



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

**ANNUAL STATEMENT**

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

**BRIDGEFIELD INDEMNITY INSURANCE COMPANY**

NAIC Group Code 0084 0084 NAIC Company Code 16618 Employer's ID Number 83-1694393  
(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 04/04/2018 Commenced Business 07/24/2019

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

Main Administrative Office 301 E. Fourth Street  
(Street and Number)  
Cincinnati, OH, US 45202 513-369-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 301 E. Fourth Street Cincinnati, OH, US 45202  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 301 E. Fourth Street  
(Street and Number)  
Cincinnati, OH, US 45202 513-369-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.Summitholdings.com

Statutory Statement Contact Judith Elaine Gill 513-369-5000  
(Name) (Area Code) (Telephone Number)  
statutoryfilings@gaig.com 513-369-5830  
(E-mail Address) (FAX Number)

**OFFICERS**

President James Franklin Wood Vice President & Chief Financial Officer Patrick Joseph Smyth  
Assistant Secretary Michael Thomas Jalovec

**OTHER**

<u>Michael Scott Arnold, Vice President</u>	<u>Henry Edward Chiles Jr., Vice President</u>	<u>Robert Darin Grimm, Vice President</u>
<u>Paul Marks, Vice President</u>	<u>Matthew David Felvus, Secretary</u>	<u>Annette Denise Gardner, Treasurer</u>
<u>Magdalena Franziska Kulik Grossman, Chief Compliance Officer</u>	<u>Stephen Charles Beraha, Assistant Secretary</u>	<u>Judith Elaine Gill, Assistant Treasurer</u>
<u>Matthew Charles Oelrich, Assistant Treasurer</u>	<u>Matthew John Stevens, Assistant Treasurer</u>	<u>Andrew W Wilmers #, Assistant Treasurer</u>

**DIRECTORS OR TRUSTEES**

<u>Michelle Ann Gillis</u>	<u>Brian Scott Hertzman</u>	<u>Anthony Joseph Mercurio</u>
<u>Michael Eugene Sullivan Jr.</u>	<u>David Lawrence Thompson Jr.</u>	

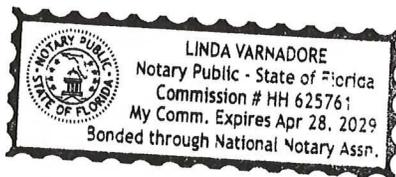
State of Ohio SS  
County of Hamilton

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.

James Franklin Wood President	Patrick Joseph Smyth Vice President & Chief Financial Officer	Michael Thomas Jalovec Assistant Secretary

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

- 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.....





ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 16618

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, Flood, Auto, and Life, 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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 16618

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 at the bottom.

(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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 16618

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 showing 3,368.

(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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 16618

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 'DETAILS OF WRITE-INS' section at the bottom.

19DC

(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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 16618

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).

(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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 16618

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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 16618

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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 16618

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 at the bottom.

(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 KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE 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 16618

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 (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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 16618

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 types like Fire, Auto, Life, etc.

(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 MD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 16618

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 MS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 16618

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 .

19 NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE 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 16618

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 BRIDGEFIELD INDEMNITY INSURANCE 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 16618

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 at the bottom.

(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 BRIDGEFIELD INDEMNITY INSURANCE 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 16618

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 'DETAILS OF WRITE-INS' section at the bottom.

(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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 16618

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, Flood, Auto, and Life, 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 BRIDGEFIELD INDEMNITY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0084

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 16618

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.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE 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 16618

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 BRIDGEFIELD INDEMNITY INSURANCE 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 16618

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).

(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 BRIDGEFIELD INDEMNITY INSURANCE 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 16618

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, Flood, Auto, Life, 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 2**

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
<b>NONE</b>					

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE 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		
36-4079497	10646	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY	OH		27,834	590	103	3,903	239	8,868	769	19	0	14,491	0	2,798	0	11,693	0
0199999. Total authorized - affiliates - U.S. intercompany pooling					27,834	590	103	3,903	239	8,868	769	19	0	14,491	0	2,798	0	11,693	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					27,834	590	103	3,903	239	8,868	769	19	0	14,491	0	2,798	0	11,693	0
1499999. Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					27,834	590	103	3,903	239	8,868	769	19	0	14,491	0	2,798	0	11,693	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)					27,834	590	103	3,903	239	8,868	769	19	0	14,491	0	2,798	0	11,693	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					27,834	590	103	3,903	239	8,868	769	19	0	14,491	0	2,798	0	11,693	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE 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)
36-4079497	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY	0	0		0	2,798	11,693	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total authorized - affiliates - U.S. intercompany pooling	0	0	XXX	0	2,798	11,693	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total authorized - affiliates - U.S. non-pool	0	0	XXX	0	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	0
0899999	Total authorized - affiliates	0	0	XXX	0	2,798	11,693	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	2,798	11,693	0	0	0	0	0	0	0	0	XXX	0
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	XXX	0	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	0	XXX	0
2299999	Total unauthorized - affiliates	0	0	XXX	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	XXX	0	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	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	0	XXX	0
3699999	Total certified - affiliates	0	0	XXX	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	XXX	0	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	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	0	XXX	0
5099999	Total reciprocal jurisdiction - affiliates	0	0	XXX	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	XXX	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	XXX	0	2,798	11,693	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	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals	0	0	XXX	0	2,798	11,693	0	0	0	0	0	0	0	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE 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											
36-4079497 ..	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY .....	693	0	0	0	0	693	0	0	693	0	0	0.0	0.0	0.0	XXX	0
0199999.	Total authorized - affiliates - U.S. intercompany pooling	693	0	0	0	0	693	0	0	693	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	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	XXX	0
0899999.	Total authorized - affiliates	693	0	0	0	0	693	0	0	693	0	0	0.0	0.0	0.0	XXX	0
1499999.	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	693	0	0	0	0	693	0	0	693	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	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	XXX	0
2299999.	Total unauthorized - affiliates	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	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	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	XXX	0
3699999.	Total certified - affiliates	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	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	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	XXX	0
5099999.	Total reciprocal jurisdiction - affiliates	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	XXX	0
5799999.	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	693	0	0	0	0	693	0	0	693	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	XXX	0
9999999	Totals	693	0	0	0	0	693	0	0	693	0	0	0.0	0.0	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BRIDGEFIELD INDEMNITY INSURANCE 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		
36-4079497	GREAT AMERICAN CONTEMPORARY INSURANCE 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 BRIDGEFIELD INDEMNITY INSURANCE 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			
			71 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)
36-4079497	GREAT AMERICAN CONTEMPORARY INSURANCE 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 BRIDGEFIELD INDEMNITY INSURANCE 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 BRIDGEFIELD INDEMNITY INSURANCE 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.	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY .....	14,491	27,834	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 BRIDGEFIELD INDEMNITY INSURANCE 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	14,064,015	0	14,064,015
2. Premiums and considerations (Line 15) .....	27,656	0	27,656
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	693,018	(693,018)	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0	0	0
5. Other assets .....	681,754	(594,903)	86,851
6. Net amount recoverable from reinsurers .....	0	12,288,280	12,288,280
7. Protected cell assets (Line 27) .....	0	0	0
8. Totals (Line 28) .....	15,466,443	11,000,359	26,466,802
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	2,257	13,779,562	13,781,819
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	36,826	0	36,826
11. Unearned premiums (Line 9) .....	0	18,782	18,782
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) .....	2,797,985	(2,797,985)	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 .....	669,470	0	669,470
19. Total liabilities excluding protected cell business (Line 26) .....	3,506,538	11,000,359	14,506,898
20. Protected cell liabilities (Line 27) .....	0	0	0
21. Surplus as regards policyholders (Line 37)	11,959,905	XXX	11,959,905
22. Totals (Line 38)	15,466,443	11,000,359	26,466,802

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: See Note 26 in the Notes to Financial Statements .....

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4T - Warranty

**NONE**

Schedule P - Part 4U - Pet Insurance Plans

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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 BRIDGEFIELD INDEMNITY INSURANCE 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 [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ ]
- 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 [ ]
- 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) .....  
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 [ X ] No [ ]

7.2 (An extended statement may be attached.)

Effective 1/1/2021, the pooling agreement with Republic Indemnity Company of America, Republic Indemnity Company of California, Bridgefield Employers Insurance Company and Bridgefield Casualty Insurance Company was amended to add Great American Contemporary Insurance Company. As a result of the amendment, Great American Contemporary became the lead company in a pooling arrangement and retains 100% of the pooled business. Effective 9/1/2023, the pooling agreement was amended to add Bridgefield Indemnity Insurance Company. See Note 26 in the Notes to Financial Statements.

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

Allocated by States and Territories

States, Etc.	Direct Business Only					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 BRIDGEFIELD INDEMNITY INSURANCE 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	NIA	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 BRIDGEFIELD INDEMNITY INSURANCE 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	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.....	..UDP.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	..NO.....	0
.0084	American Financial Group, Inc.	10335	59-3269531	0	0		Bridgefield 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		Bridgefield 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		Bridgefield Indemnity Insurance Company	..OH.....	..RE.....	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.....	..IA.....	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.....	..IA.....	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		Triumpher 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.....	..IA.....	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 BRIDGEFIELD INDEMNITY INSURANCE 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 BRIDGEFIELD INDEMNITY INSURANCE 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 Fidelity Insurance Company	(5,000,000)	0	0	0	0	0	*	0	(5,000,000)	0
00000	42-1575938	Great American Holding, Inc.	95,000,000	(20,000,000)	0	0	0	0	0	0	75,000,000	0
16691	31-0501234	Great American Insurance Company	(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	(10,000,000)	0	0	0	0	0	*	0	(10,000,000)	0
00000	AA-1784136	Great American International Insurance (EU) Designated Activity Company	0	0	0	0	0	0	0	0	0	58,082,000
00000	AA-1120817	Great American International Insurance (UK) Limited	0	0	0	0	0	0	0	0	0	35,123,000
38580	31-1288778	Great American Protection Insurance Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
35351	31-0912199	Great American Risk Solutions Surplus Lines Insurance Company	(3,000,000)	0	0	0	0	0	*	0	(3,000,000)	0
31135	31-1209419	Great American Security Insurance Company	(1,000,000)	0	0	0	0	0	*	0	(1,000,000)	0
33723	31-1237970	Great American Spirit Insurance Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
00000	98-0191335	Hudson Indemnity, Ltd.	0	0	0	0	0	0	0	0	0	(506,673,000)
15380	73-1406844	Mid-Continent Assurance Company	(2,000,000)	0	0	0	0	0	*	0	(2,000,000)	0
23418	73-0556513	Mid-Continent Casualty Company	5,000,000	20,000,000	0	0	0	0	*	0	25,000,000	(8,525,000)
13794	38-3803661	Mid-Continent E&S Insurance Company	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	0
00000	34-1607394	National Interstate Corporation	70,000,000	0	0	0	0	0	0	0	70,000,000	0
32620	34-1607395	National Interstate Insurance Company	(41,100,000)	0	0	0	0	0	*	0	(41,100,000)	325,308,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.	(1,500,000)	0	0	0	0	0	*	0	(1,500,000)	20,082,000
23426	73-0773259	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 BRIDGEFIELD INDEMNITY INSURANCE 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 BRIDGEFIELD INDEMNITY INSURANCE 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
Bridgefield Casualty Insurance Company .....	Great American Contemporary Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A .....	0.000	NO
Bridgefield Employers Insurance Company .....	Great American Contemporary Insurance Company .....	100.000	NO	American Financial Group, Inc. ....	N/A .....	0.000	NO
Bridgefield 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



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	
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]	
23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]	
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]	
28. Exhibit of Other Liabilities by Lines of Business [Document Identifier 570]	
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]	
38. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	

**NONE**