



QUARTERLY STATEMENT
 AS OF JUNE 30, 2025
 OF THE CONDITION AND AFFAIRS OF THE
ELEMENT INSURANCE COMPANY

NAIC Group Code NAIC Company Code 16867 Employer's ID Number 84-3656054
 (Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
 Country of Domicile US
 Incorporated/Organized 11/11/2019 Commenced Business 09/15/2020
 Statutory Home Office 6449 Allen Rd West Chester, OH, US 45069
 Main Administrative Office 6449 Allen Rd West Chester, OH, US 45069 513-755-5780
 (Telephone Number)
 Mail Address PO Box 62327 Cincinnati, OH, US 45262
 Primary Location of Books and
 Records 6449 Allen Rd West Chester, OH, US 45069 513-755-5780
 (Telephone Number)
 Internet Website Address elementcoverage.com
 Statutory Statement Contact Steven J Murry 513-755-5780
 (Telephone Number)
 smurry@elementcoverage.com
 (E-Mail Address) (Fax Number)
 OFFICERS
 Matthew Joseph Brands, Chief Executive Officer Steven Joseph Murry, Chief Operating Officer
 Alison Brands Rice, Chief Financial Officer
 DIRECTORS OR TRUSTEES
 Matthew Joseph Brands Alison Brands Rice
 Steven Joseph Murry Scott Michael Boehm
 Alfred Theodore Brands
 State of Ohio
 County of Butler SS

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

x
 Matthew Joseph Brands
 CEO

x
 Alison Brands Rice
 CFO

x
 Steven Joseph Murry
 COO

Subscribed and sworn to before me

this August 2023



AMANDA JAMES
 Notary Public, State of Ohio
 My Commission Expires
 09/05/2028

a. Is this an original filing? Yes
 b. If no:
 1. State the amendment number: _____
 2. Date filed: _____
 3. Number of pages attached: _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	1,306,347		1,306,347	1,606,571
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....	144,275		144,275	136,106
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$..... encumbrances)				
4.2 Properties held for the production of income (less \$..... encumbrances)				
4.3 Properties held for sale (less \$..... encumbrances)				
5. Cash (\$.....874,380), cash equivalents (\$.....71) and short-term investments (\$.....1,882,779).....	2,757,230		2,757,230	2,308,714
6. Contract loans (including \$..... premium notes).....				
7. Derivatives.....				
8. Other invested assets.....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	4,207,852		4,207,852	4,051,391
13. Title plants less \$..... charged off (for Title insurers only).....	49,870		49,870	18,780
14. Investment income due and accrued.....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,104,260		1,104,260	693,156
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....)				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets.....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	5,361,982		5,361,982	4,763,327
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	5,361,982		5,361,982	4,763,327
Details of Write-Ins				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501.....				
2502.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....				

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$.....111,559)	111,559	38,119
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges	121,723	73,652
5. Other expenses (excluding taxes, licenses and fees)		
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$..... on realized capital gains (losses))	72,180	161,233
7.2 Net deferred tax liability		
8. Borrowed money \$..... and interest thereon \$.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$..... and including warranty reserves of \$..... and accrued accident and health experience rating refunds including \$..... for medical loss ratio rebate per the Public Health Service Act)	950,341	657,433
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$..... certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$..... and interest thereon \$.....		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	1,255,803	930,438
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	1,255,803	930,438
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock		
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	1,602,000	1,602,000
35. Unassigned funds (surplus)	1,504,179	1,230,889
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$.....)		
36.2 shares preferred (value included in Line 31 \$.....)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	4,106,179	3,832,889
38. Totals (Page 2, Line 28, Col. 3)	5,361,982	4,763,327
Details of Write-Ins		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
Underwriting Income			
1. Premiums earned:			
1.1. Direct (written \$.....1,023,188)	730,280	575,699	1,184,979
1.2. Assumed (written \$.....)			
1.3. Ceded (written \$.....)			
1.4. Net (written \$.....1,023,188)	730,280	575,699	1,184,979
Deductions:			
2. Losses incurred (current accident year \$202,175):			
2.1. Direct	280,411	79,369	307,230
2.2. Assumed			
2.3. Ceded			
2.4. Net	280,411	79,369	307,230
3. Loss adjustment expenses incurred		118	
4. Other underwriting expenses incurred	208,882	127,552	275,569
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	489,293	207,039	582,799
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	240,987	368,660	602,180
Investment Income			
9. Net investment income earned	102,727	83,743	169,852
10. Net realized capital gains (losses) less capital gains tax of \$.....			(2,569)
11. Net investment gain (loss) (Lines 9 + 10)	102,727	83,743	167,283
Other Income			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$..... amount charged off \$.....)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	343,714	452,403	769,463
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	343,714	452,403	769,463
19. Federal and foreign income taxes incurred	72,180	97,034	161,233
20. Net income (Line 18 minus Line 19) (to Line 22)	271,534	355,369	608,230
Capital and Surplus Account			
21. Surplus as regards policyholders, December 31 prior year	3,832,890	3,215,620	3,215,620
22. Net income (from Line 20)	271,534	355,369	608,230
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....	1,755	12,918	17,464
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1. Paid in			
32.2. Transferred from surplus (Stock Dividend)			
32.3. Transferred to surplus			
33. Surplus adjustments:			
33.1. Paid in	-	-	-
33.2. Transferred to capital (Stock Dividend)			
33.3. Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus		(8,446)	(8,446)
38. Change in surplus as regards policyholders (Lines 22 through 37)	273,289	359,863	617,270
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	4,106,179	3,575,483	3,832,890
Details of Write-Ins			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3701. Adjustment to Estimated taxes incurred in 2023		(8,446)	(8,446)
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		(8,446)	(8,446)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	612,083	557,724	1,168,329
2. Net investment income.....	70,445	66,571	148,890
3. Miscellaneous income.....			
4. Total (Lines 1 to 3).....	682,528	624,294	1,317,220
5. Benefit and loss related payments.....	206,971	79,369	269,111
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	160,811	127,209	260,414
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....	169,679	98,194	98,194
10. Total (Lines 5 through 9).....	537,461	304,772	627,718
11. Net cash from operations (Line 4 minus Line 10).....	145,067	319,522	689,501
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	307,000	300,000	701,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	—	—	—
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	307,000	300,000	701,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		1,290,858	1,511,044
13.2 Stocks.....	2,952	833	3,096
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	—	—	—
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,952	1,291,691	1,514,139
14. Net increase/(decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	304,048	(991,691)	(813,139)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	—	—	—
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(8,424)	(8,424)	(8,424)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	—	(8,424)	(8,424)
Reconciliation of Cash, Cash Equivalents and Short-Term Investments			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	449,115	(680,593)	(132,062)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,308,115	2,440,776	2,440,177
19.2 End of period (Line 18 plus Line 19.1).....	2,757,230	1,760,184	2,308,115

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

20,000.1.....			
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Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

This statement has been completed in accordance with the *Accounting Practices and Procedures Manual*, and all transactions detailed in this statement comply with the NAIC SAP to the best of the preparer's knowledge and ability.

	SSAP #	F/S Page	F/S Line #	06/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3).....	XXX	XXX	XXX	\$ 271,534	\$ 608,230
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4).....	XXX	XXX	XXX	\$ 271,534	\$ 608,230
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2).....	XXX	XXX	XXX	\$ 4,106,179	\$ 3,832,889
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8).....	XXX	XXX	XXX	\$ 4,106,179	\$ 3,832,889

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of this financial statement is in conformity with the *Annual Statement Instructions* and *Accounting Practices and Procedures Manual* and requires the use of management's estimates and the reported amounts of revenue and expenses during the period. Actual Results could differ from the estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written should the need arise. Such reserves are computed by pro rata methods for direct business.

All expenses incurred in connection with acquiring new insurance business, included such acquisition costs as sales commissions, are charged to operations as incurred.

- (1) Short term investments are reported at amortized costs
- (2) All bonds are reported at amortized value using the interest method.
SVO Identified Investments are reported at Fair Market Value based upon the market price as reported by our broker/dealer Vanguard at the close of business at the end of the reported period.
- (3) Common Stocks are reported at market based upon the market price as reported by our broker/dealer Vanguard at the close of business at the end of the reported period.
- (4) Preferred stocks - None
- (5) Mortgage loans - None
- (6) Asset-backed securities - None
- (7) Investments in subsidiaries, controlled and affiliated entities - None
- (8) Investments in joint ventures, partnerships and limited liability companies - None
- (9) Derivatives - None
- (10) Investment income as a factor in the premium deficiency calculation - None
- (11) Management reserves claims as they are reported based upon industry experience and knowledge. Since the Company's insured risks are all first party property, management has determined that a loss development factor is not appropriate at this time, and therefore has not established any LDF or IBNR.
- (12) Changes in capitalization policy - None
- (13) Pharmaceutical rebate receivables - None

D. Going Concern - None

2. Accounting Changes and Corrections of Errors - No Significant Changes

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

No investment income was excluded or not admitted assets, as all investment income due was collected and accrued by the end of the reporting period.

B. Total Amount Excluded - None

Notes to the Financial Statements

7. Investment Income (Continued)

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross.....	\$ 49,870
2. Nonadmitted.....	\$
3. Admitted.....	\$ 49,870

D. The aggregate deferred interest

Aggregate Deferred Interest	Amount
.....	\$

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance

Cumulative amounts of PIK interest included in the current principal balance	Amount
.....	\$

8. Derivative Instruments - None

9. Income Taxes

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

	06/30/2025			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) Total (Col 1+2)	(4) Ordinary	(5) Capital	(6) Total (Col 4+5)	(7) Ordinary (Col 1-4)	(8) Capital (Col 2-5)	(9) Total (Col 7+8)
(a) Gross deferred tax assets.....	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b) Statutory valuation allowance adjustments.....	\$	\$	\$	\$	\$	\$	\$	\$	\$
(c) Adjusted gross deferred tax assets (1a - 1b).....	\$	\$	\$	\$	\$	\$	\$	\$	\$
(d) Deferred tax assets nonadmitted.....	\$	\$	\$	\$	\$	\$	\$	\$	\$
(e) Subtotal net admitted deferred tax asset (1c - 1d).....	\$	\$	\$	\$	\$	\$	\$	\$	\$
(f) Deferred tax liabilities.....	\$	\$	\$	\$	\$	\$	\$	\$	\$
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f).....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

(2) Admission calculation components SSAP No. 101 - None

(3) Ratio used as basis of admissibility - None

(4) Impact of tax-planning strategies - None

B. Regarding Deferred Tax Liabilities That Are Not Recognized - None

C. Major Components of Current Income Taxes Incurred

Current income taxes incurred consist of the following major components:

Current income taxes incurred consist of the following major components:	(1) 06/30/2025	(2) 12/31/2024	(3) Change (1-2)
1. Current Income Tax			
(a) Federal.....	\$ 72,180	\$ 161,233	\$ (89,053)
(b) Foreign.....	\$	\$	\$
(c) Subtotal (1a+1b).....	<u>\$ 72,180</u>	<u>\$ 161,233</u>	<u>\$ (89,053)</u>
(d) Federal income tax on net capital gains.....	\$	\$	\$
(e) Utilization of capital loss carry-forwards.....	\$	\$	\$
(f) Other.....	\$	\$	\$
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f).....	<u>\$ 72,180</u>	<u>\$ 161,233</u>	<u>\$ (89,053)</u>

Notes to the Financial Statements

9. Income Taxes (Continued)

	(1) 06/30/2025	(2) 12/31/2024	(3) Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses.....	\$.....	\$.....	\$.....
(2) Unearned premium reserve.....	\$.....	\$.....	\$.....
(3) Policyholder reserves.....	\$.....	\$.....	\$.....
(4) Investments.....	\$.....	\$.....	\$.....
(5) Deferred acquisition costs.....	\$.....	\$.....	\$.....
(6) Policyholder dividends accrual.....	\$.....	\$.....	\$.....
(7) Fixed assets.....	\$.....	\$.....	\$.....
(8) Compensation and benefits accrual.....	\$.....	\$.....	\$.....
(9) Pension accrual.....	\$.....	\$.....	\$.....
(10) Receivables - nonadmitted.....	\$.....	\$.....	\$.....
(11) Net operating loss carry-forward.....	\$.....	\$.....	\$.....
(12) Tax credit carry-forward.....	\$.....	\$.....	\$.....
(13) Other.....	\$.....	\$.....	\$.....
(99) Subtotal (Sum of 2a1 through 2a13).....	\$.....	\$.....	\$.....
(b) Statutory valuation allowance adjustment.....	\$.....	\$.....	\$.....
(c) Nonadmitted.....	\$.....	\$.....	\$.....
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c).....	\$.....	\$.....	\$.....
(e) Capital			
(1) Investments.....	\$.....	\$.....	\$.....
(2) Net capital loss carry-forward.....	\$.....	\$.....	\$.....
(3) Real estate.....	\$.....	\$.....	\$.....
(4) Other.....	\$.....	\$.....	\$.....
(99) Subtotal (2e1+2e2+2e3+2e4).....	\$.....	\$.....	\$.....
(f) Statutory valuation allowance adjustment.....	\$.....	\$.....	\$.....
(g) Nonadmitted.....	\$.....	\$.....	\$.....
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g).....	\$.....	\$.....	\$.....
(i) Admitted deferred tax assets (2d + 2h).....	\$.....	\$.....	\$.....
	(1) 06/30/2025	(2) 12/31/2024	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments.....	\$.....	\$.....	\$.....
(2) Fixed assets.....	\$.....	\$.....	\$.....
(3) Deferred and uncollected premium.....	\$.....	\$.....	\$.....
(4) Policyholder reserves.....	\$.....	\$.....	\$.....
(5) Other.....	\$.....	\$.....	\$.....
(99) Subtotal (3a1+3a2+3a3+3a4+3a5).....	\$.....	\$.....	\$.....
(b) Capital			
(1) Investments.....	\$.....	\$.....	\$.....
(2) Real estate.....	\$.....	\$.....	\$.....
(3) Other.....	\$.....	\$.....	\$.....
(99) Subtotal (3b1+3b2+3b3).....	\$.....	\$.....	\$.....
(c) Deferred tax liabilities (3a99 + 3b99).....	\$.....	\$.....	\$.....
4. Net deferred tax assets/liabilities (2i - 3c).....	\$.....	\$.....	\$.....

The change in deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Current Period	Prior Year	Change (Col. 1 - Col. 2)
Adjusted gross deferred tax assets.....	\$.....	\$.....	\$.....
Total deferred tax liabilities.....	\$.....	\$.....	\$.....
Net deferred tax assets (liabilities).....	\$.....	\$.....	\$.....
Statutory valuation allowance adjustment.....	\$.....	\$.....	\$.....
Net deferred tax assets (liabilities) after statutory valuation allowance.....	\$.....	\$.....	\$.....
Tax effect of unrealized gains (losses).....	\$.....	\$.....	\$.....
Change in net deferred income tax.....	\$.....	\$.....	\$.....

D. Among the More Significant Book to Tax Adjustments - None

E. Operating Loss and Tax Credit Carryforwards - None

Notes to the Financial Statements

9. Income Taxes (Continued)

- F. Consolidated Federal Income Tax Return - None
- G. Federal or Foreign Income Tax Loss Contingencies - None
- H. Repatriation Transition Tax (RTT) - None
- I. Alternative Minimum Tax (AMT) Credit - None

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - No Significant Changes

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

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

- A. Outstanding Shares - No Significant Changes
- B. Dividend Rate of Preferred Stock - None
- C. Dividend Restrictions - None
- D. Ordinary Dividends - None
- E. Company Profits Paid as Ordinary Dividends - None
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)

The Unassigned Funds (Surplus) is increased by \$32517.58 of cumulative unrealized gains.

- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

14. Liabilities, Contingencies and Assessments - No Significant Changes

15. Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

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

All premiums written by the Company are done so through the affiliated company Brands Insurance Agency, Inc, an independent Insurance Broker and Agent.

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written / Produced By
Brands Insurance Agency, Inc PO Box 62267 Cincinnati, OH 45262	31-1403760	.....YES.....	Property and Casualty	B	\$ 1,023,188
Total					\$ 1,023,188

20. Fair Value Measurements

A. Fair Value Measurement

The company reports its common stock holdings at Fair Market Value as determined by price data provided on the NYSE Acra exchange at the close of business on the reporting date. No other assets are reported at fair value, in accordance with NAIC SAPP.

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock - Industrial and Misc.....	\$ 144,275	\$	\$	\$	\$ 144,275
Total assets at fair value/NAV.....	\$ 144,275	\$	\$	\$	\$ 144,275
b. Liabilities at fair value					
Total liabilities at fair value.....	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) Policy on transfers into and out of Level 3 - None

(4) Inputs and techniques used for Level 2 and Level 3 fair values - None

(5) Derivatives - None

B. Other Fair Value Disclosures - None

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stocks - Industrial and Misc.....	\$.....	\$..... 144,275	\$.....	\$.....	\$.....	\$.....	\$.....

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

21. Other Items - No Significant Changes

22. Events Subsequent

Subsequent events have been considered through Aug 1, 2025 for the statutory statement issued on Aug 6, 2025

No events have occurred that meet the criteria of a Type I or Type II event.

23. Reinsurance - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - None

25. Changes in Incurred Losses and Loss Adjustment Expenses - Not Applicable

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves - None

31. High Deductibles - None

32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses - None

33. Asbestos/Environmental Reserves - None

34. Subscriber Savings Accounts - None

35. Multiple Peril Crop Insurance - None

36. Financial Guaranty Insurance - None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO.....

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO.....

2.2 If yes, date of change:.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES.....
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO.....

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO.....

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO.....

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO.....
If yes, attach an explanation.

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

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

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

6.4 By what department or departments?

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

6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A.....

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO.....

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO.....

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO.....

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES.....

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended?..... NO.....

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO.....

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... NO.....

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... NO.....

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:..... \$.....

13. Amount of real estate and mortgages held in short-term investments:..... \$.....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... NO.....

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... NO.....

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... N/A.....
If no, attach a description with this statement.

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

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$.....
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$.....
- 16.3 Total payable for securities lending reported on the liability page..... \$.....

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?..... YES.....

17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Yellow Cardinal Advisory Group.....	Cincinnati, OH.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?..... NO.....

17.4 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

1	2	3	4
Name of Firm or Individual	Affiliation		
Yellow Cardinal Advisory Group.....	U.....		
Vanguard (Broker) - No decision making authority.....	U.....		
Matthew J Brands - access to investment accounts.....	I.....		
Alison Brands Rice - access to investment accounts.....	I.....		
Steven J Murry - access to investment accounts.....	I.....		

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... YES.....

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... YES.....

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?..... YES.....

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

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

Has the reporting entity self-designated 5GI securities?..... NO.....

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

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

Has the reporting entity self-designated PLGI securities?..... NO.....

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... NO.....

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?..... NO.....
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?..... NO.....
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?..... NO.....

3.2 If yes, give full and complete information thereto

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?..... NO.....

4.2 If yes, complete the following schedule:

			Total Discount			Discount Taken During Period				
1 Line of Business	2 Maximum Interest	3 Disc. Rate	4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
Total.....										

5. Operating Percentages:

5.1 A&H loss percent..... %

5.2 A&H cost containment percent..... %

5.3 A&H expense percent excluding cost containment expenses..... %

6.1 Do you act as a custodian for health savings accounts?..... NO.....

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

6.3 Do you act as an administrator for health savings accounts?..... NO.....

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

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

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

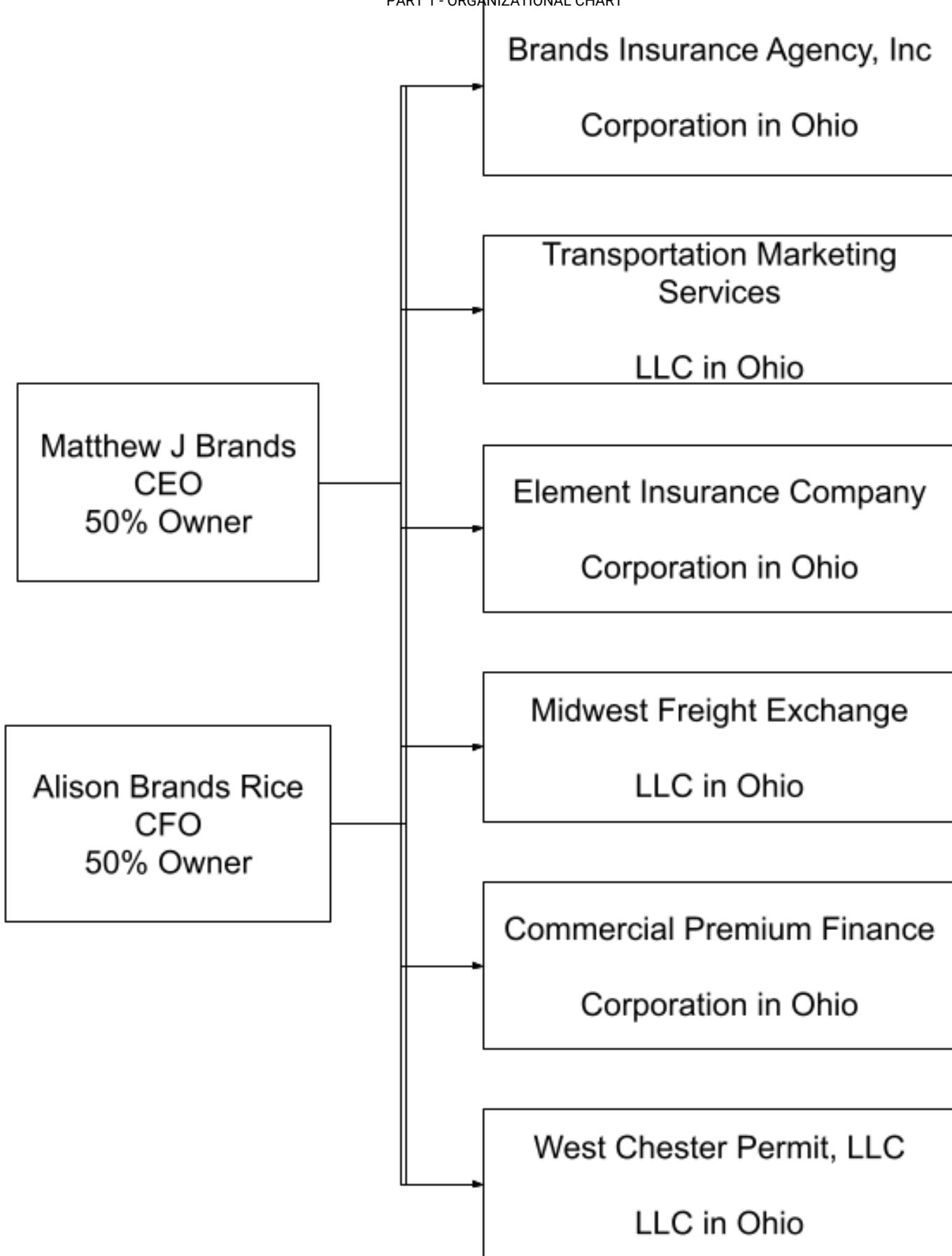
States, Etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....	AL.....	N.....					
2. Alaska.....	AK.....	N.....					
3. Arizona.....	AZ.....	N.....					
4. Arkansas.....	AR.....	N.....					
5. California.....	CA.....	N.....					
6. Colorado.....	CO.....	N.....					
7. Connecticut.....	CT.....	N.....					
8. Delaware.....	DE.....	N.....					
9. District of Columbia.....	DC.....	N.....					
10. Florida.....	FL.....	N.....					
11. Georgia.....	GA.....	N.....					
12. Hawaii.....	HI.....	N.....					
13. Idaho.....	ID.....	N.....					
14. Illinois.....	IL.....	N.....					
15. Indiana.....	IN.....	L.....	133,259	76,772	8,264		
16. Iowa.....	IA.....	N.....					
17. Kansas.....	KS.....	N.....					
18. Kentucky.....	KY.....	L.....	49,715		–		
19. Louisiana.....	LA.....	N.....					
20. Maine.....	ME.....	N.....					
21. Maryland.....	MD.....	N.....					
22. Massachusetts.....	MA.....	N.....					
23. Michigan.....	MI.....	N.....					
24. Minnesota.....	MN.....	N.....					
25. Mississippi.....	MS.....	N.....					
26. Missouri.....	MO.....	N.....					
27. Montana.....	MT.....	N.....					
28. Nebraska.....	NE.....	N.....					
29. Nevada.....	NV.....	N.....					
30. New Hampshire.....	NH.....	N.....					
31. New Jersey.....	NJ.....	N.....					
32. New Mexico.....	NM.....	N.....					
33. New York.....	NY.....	N.....					
34. North Carolina.....	NC.....	N.....					
35. North Dakota.....	ND.....	N.....					
36. Ohio.....	OH.....	L.....	840,214	493,068	213,365	79,369	105,166
37. Oklahoma.....	OK.....	N.....					
38. Oregon.....	OR.....	N.....					
39. Pennsylvania.....	PA.....	N.....					
40. Rhode Island.....	RI.....	N.....					
41. South Carolina.....	SC.....	N.....					
42. South Dakota.....	SD.....	N.....					
43. Tennessee.....	TN.....	N.....					
44. Texas.....	TX.....	N.....					
45. Utah.....	UT.....	N.....					
46. Vermont.....	VT.....	N.....					
47. Virginia.....	VA.....	N.....					
48. Washington.....	WA.....	N.....					
49. West Virginia.....	WV.....	N.....					
50. Wisconsin.....	WI.....	N.....					
51. Wyoming.....	WY.....	N.....					
52. American Samoa.....	AS.....	N.....					
53. Guam.....	GU.....	N.....					
54. Puerto Rico.....	PR.....	N.....					
55. U.S. Virgin Islands.....	VI.....	N.....					
56. Northern Mariana Islands.....	MP.....	N.....					
57. Canada.....	CAN.....	N.....					
58. Aggregate Other Alien.....	OT.....	XXX.....					
59. Totals.....		XXX.....	1,023,188	569,840	221,629	79,369	105,166
Details of Write-Ins							
58001.....		XXX.....					
58002.....		XXX.....					
58003.....		XXX.....					
58998. Summary of remaining write-ins for Line 58 from overflow page.....		XXX.....					
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above).....		XXX.....					

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3..... 4. Q – ... Qualified - Qualified or accredited reinsurer..... –
 2. R – Registered – Non-domiciled RRGs..... – 5. D – ... Domestic Surplus Lines Insurer (DSL) – Reporting entities
 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than the state of
domicile - see DSL)..... – 6. N – ... authorized to write surplus lines in the state of domicile..... –
 – None of the above - Not allowed to write business in the state..... 54

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

PART 1 - ORGANIZATIONAL CHART



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)	*
		16867	84-3656054			Element Insurance Company	OH	RE	Matthew Brands		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	1
		16867	84-3656054			Element Insurance Company	OH	RE	Alison Brands Rice		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	2
		31-1403760				Brands Insurance Agency, Inc.	OH	NIA	Matthew Brands		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	3
		31-1403760				Brands Insurance Agency, Inc.	OH	NIA	Alison Brands Rice		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	4
		31-1673712				Transportation Marketing Services, LLC	OH	NIA	Matthew Brands		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	5
		31-1673712				Transportation Marketing Services, LLC	OH	NIA	Alison Brands Rice		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	6
		43-1947516				Commercial Premium Finance, Inc.	OH	NIA	Matthew Brands		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	7
		43-1947516				Commercial Premium Finance, Inc.	OH	NIA	Alison Brands Rice		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	8
		02-0585003				Midwest Freight Exchange, LLC	OH	NIA	Matthew Brands		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	9
		02-0585003				Midwest Freight Exchange, LLC	OH	NIA	Alison Brands Rice		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	10
		31-1699688				West Chester Permit, LLC	OH	NIA	Matthew Brands		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	11
		31-1699688				West Chester Permit, LLC	OH	NIA	Alison Brands Rice		Ownership	50.0	Matthew Brands/Alison Brands Rice	No	12

Asterisk	Explanation
1	There are no voting rights preferences among the two 50/50 owners.
2	There are no voting rights preferences among the two 50/50 owners.
3	There are no voting rights preferences among the two 50/50 owners.
4	There are no voting rights preferences among the two 50/50 owners.
5	There are no voting rights preferences among the two 50/50 owners.
6	There are no voting rights preferences among the two 50/50 owners.
7	There are no voting rights preferences among the two 50/50 owners.
8	There are no voting rights preferences among the two 50/50 owners.
9	There are no voting rights preferences among the two 50/50 owners.
10	There are no voting rights preferences among the two 50/50 owners.
11	There are no voting rights preferences among the two 50/50 owners.
12	There are no voting rights preferences among the two 50/50 owners.

PART 1 – LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
2.1 Allied lines				
2.2 Multiple peril crop				
2.3 Federal flood				
2.4 Private crop				
2.5 Private flood				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5.1 Commercial multiple peril (non-liability portion)				
5.2 Commercial multiple peril (liability portion)				
6. Mortgage guaranty				
8. Ocean marine				
9.1 Inland marine	29,766	(244)	(0.820)	-
9.2 Pet insurance				
10. Financial guaranty				
11.1 Medical professional liability - occurrence				
11.2 Medical professional liability - claims made				
12. Earthquake				
13.1 Comprehensive (hospital and medical) individual				
13.2 Comprehensive (hospital and medical) group				
14. Credit accident and health				
15.1 Vision only				
15.2 Dental only				
15.3 Disability income				
15.4 Medicare supplement				
15.5 Medicaid Title XIX				
15.6 Medicare Title XVIII				
15.7 Long-term care				
15.8 Federal employees health benefits plan				
15.9 Other health				
16. Workers' compensation				
17.1 Other liability occurrence				
17.2 Other liability-claims made				
17.3 Excess workers' compensation				
18.1 Products liability - occurrence				
18.2 Products liability - claims made				
19.1 Private passenger auto no-fault (personal injury protection)				
19.2 Other private passenger auto liability				
19.3 Commercial auto no-fault (personal injury protection)				
19.4 Other commercial auto liability				
21.1 Private passenger auto physical damage				
21.2 Commercial auto physical damage	700,514	280,655	40.064	14.108
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - nonproportional assumed property	XXX	XXX	XXX	XXX
32. Reinsurance - nonproportional assumed liability	XXX	XXX	XXX	XXX
33. Reinsurance - nonproportional assumed financial lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. Totals	730,280	280,411	38.398	13.787
Details of Write-Ins				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Summary of remaining write-ins for Line 34 from overflow page				

PART 2 – DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2.1 Allied lines.....			
2.2 Multiple peril crop.....			
2.3 Federal flood.....			
2.4 Private crop.....			
2.5 Private flood.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5.1 Commercial multiple peril (non-liability portion).....			
5.2 Commercial multiple peril (liability portion).....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9.1 Inland marine.....	19,519	59,179	35,813
9.2 Pet insurance.....			
10. Financial guaranty.....			
11.1 Medical professional liability - occurrence.....			
11.2 Medical professional liability - claims made.....			
12. Earthquake.....			
13.1 Comprehensive (hospital and medical) individual.....			
13.2 Comprehensive (hospital and medical) group.....			
14. Credit accident and health.....			
15.1 Vision only.....			
15.2 Dental only.....			
15.3 Disability income.....			
15.4 Medicare supplement.....			
15.5 Medicaid Title XIX.....			
15.6 Medicare Title XVIII.....			
15.7 Long-term care.....			
15.8 Federal employees health benefits plan.....			
15.9 Other health.....			
16. Workers' compensation.....			
17.1 Other liability occurrence.....			
17.2 Other liability-claims made.....			
17.3 Excess workers' compensation.....			
18.1 Products liability - occurrence.....			
18.2 Products liability - claims made.....			
19.1 Private passenger auto no-fault (personal injury protection).....			
19.2 Other private passenger auto liability.....			
19.3 Commercial auto no-fault (personal injury protection).....			
19.4 Other commercial auto liability.....			
21.1 Private passenger auto physical damage.....			
21.2 Commercial auto physical damage.....	631,515	964,009	534,027
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance - nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance - nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance - nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....			
35. Totals.....	651,034	1,023,188	569,840
Details of Write-Ins			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page.....			
3499. Summary of remaining write-ins for Line 34 from overflow page.....			

PART 3 (000 OMITTED)
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year End Known Case Loss and LAE Reserves	2 Prior Year End IBNR Loss and LAE Reserves (Cols. 1+2)	3 Total Prior Year End Loss and LAE Reserves (Cols. 1+2)	4 2025 Loss and LAE Payments on Claims Reported as of Prior Year End	5 2025 Loss and LAE Payments on Claims Unreported as of Prior Year End	6 Total 2025 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings) / Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings) / Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings) / Deficiency (Cols. 11+12)
1. 2022 + Prior													
2. 2023													
3. Subtotals 2023 + prior													
4. 2024	38	—	38	116		116					78	—	78
5. Subtotals 2024 + prior	38	—	38	116		116					78	—	78
6. 2025	XXX	XXX	XXX	XXX	91	91	XXX	112		112	XXX	XXX	XXX
7. Totals	38	—	38	116	91	207	—	112		112	78	—	78
8. Prior Year-End Surplus As Regards Policyholders	3,833										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											206.200 %	206.200 %	Col. 13, Line 7 / Line 8 2.044 %

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO.....
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO.....

August Filing

5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	NO.....
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EXPLANATION:

1. Not applicable.....
2. Not applicable.....
3. Not applicable.....
4.
5.

BARCODES:

1.  1 6 8 6 7 2 0 2 5 4 9 0 0 0 0 0 2
2.  1 6 8 6 7 2 0 2 5 4 5 5 0 0 0 0 2
3.  1 6 8 6 7 2 0 2 5 3 6 5 0 0 0 0 2
4.  1 6 8 6 7 2 0 2 5 5 0 5 0 0 0 0 2
5.  1 6 8 6 7 2 0 2 4 2 2 2 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

NONE**SCHEDULE B – VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase / (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,742,677	892,471
2. Cost of bonds and stocks acquired	2,952	1,514,139
3. Accrual of discount	1,192	22,413
4. Unrealized valuation increase / (decrease)	10,800	17,464
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	307,000	701,000
7. Deduct amortization of premium	–	2,810
8. Total foreign exchange change in book / adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	1,450,621	1,742,677
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	1,450,621	1,742,677

SCHEDULE D – PART 1B

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

NAIC Designation	1 Book / Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book / Adjusted Carrying Value End of First Quarter	6 Book / Adjusted Carrying Value End of Second Quarter	7 Book / Adjusted Carrying Value End of Third Quarter	8 Book / Adjusted Carrying Value December 31 Prior Year
Issuer Credit Obligations (ICO)								
1. NAIC 1 (a)	3,007,342	354,621	200,000	27,164	3,007,342	3,189,127		2,583,346
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	3,007,342	354,621	200,000	27,164	3,007,342	3,189,127		2,583,346
Asset-Backed Securities (ABS)								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
Preferred Stock								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS, & Preferred Stock	3,007,342	354,621	200,000	27,164	3,007,342	3,189,127		2,583,346

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 1,882,780; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book / Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999 Total	1,882,779	XXX	1,837,360		2,358

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	976,773	1,165,605
2. Cost of short-term investments acquired.....	1,180,950	1,557,119
3. Accrual of discount.....	35,057	38,049
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	310,000	1,784,000
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,882,779	976,773
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,882,779	976,773

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts
NONE

(SI-05) Schedule DB - Part C - Section 1
NONE

(SI-06) Schedule DB - Part C - Section 2
NONE

(SI-07) Schedule DB - Verification
NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	407,434	298,790
2. Cost of cash equivalents acquired.....	1,535,639	3,118,524
3. Accrual of discount.....	1,384	
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	1,944,385	3,009,880
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	71	407,434
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	71	407,434

(E-01) Schedule A - Part 2

NONE

(E-01) Schedule A - Part 3

NONE

(E-02) Schedule B - Part 2

NONE

(E-02) Schedule B - Part 3

NONE

(E-03) Schedule BA - Part 2

NONE

(E-03) Schedule BA - Part 3

NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Common Stocks: Exchange Traded Funds								
921937-83-5	Vanguard Total Bond Market	06/04/2025	Vanguard	5.303	387	XXX	XXX	XXX
921946-40-6	Vanguard High Dvd Yield ETF	06/24/2025	Vanguard	2.175	285	XXX	XXX	XXX
92204A-60-3	Vanguard Industrials ETF	06/30/2025	Vanguard	0.133	37	XXX	XXX	XXX
92206C-57-3	Vanguard Total Corporate Bond ETF	06/04/2025	Vanguard	6.179	471	XXX	XXX	XXX
92206C-70-6	Vanguard Intermediate Term Treasuries ETF	06/04/2025	Vanguard	6.295	374	XXX	XXX	XXX
5819999999 - Common Stocks: Exchange Traded Funds				1,554	XXX	XXX	XXX	XXX
5989999997 - Subtotals - Common Stocks - Part 3				1,554	XXX	XXX	XXX	XXX
5989999998 - Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
5989999999 - Subtotals Common Stocks				1,554	XXX	XXX	XXX	XXX
5999999999 - Subtotals Preferred and Common Stocks				1,554	XXX	XXX	XXX	XXX
6009999999 - Totals				1,554	XXX	XXX	XXX	XXX

(E-05) Schedule D - Part 4

NONE

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Yellow Cardinal – 9120 Union Centre Blvd, West Chester, OH 45069		4.960	524	174	50,879	50,848	50,849	XXX
Republic Bank - Accounts – 601 West Market Street Louisville, KY 40202		3.140	1,173	–	190,845	108,147	185,082	XXX
Republic Bank CD – 9120 UNION CENTRE BLVD WEST CHESTER OH 45069		2.480	5,906	–	555,626	557,552	559,549	XXX
Huntington Bank - Accounts – 9155 Allen Road West Chester, OH 45069		2.340	32	–	15,093	110,021	1,909	XXX
Charles Schwab Bank, SSB 08/26/2025 – WESTLAKE TX CD FDIC #57450 IAM		4.400	–	1,875	77,042	77,003	76,991	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories								XXX
0199999 – Total Open Depositories		7,635	2,049	889,485	903,571	874,380	XXX	
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit		7,635	2,049	889,485	903,571	874,380	XXX	
0499999 – Cash in Company's Office		XXX	XXX					XXX
0599999 – Total		7,635	2,049	889,485	903,571	874,380	XXX	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book / Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
922906-30-0.....	Vanguard Money Market Fund.....		06/30/2025.....	XXX.....	71.....	.....	.....	1,181.....
8309999999 - All Other Money Market Mutual Funds.....					71.....	.....	.....	1,181.....
8589999999 - Total Cash Equivalents (Unaffiliated).....					71.....	.....	.....	1,181.....
8609999999 - Total Cash Equivalents.....					71.....	.....	.....	1,181.....