
9.	.....	0	0	Yes [ ] No [ ]
10.	.....	0	0	Yes [ ] No [ ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	20,846,471	0	20,846,471
2. Premiums and considerations (Line 15) .....	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0	0	0
5. Other assets .....	114,445	0	114,445
6. Net amount recoverable from reinsurers .....	0	8,907,271	8,907,271
7. Protected cell assets (Line 27) .....	0	0	0
8. Totals (Line 28) .....	20,960,916	8,907,271	29,868,187
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	0	4,761,520	4,761,520
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	32,621	0	32,621
11. Unearned premiums (Line 9) .....	0	4,145,751	4,145,751
12. Advance premiums (Line 10) .....	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	0	0	0
15. Funds held by company under reinsurance treaties (Line 13) .....	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14) .....	0	0	0
17. Provision for reinsurance (Line 16) .....	0	0	0
18. Other liabilities .....	2,365	0	2,365
19. Total liabilities excluding protected cell business (Line 26) .....	34,986	8,907,271	8,942,257
20. Protected cell liabilities (Line 27) .....	0	0	0
21. Surplus as regards policyholders (Line 37)	20,925,929	XXX	20,925,929
22. Totals (Line 38)	20,960,915	8,907,271	29,868,186

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? ..... Yes [ X ] No [ ]

If yes, give full explanation: Mid-Continent Assurance Company participates in a reinsurance pooling agreement with affiliate companies. See footnote 26. ....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

Schedule P - Part 1A - Homeowners/Farmowners

**NONE**

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

**NONE**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

**NONE**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

**NONE**

Schedule P - Part 1E - Commercial Multiple Peril

**NONE**

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

**NONE**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

**NONE**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**NONE**

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

**NONE**

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

**NONE**

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

**NONE**

Schedule P - Part 1J - Auto Physical Damage

**NONE**

Schedule P - Part 1K - Fidelity/Surety

**NONE**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 1M - International

**N O N E**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

Schedule P - Part 1U - Pet Insurance Plans

**N O N E**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

**N O N E**

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**N O N E**

Schedule P - Part 2K - Fidelity/Surety

**N O N E**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 2M - International

**N O N E**

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

Schedule P - Part 2U - Pet Insurance Plans

**N O N E**

Schedule P - Part 3A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 3E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 3G - Special Liability

**N O N E**

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 3I - Special Property

**NONE**

Schedule P - Part 3J - Auto Physical Damage

**NONE**

Schedule P - Part 3K - Fidelity/Surety

**NONE**

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 3M - International

**NONE**

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**NONE**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**NONE**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 3T - Warranty

**NONE**

Schedule P - Part 3U - Pet Insurance Plans

**NONE**

Schedule P - Part 4A - Homeowners/Farmowners

**NONE**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 4E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 4G - Special Liability

**N O N E**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 4I - Special Property

**N O N E**

Schedule P - Part 4J - Auto Physical Damage

**N O N E**

Schedule P - Part 4K - Fidelity/Surety

**N O N E**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 4M - International

**N O N E**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

Schedule P - Part 4U - Pet Insurance Plans

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**NONE**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**NONE**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**NONE**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**NONE**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**NONE**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**NONE**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**NONE**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**NONE**

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? .....\$ .....0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ X ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ X ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ X ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior .....	0	0
1.602	2016 .....	0	0
1.603	2017 .....	0	0
1.604	2018 .....	0	0
1.605	2019 .....	0	0
1.606	2020 .....	0	0
1.607	2021 .....	0	0
1.608	2022 .....	0	0
1.609	2023 .....	0	0
1.610	2024 .....	0	0
1.611	2025 .....	0	0
1.612	Totals .....	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:  
 (in thousands of dollars) 5.1 Fidelity .....0  
 5.2 Surety .....0
6. Claim count information is reported per claim or per claimant (Indicate which) ..... per claim.....  
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ ] No [ X ]
- 7.2 (An extended statement may be attached.)  
 .....

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total							

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE Y**  
**PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000		.00000	31-1544320	0	0001042046	NYSE	American Financial Group, Inc.	OH	UIP		Ownership	0.000		NO	0
.0000		.00000	33-4902981	0	0		AFG Purchasing LLC	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	86-3438529	0	0		AFG Real Estate Holding Company, LLC	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-4395026	0	0		Bay Bridge Holding Company, LLC	MD	NIA	AFG Real Estate Holding Company, LLC	Ownership	65.000	American Financial Group, Inc.	NO	1
.0000		.00000	84-4395026	0	0		Bay Bridge Holding Company, LLC	MD	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	NO	1
.0000		.00000	27-4078277	0	0		Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Bay Bridge Holding Company, LLC	Ownership	85.000	American Financial Group, Inc.	NO	0
.0000		.00000	27-0513333	0	0		Bay Bridge Marina Management, LLC	MD	NIA	Bay Bridge Holding Company, LLC	Ownership	85.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-4604276	0	0		GALIC - Bay Bridge Marina, LLC	MD	NIA	Bay Bridge Marina Management, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-3355051	0	0		Charleston Harbor Holding Company, LLC	SC	NIA	AFG Real Estate Holding Company, LLC	Ownership	50.000	American Financial Group, Inc.	NO	1
.0000		.00000	84-3355051	0	0		Charleston Harbor Holding Company, LLC	SC	NIA	Great American Insurance Company	Ownership	50.000	American Financial Group, Inc.	NO	1
.0000		.00000	81-3737639	0	0		Charleston Harbor Fishing, LLC	SC	NIA	Charleston Harbor Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-4574243	0	0		Mountain View Grand Holding Company, LLC	NH	NIA	AFG Real Estate Holding Company, LLC	Ownership	65.000	American Financial Group, Inc.	NO	1
.0000		.00000	84-4574243	0	0		Mountain View Grand Holding Company, LLC	NH	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	NO	1
.0000		.00000	86-3225970	0	0		Sailfish Holding Company, LLC	FL	NIA	AFG Real Estate Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	84-2654660	0	0		Skipjack Holding Company, LLC	MD	NIA	AFG Real Estate Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	52-2179330	0	0		Skipjack Marina Corp.	MD	NIA	Skipjack Holding Company, LLC	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0996797	0	0		American Financial Enterprises, Inc.	CT	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0828578	0	0		American Money Management Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	27-1577326	0	0		American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	27-2829629	0	0		Mid-Market Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	41-2112001	0	0		APU Holding Company	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	23-6000765	0	0		APU Consolidated, Inc.	PA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	13-6400464	0	0		Lehigh Valley Railroad Company	PA	NIA	APU Consolidated, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-1548213	0	0		Magnolia Alabama Holdings, Inc.	DE	NIA	APU Consolidated, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-1574094	0	0		Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	13-6021353	0	0		The Owasco River Railway, Inc.	NY	NIA	APU Consolidated, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	76-0080537	0	0		PCC Technical Industries, Inc.	DE	NIA	APU Consolidated, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	23-6000766	0	0		Pennsylvania-Reading Seashore Lines	NJ	NIA	APU Consolidated, Inc.	Ownership	66.670	American Financial Group, Inc.	NO	0
.0000		.00000	98-1073776	0	0		GAI Insurance Company, Ltd.	BMU	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1446308	0	0		Hangar Acquisition Corp.	OH	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	91-1242743	0	0		Premier Lease & Loan Services Insurance Agency, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	91-1508644	0	0		Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0823725	0	0		Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	06-1356481	0	0		Great American Financial Resources, Inc.	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	34-1017531	0	0		Ceres Group, Inc.	DE	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	47-0717079	0	0		Continental General Corporation	NE	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	34-1947042	0	0		QQAgency of Texas, Inc.	TX	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	20-1246122	0	0		Brothers Management, LLC	FL	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1391777	0	0		GALIC Brothers, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0686194	0	0		Helium Holdings Limited	BMU	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-1119320	0	0		One East Fourth, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	31-0728327	0	0		TEJ Holdings, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	81-4361220	0	0		Three East Fourth, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	42-1575938	0	0		Verikai Inc.	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	80-0333563	0	0		Great American Holding, Inc.	OH	UIP	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0
.0000		.00000	80-0333563	0	0		ABA Insurance Services, Inc.	OH	NIA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAILS 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 Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000		00000	99-3256614	0	0		Invictus Analytics, LLC	..OH.....	..NIA.....	ABA Insurance Services, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	27-3062314	0	0		Agricultural Services, LLC	..OH.....	..NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	39-1404033	0	0		Farmers Crop Insurance Alliance, Inc.	..KS.....	..NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	37-1122370	0	0		Crop Risk Services, Inc.	..IL.....	..NIA.....	Farmers Crop Insurance Alliance, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	10646	36-4079497	0	0		Great American Contemporary Insurance Company	..OH.....	..IA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	10335	59-3269531	0	0		Bridgfield Casualty Insurance Company	..FL.....	..IA.....	Great American Contemporary Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	10701	59-1835212	0	0		Bridgfield Employers Insurance Company	..FL.....	..IA.....	Great American Contemporary Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	16618	83-1694393	0	0		Bridgfield Indemnity Insurance Company	..OH.....	..IA.....	Great American Contemporary Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	22179	95-2801326	0	0		Republic Indemnity Company of America	..CA.....	..IA.....	Great American Contemporary Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	43753	31-1054123	0	0		Republic Indemnity Company of California	..CA.....	..IA.....	Republic Indemnity Company of America	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000		0	0		Great American Holding (Europe) Limited	..GBR.....	..NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000		0	0		Great American Europe Limited	..GBR.....	..NIA.....	Great American Holding (Europe) Limited	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	AA-1784136	0	0		Great American International Insurance (EU) Designated Activity Company	..IRL.....	..IA.....	Great American Europe Limited	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	AA-1120817	0	0		Great American International Insurance (UK) Limited	..GBR.....	..IA.....	Great American Europe Limited	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	23418	73-0556513	0	0		Mid-Continent Casualty Company	..OH.....	..UDP.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	15380	73-1406844	0	0		Mid-Continent Assurance Company	..OH.....	..RE.....	Mid-Continent Casualty Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	13794	38-3803661	0	0		Mid-Continent Excess and Surplus Insurance Company	..OH.....	..IA.....	Mid-Continent Casualty Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	30-0571535	0	0		Mid-Continent Specialty Insurance Services, Inc.	..OK.....	..NIA.....	Mid-Continent Casualty Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	23426	73-0773259	0	0		Oklahoma Surety Company	..OH.....	..IA.....	Mid-Continent Casualty Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	34-1607394	0	0		National Interstate Corporation	..OH.....	..NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	34-1899058	0	0		American Highways Insurance Agency, Inc.	..OH.....	..NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1548235	0	0		Explorer RV Insurance Agency, Inc.	..OH.....	..NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	98-0191335	0	0		Hudson Indemnity, Ltd.	..CYM.....	..IA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	34-1607396	0	0		National Interstate Insurance Agency, Inc.	..OH.....	..NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	36-4670968	0	0		Commercial For Hire Transportation Purchasing Group	..SC.....	..NIA.....	National Interstate Insurance Agency, Inc.	Management.....	0.000	American Financial Group, Inc.	..NO.....	2
.0084	American Financial Group, Inc.	32620	34-1607395	0	0		National Interstate Insurance Company	..OH.....	..IA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	11051	99-0345306	0	0		National Interstate Insurance Company of Hawaii, Inc.	..OH.....	..IA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	43-1254631	0	0		TransProtection Service Company	..MO.....	..NIA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	41106	95-3623282	0	0		Triumphe Casualty Company	..MO.....	..IA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	21172	86-0114294	0	0		Vanliner Insurance Company	..OH.....	..IA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	20-5546054	0	0		Safety Claims & Litigation Services, LLC	..MT.....	..NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	46-4570914	0	0		Safety, Claims and Litigation Services, LLC	..OH.....	..NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	87-1038842	0	0		Radion Insurance Holdings, LLC	..DE.....	..NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	87-1053786	0	0		Radion Health, Inc.	..DE.....	..NIA.....	Radion Insurance Holdings, LLC	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000		0	0		Radion Re, Inc.	..CYM.....	..IA.....	Radion Insurance Holdings, LLC	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	59-1683711	0	0		Summit Consulting, LLC	..FL.....	..NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	59-3385208	0	0		Heritage Summit Healthcare, LLC	..FL.....	..NIA.....	Summit Consulting, LLC	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	16691	31-0501234	0	0		Great American Insurance Company	..OH.....	..UIP.....	American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	37990	31-0973761	0	0		American Empire Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1463075	0	0		American Signature Underwriters, Inc.	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000		00000	59-2840291	0	0		Brothers Property Corporation	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	59-2840294	0	0		Brothers Property Management Corporation	..OH.....	..NIA.....	Brothers Property Corporation	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1277904	0	0		Crop Managers Insurance Agency, Inc.	..KS.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	83-1767590	0	0		CropSurance Agency, LLC	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-0589001	0	0		Dempsey & Siders Agency, Inc.	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	84-2358400	0	0		Human and Social Services Risk Purchasing Group, LLC	..OH.....	..NIA.....	Dempsey & Siders Agency, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084		00000	99-4672393	0	0		Dolphin Cove QOF LLC	..DE.....	..NIA.....	Great American Insurance Company	Ownership.....	90.625	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1341668	0	0		Eden Park Insurance Brokers, Inc.	..CA.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000		0	0		El Aguila, Compañia de Seguros, S.A. de C.V.	..MEX.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..YES.....	0
.0000		00000		0	0		Foreign Credit Insurance Association	..NY.....	..OTH.....	Great American Insurance Company	Management.....	0.000	American Financial Group, Inc.	..NO.....	2
.0000		00000	81-0814136	0	0		GAI Mexico Holdings, LLC	..DE.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1753938	0	0		GAI Warranty Company	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1765544	0	0		GAI Warranty Company of Florida	..FL.....	..NIA.....	GAI Warranty Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	61-1329718	0	0		Global Premier Finance Company	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	26832	95-1542353	0	0		Great American Alliance Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	26344	15-6020948	0	0		Great American Assurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	39896	61-0983091	0	0		Great American Casualty Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	37532	31-0954439	0	0		Great American E & S Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	41858	31-1036473	0	0		Great American Fidelity Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1652643	0	0		Great American Insurance Agency, Inc.	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	22136	13-5539046	0	0		Great American Insurance Company of New York	..NY.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-0856644	0	0		Great American Management Services, Inc.	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	38580	31-1288778	0	0		Great American Protection Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-0918893	0	0		Great American Re Inc.	..DE.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	35351	31-0912199	0	0		Great American Risk Solutions Surplus Lines Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	31135	31-1209419	0	0		Great American Security Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	33723	31-1237970	0	0		Great American Spirit Insurance Company	..OH.....	..IA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	31-1293064	0	0		Professional Risk Brokers, Inc.	..IL.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000		0	0		Shelter Rock Holdings, LLC	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000	88-1379846	0	0		Trusted Coverage Professionals Agency, LLC	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0000		00000		0	0		Westline Industrial, LLC	..OH.....	..NIA.....	Great American Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0

Asterisk	Explanation
1	The entity is owned by more than one company within the AFG Group.
2	Entity is affiliated but not owned.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
37990	31-0973761	American Empire Insurance Company	(1,000,000)	0	0	0	0	0	*	0	(1,000,000)	0
00000	31-1544320	American Financial Group, Inc.	510,000,000	0	0	0	155,366,509	0	0	0	665,366,509	0
00000	41-2112001	APU Holding Company	4,000,000	0	0	0	0	0	0	0	4,000,000	0
10335	59-3269531	Bridgefield Casualty Insurance Company	0	0	0	0	0	0	*	0	0	(6,760,000)
10701	59-1835212	Bridgefield Employers Insurance Company	(5,000,000)	0	0	0	0	0	*	0	(5,000,000)	0
00000		El Aguila, Compañia de Seguros, S.A. de C.V.	0	0	0	0	0	0	0	0	0	18,130,000
00000	98-1073776	GAI Insurance Company, Ltd.	(4,000,000)	0	0	0	0	0	0	0	(4,000,000)	(2,811,000)
00000	31-1765544	GAI Warranty Company of Florida	0	0	0	0	0	0	0	0	0	23,000
00000	61-1329718	Global Premier Finance Company	(1,800,000)	0	0	0	0	0	0	0	(1,800,000)	0
26832	95-1542353	Great American Alliance Insurance Company	0	0	0	0	0	0	0	0	0	0
26344	15-6020948	Great American Assurance Company	(500,000)	0	0	0	0	0	*	0	(500,000)	0
39896	61-0983091	Great American Casualty Insurance Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
10646	36-4079497	Great American Contemporary Insurance Company	(1,000,000)	0	0	0	0	0	*	0	(1,000,000)	0
37532	31-0954439	Great American E & S Insurance Company	(90,000,000)	0	0	0	0	0	*	0	(90,000,000)	2,374,000
41858	31-1036473	Great American E & S Insurance Company	(5,000,000)	0	0	0	0	0	*	0	(5,000,000)	0
00000	42-1575938	Great American Fidelity Insurance Company	95,000,000	(20,000,000)	0	0	0	0	*	0	75,000,000	0
16691	31-0501234	Great American Holding, Inc.	(447,203,745)	0	0	0	(155,366,509)	0	*	0	(602,570,254)	(98,193,000)
22136	13-5539046	Great American Insurance Company of New York	0	0	0	0	0	0	0	0	0	0
00000	AA-1784136	Great American Insurance Company of New York	(10,000,000)	0	0	0	0	0	*	0	(10,000,000)	0
00000	AA-1120817	Great American International Insurance (EU) Designated Activity Company	0	0	0	0	0	0	0	0	0	58,082,000
38580	31-1288778	Great American International Insurance (UK) Limited	0	0	0	0	0	0	0	0	0	35,123,000
35351	31-0912199	Great American Protection Insurance Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
31135	31-1209419	Great American Risk Solutions Surplus Lines Insurance Company	(3,000,000)	0	0	0	0	0	*	0	(3,000,000)	0
33723	31-1237970	Great American Security Insurance Company	(1,000,000)	0	0	0	0	0	*	0	(1,000,000)	0
00000	98-0191335	Great American Spirit Insurance Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
15380	73-1406844	Hudson Indemnity, Ltd.	0	0	0	0	0	0	0	0	0	(506,673,000)
23418	73-0556513	Mid-Continent Assurance Company	(2,000,000)	0	0	0	0	0	*	0	(2,000,000)	0
13794	38-3803661	Mid-Continent Casualty Company	5,000,000	20,000,000	0	0	0	0	*	0	25,000,000	(8,525,000)
00000	34-1607394	Mid-Continent E&S Insurance Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
32620	34-1607395	National Interstate Corporation	70,000,000	0	0	0	0	0	0	0	70,000,000	0
11051	99-0345306	National Interstate Insurance Company	(41,100,000)	0	0	0	0	0	*	0	(41,100,000)	325,308,000
23426	73-0773259	National Interstate Insurance Company of Hawaii, Inc.	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	20,082,000
00000	31-1293064	Oklahoma Surety Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
00000	31-1293064	Professional Risk Brokers, Inc.	(28,496,255)	0	0	0	0	0	0	0	(28,496,255)	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....00000	87-1038842	Radion Insurance Holding, LLC	.....0	.....(3,000,000)	.....0	.....0	.....0	.....0	.....0	.....0	.....(3,000,000)	.....0
.....00000	98-1666055	Radion Re, Inc.	.....0	.....3,000,000	.....0	.....0	.....0	.....0	.....0	.....0	.....3,000,000	.....(2,953,000)
.....22179	95-2801326	Republic Indemnity Company of America	.....0	.....0	.....0	.....0	.....0	.....0	*	.....0	.....0	.....(30,067,000)
.....00000	43-1254631	TransProtection Service Company	.....(2,500,000)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(2,500,000)	.....0
.....41106	95-3623282	Triumphe Casualty Company	.....(2,500,000)	.....0	.....0	.....0	.....0	.....0	*	.....0	.....(2,500,000)	.....36,752,000
.....00000	88-1379846	Trusted Coverage Professionals Agency, LLC	.....(1,500,000)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....(1,500,000)	.....0
.....21172	86-0114294	Vanliner Insurance Company	.....(22,400,000)	.....0	.....0	.....0	.....0	.....0	*	.....0	.....(22,400,000)	.....156,615,000
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	(3,493,000)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
American Empire Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Bridgfield Casualty Insurance Company .....	Great American Contemporary Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Bridgfield Employers Insurance Company .....	Great American Contemporary Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Bridgfield Indemnity Insurance Company .....	Great American Contemporary Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Alliance Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Assurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Casualty Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Contemporary Insurance Company .....	Great American Holding, Inc. ....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American E&S Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Fidelity Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Insurance Company .....	American Financial Group, Inc. ....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Insurance Company of New York .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Protection Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Risk Solutions Surplus Lines Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Security Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Great American Spirit Insurance Company .....	Great American Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Mid-Continent Assurance Company .....	Mid-Continent Casualty Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Mid-Continent Casualty Company .....	Great American Holding, Inc. ....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Mid-Continent Excess and Surplus Insurance Company .....	Mid-Continent Casualty Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
National Interstate Insurance Company .....	National Interstate Corporation .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
National Interstate Insurance Company of Hawaii, Inc. ....	National Interstate Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Oklahoma Surety Company .....	Mid-Continent Casualty Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Republic Indemnity Company of America .....	Great American Contemporary Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Republic Indemnity Company of California .....	Republic Indemnity Company of America .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Triumpher Casualty Company .....	National Interstate Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO
Vanliner Insurance Company .....	National Interstate Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A	0.000	NO

# ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

### REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

	Responses
<b>MARCH FILING</b>	
1. Will an Actuarial Opinion be filed by March 1? .....	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6. Will Management's Discussion and Analysis be filed by April 1? .....	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
<b>JUNE FILING</b>	
9. Will an Audited Financial Report be filed by June 1? .....	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

### SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

<b>MARCH FILING</b>	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? .....	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....	NO
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	NO
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....	NO
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? .....	YES
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	NO
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	YES
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1? .....	NO
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1? .....	YES
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? .....	NO
34. Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	NO
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES

**Explanations:**

11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
29. The Company does not write business in any of the lines requiring reporting.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.
35. The data for this supplement is not required to be filed.
36. The data for this supplement is not required to be filed.
37. The data for this supplement is not required to be filed.

**Bar Codes:**

11. SIS Stockholder Information Supplement [Document Identifier 420]



12. Financial Guaranty Insurance Exhibit [Document Identifier 240]



13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



14. Supplement A to Schedule T [Document Identifier 455]



15. Trusteed Surplus Statement [Document Identifier 490]



16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

17. Reinsurance Summary Supplemental Filing [Document Identifier 401]



18. Medicare Part D Coverage Supplement [Document Identifier 365]



20. Reinsurance Attestation Supplement [Document Identifier 399]



21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



22. Bail Bond Supplement [Document Identifier 500]



24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



26. Relief from the Requirements for Audit Committees [Document Identifier 226]



27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]



29. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]



30. Credit Insurance Experience Exhibit [Document Identifier 230]



31. Long-Term Care Experience Reporting Forms [Document Identifier 306]



32. Accident and Health Policy Experience Exhibit [Document Identifier 210]



33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]



34. Cybersecurity Insurance Coverage Supplement [Document Identifier 550]



35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]



36. Private Flood Insurance Supplement [Document Identifier 560]



37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



**NONE**



SUPPLEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2025  
(To Be Filed by March 1)

NAIC Group Code 0084

NAIC Company Code 15380

Company Name MID-CONTINENT ASSURANCE COMPANY .....

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

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	.....0.0 %	.....0.0 %

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [ ] No [ X ]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? ..... Yes [ ] No [ X ]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:.....\$ .....0

2.32 Amount estimated using reasonable assumptions:.....\$ .....0

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$ .....0	\$ .....0	\$ .....0	\$ .....0	.....0.0 %	.....0.0 %



SUPPLEMENT FOR THE YEAR 2025 OF THE MID-CONTINENT ASSURANCE COMPANY

# EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

NAIC Group Code 0084

NAIC Company Code 15380

	Direct Business Only			
	Prior Year	Current Year		
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1. Completed operations .....	0	0	0	0
2. Errors & omissions (E&O) .....	0	0	0	0
3. Directors & officers (D&O) .....	0	0	0	0
4. Environmental liability .....	0	0	0	0
5. Excess workers' compensation .....	0	0	0	0
6. Commercial excess & umbrella .....	0	0	0	0
7. Personal umbrella .....	0	0	0	0
8. Employment liability .....	0	0	0	0
9. Aggregate write-ins for facilities & premises (CGL) .....	1,531,262	1,241,389	12,971	22,680
10. Internet & cyber liability .....	0	0	0	0
11. Aggregate write-ins for other .....	0	0	0	0
12. Total ASL 17 - other liability (sum of lines 1 through 11)	1,531,262	1,241,389	12,971	22,680
<b>DETAILS OF WRITE-INS</b>				
0901. Commercial general liability (CGL) .....	1,531,262	1,241,389	12,971	22,680
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	1,531,262	1,241,389	12,971	22,680
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0