



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

Westfield Select Insurance Company

NAIC Group Code02280228NAIC Company Code17105Employer's ID Number86-3786390

(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Incorporated/Organized06/21/2021Commenced Business09/21/2021

Statutory Home OfficeOne Park CircleWestfield Center, OH, US 44251-5001

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative OfficeOne Park Circle

(Street and Number)

Westfield Center, OH, US 44251-5001330-887-0101

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP. O. Box 5001Westfield Center, OH, US 44251-5001

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and RecordsOne Park Circle

(Street and Number)

Westfield Center, OH, US 44251-5001330-887-0101

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.westfieldgrp.com

Statutory Statement ContactMichelle Lynne Manzagol330-887-6099

(Name)(Area Code) (Telephone Number)

FinancialReporting@westfieldgrp.com330-887-4415

(E-mail Address)(FAX Number)

OFFICERS

President, CEO, and BoardChairEdward James Largent IIIChief Administrative Officer and SecretaryKathleen Rose Golovan #

Chief Operating Officer and TreasurerJoseph Christian KohmannSpecial CounselFrank Anthony Carrino

OTHER

John Andrew Kuhn, President, Westfield SpecialtyKristine Lynn Neate, Chief of StaffJennifer Constantine Palmieri, Chief People Officer

Stuart Wayne Rosenberg, President, Standard LinesRobert John Looney, Chief Financial Officer

DIRECTORS OR TRUSTEES

Barbara Marie BufkinDavid Preston HollanderMichael Tufts Jeans

John Patrick Lanigan JrEdward James Largent IIICraig David Pfeiffer

Billie Kay RawotMary Kim ElkinsGregory Robert Galeaz

State ofOhioSS:

County ofMedina

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.

Edward James Largent IIIJoseph Christian KohmannKathleen Rose Golovan

President, CEO, and Board ChairChief Operating Officer and TreasurerChief Administrative Officer and Secretary

Subscribed and sworn to before me thisa. Is this an original filing? Yes [X] No []

15th day of October, 2025b. 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	28,609,902	0	28,609,902	28,264,083
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$0), cash equivalents (\$ 656,185) and short-term investments (\$0)	656,185	0	656,185	484,170
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	29,266,087	0	29,266,087	28,748,253
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	72,991	0	72,991	169,841
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	4,037,353	0	4,037,353	3,091,354
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	33,376,431	0	33,376,431	32,009,448
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	33,376,431	0	33,376,431	32,009,448
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$0)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	34,007	16,728
7.2 Net deferred tax liability	89,381	68,145
8. Borrowed money \$0 and interest thereon \$0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 36,229,023 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	4,037,353	3,091,354
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$0 certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	0	0
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$0 and interest thereon \$0	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	4,160,741	3,176,227
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	4,160,741	3,176,227
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	5,000,000	5,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	22,500,000	22,500,000
35. Unassigned funds (surplus)	1,715,690	1,333,221
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 30 \$0)	0	0
36.2 .....0 shares preferred (value included in Line 31 \$0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	29,215,690	28,833,221
38. Totals (Page 2, Line 28, Col. 3)	33,376,431	32,009,448
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 52,622,610)	37,464,489	15,051,373	22,996,932
1.2 Assumed (written \$ 0)	0	0	0
1.3 Ceded (written \$ 52,622,610)	37,464,489	15,051,373	22,996,932
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 0):			
2.1 Direct	23,918,125	5,645,445	11,212,524
2.2 Assumed	0	0	0
2.3 Ceded	23,918,125	5,645,445	11,212,524
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	484,139	473,090	634,381
10. Net realized capital gains (losses) less capital gains tax of \$ 0	0	0	0
11. Net investment gain (loss) (Lines 9 + 10)	484,139	473,090	634,381
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	484,139	473,090	634,381
17. Dividends to policyholders	0	0	0
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)	484,139	473,090	634,381
19. Federal and foreign income taxes incurred	80,434	78,897	105,791
20. Net income (Line 18 minus Line 19)(to Line 22)	403,705	394,193	528,590
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	28,833,221	28,332,059	28,332,059
22. Net income (from Line 20)	403,705	394,193	528,590
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(21,236)	(20,452)	(27,428)
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	382,469	373,741	501,162
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	29,215,690	28,705,800	28,833,221
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

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	946,000	0	3,091,354
2. Net investment income	482,516	474,787	502,832
3. Miscellaneous income	0	0	2
4. Total (Lines 1 to 3)	1,428,516	474,787	3,594,188
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	63,156	70,053	96,697
10. Total (Lines 5 through 9)	63,156	70,053	96,697
11. Net cash from operations (Line 4 minus Line 10)	1,365,360	404,734	3,497,491
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	1,406	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	1,406	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	247,345	232,374	427,539
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	247,345	232,374	427,539
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(247,345)	(230,968)	(427,539)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(946,000)	(1,502)	(3,091,354)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(946,000)	(1,502)	(3,091,354)
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) .	172,015	172,264	(21,402)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	484,170	505,572	505,572
19.2 End of period (Line 18 plus Line 19.1)	656,185	677,836	484,170

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

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NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
The financial statements of Westfield Select Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices (SAP) prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

The Company has not implemented any prescribed or permitted accounting practices by the State of Ohio that differ from those found in NAIC SAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	9/30/2025		12/31/2024	
NET INCOME							
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$	403,705	\$	528,590
(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	\$	403,705	\$	528,590
SURPLUS							
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$	29,215,690	\$	28,833,221
(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	\$	29,215,690	\$	28,833,221

B. Use of Estimates in the Preparation of the Financial Statements
No significant changes

C. Accounting Policy
Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

(1) No significant changes
(2) Bonds not backed by other loans are stated at amortized cost using the scientific interest method per SSAP No.26.
(3-9) Not applicable
(10-13) No significant changes

D. Going Concern
Not applicable

NOTE 2 Accounting Changes and Corrections of Errors
Not applicable

NOTE 3 Business Combinations and Goodwill
Not applicable

NOTE 4 Discontinued Operations
Not applicable

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans
The Company does not invest in mortgage loans. No mezzanine real estate loans are held.

B. Debt Restructuring
The Company is not a creditor for any loans that have been restructured.

C. Reverse Mortgages
Not applicable

D. Asset-Backed Securities
Not applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

NOTES TO FINANCIAL STATEMENTS

- Not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale
Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not applicable
- J. Real Estate
Not applicable
- K. Investments in Tax Credit Structures (tax credit investments)
Not applicable

- L. Restricted Assets
No significant changes
- M. Working Capital Finance Investments
Not applicable
- N. Offsetting and Netting of Assets and Liabilities
Not applicable

- O. 5GI Securities
Not applicable
- P. Short Sales
Not applicable

- Q. Prepayment Penalty and Acceleration Fees
Not applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type
Not applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral
Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

No significant changes

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

No significant changes

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

- A. The Company is owned and operated by its parent company, Ohio Farmers Insurance Company.
- B. Transactions
Not applicable
- C. Transactions with related party who are not reported on Schedule Y
Not applicable
- D. Amounts Due to or from Related Parties
No significant changes
- E. Material Management or Service Contracts and Cost-Sharing Arrangements
No significant changes
- F. Guarantees or Undertakings
The Company did not make any guarantees for the benefit of an affiliate or related party resulting in material contingent exposure
- G. Nature of the Control Relationship
The Company is owned and operated by its parent company, Ohio Farmers Insurance Company.
- H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned
Not applicable
- I. Investments in SCA that Exceed 10% of Admitted Assets
No significant changes
- J. Investments in Impaired SCAs
Not applicable
- K. Investment in Foreign Insurance Subsidiary
Not applicable

NOTES TO FINANCIAL STATEMENTS

- L. Investment in Downstream Noninsurance Holding Company
Not applicable
- M. All SCA Investments
Not applicable
- N. Investment in Insurance SCAs
Not applicable
- O. SCA or SSAP 48 Entity Loss Tracking
Not applicable

NOTE 11 Debt

- A. Debt, Including Capital Notes
Not applicable
- B. FHLB (Federal Home Loan Bank) Agreements
Not applicable

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

Not applicable

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

No significant changes

NOTE 14 Liabilities, Contingencies and Assessments

- A. Contingent Commitments
Not applicable
- B. Assessments
No significant changes
- C. Gain Contingencies
Not applicable
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits
Not applicable
- E. Product Warranties
Not applicable
- F. Joint and Several Liabilities
Not applicable
- G. All Other Contingencies
Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company. There are no contingent liabilities arising from litigation.

The Company is a participant in the Ohio Farmers Insurance Company's pooling agreement with zero pool percentage and as such has no accounts receivable related to agents balances or uncollected premiums.

NOTE 15 Leases

No significant changes

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

Not applicable

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

- A. Transfers of Receivables Reported as Sales
The Company has not sold or transferred any receivables to any other parties.
- B. Transfer and Servicing of Financial Assets
Not applicable
- C. Wash Sales
Not applicable

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

Not applicable

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

Party Administrator	NUMBER	Contract	Business Written	Authority Granted	Produced By
Euclid Transactional, LLC One Park, 18th Floor New York, NY 10016	36-4835173	No	Other Liability	C, CA, B, P, U	\$ 8,748,739
Total	XXX	XXX	XXX	XXX	\$ 8,748,739

NOTES TO FINANCIAL STATEMENTS

C - Claims Payment
CA - Claims Adjustment
R - Reinsurance Ceding
B - Binding Authority
P - Premium Collection
U - Underwriting

NOTE 20 Fair Value Measurements

A. Fair Value Measurements

For assets that are measured and reported at fair value or net asset value (NAV) in the statement of financial position after initial recognition, the valuation techniques and the inputs used to develop those measurements are as follows:

Level 1 - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.

Level 3 - Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The Company has no liabilities that are measured at fair value in the statement of financial position.

(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					
CE - Money Market Mutual Funds	\$ -	\$ 656,185	\$ -	\$ -	\$ 656,185
Total assets at fair value/NAV	\$ -	\$ 656,185	\$ -	\$ -	\$ 656,185

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

(2) At September 30, 2025, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 3.

(3) The Company's policy for determining when transfers between levels is required is based upon change in the inputs used to determine fair value measurement. If an input changes, the Company evaluates the new input(s) and makes the determination whether or not a transfer between levels is appropriate. If an asset or liability is transferred between levels, it is the Company's policy to record the transfer as of the beginning of the quarter in which the transfer occurs. The Company held no assets or liabilities categorized as Level 1, 2 or 3 during the reporting period that were transferred into or out of the level categorization held at January 1, 2025.

(4) As of September 30, 2025, the Company held money market mutual funds, which were reported at fair value and were classified as Level 2. As of September 30, 2025, the Company held no investments in assets or liabilities measured and reported at fair value that were classified as Level 3. Historically, fair values in the Level 2 category are provided by independent pricing services. Where independent pricing services provide fair values, the Company has obtained an understanding of the methods, models and inputs used in pricing and has controls in place to validate that amounts provided represent current fair values. Estimated fair values of investments categorized as Level 3 generally include inputs for which no readily observable inputs are available and require management judgment.

(5) As of September 30, 2025, the Company had no holdings classified as either a derivative asset or liability.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - Not required

C. Fair Value Level

The method(s) and significant assumptions used to estimate the fair value of financial instruments are as follows:

Investment Securities - Fair values for bonds, including the aggregate write-ins for invested assets are based on the values prescribed by an independent pricing service or from brokers. For bonds that are not actively traded, estimated fair values are based on values of bonds of comparable yield and credit quality. The fair values for common stocks are based on quoted market prices, where available, which are provided to the Company by an independent pricing service.

Cash Equivalents - Cash equivalents include money market mutual funds, which are reported at fair value. Cash equivalents are short-term, highly liquid investments that are both readily convertible to known amounts of cash, and so near their maturity that they present insignificant risk of changes in value due to change in interest rates.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer credit obligations	\$ 27,908,577	\$ 28,609,902	\$ 27,908,577	\$ -	\$ -	\$ -	\$ -
Cash equivalents	\$ 656,185	\$ 656,185	\$ -	\$ 656,185	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value
Not applicable

E. NAV Practical Expedient Investments
Not applicable

NOTE 21 Other Items

A. Unusual or Infrequent Items
Not applicable

B. Troubled Debt Restructuring: Debtors
Not applicable

C. Other Disclosures

NOTES TO FINANCIAL STATEMENTS

- Not applicable
- D. Business Interruption Insurance Recoveries
No significant changes
- E. State Transferable and Non-transferable Tax Credits
Not applicable
- F. Subprime Mortgage Related Risk Exposure
No significant changes
- G. Insurance-Linked Securities (ILS) Contracts
Not applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy
Not applicable

NOTE 22 Events Subsequent
Subsequent events have been considered through October 15, 2025 for the statutory statements issued as of September 30, 2025. No events or transactions have occurred that would give rise to a Type I or Type II subsequent event.

NOTE 23 Reinsurance
No significant changes

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

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses
The Company is a participant in the Ohio Farmers Insurance Company's pooling agreement with a zero pool percentage, and as such has no net incurred losses nor loss adjustment expenses.

NOTE 26 Intercompany Pooling Arrangements
A.-F. No significant changes

G. Amounts due to/from the lead entity and pool participants as of September 30, 2025:

	Amount Receivable	Amount Payable
Ohio Farmers Insurance Company (lead entity)	\$ 73,887,368	\$ 27,148,773
Westfield Insurance Company	\$ 20,940,438	\$ -
Westfield National Insurance Company	\$ 6,208,335	\$ -
American Select Insurance Company	\$ -	\$ 15,160,290
Old Guard Insurance Company	\$ -	\$ 1,198,970
Westfield Champion Insurance Company	\$ -	\$ 4,059,754
Westfield Select Insurance Company	\$ -	\$ 4,037,353
Westfield Premier Insurance Company	\$ -	\$ 1,687,841
Westfield Superior Insurance Company	\$ -	\$ 28,963,123
Westfield Specialty Insurance Company	\$ -	\$ 18,128,432
Westfield Touchstone Insurance Company	\$ -	\$ 651,605

NOTE 27 Structured Settlements
No significant changes

NOTE 28 Health Care Receivables
Not applicable

NOTE 29 Participating Policies
Not applicable

NOTE 30 Premium Deficiency Reserves
No significant changes

NOTE 31 High Deductibles
Not applicable

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses
No significant changes

NOTE 33 Asbestos/Environmental Reserves
No significant changes

NOTE 34 Subscriber Savings Accounts
Not applicable

NOTE 35 Multiple Peril Crop Insurance
Not applicable

NOTE 36 Financial Guaranty Insurance
Not applicable

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

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

Yes [] No [X]

1.2

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

Yes [] No []

2.1

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

Yes [] No [X]

2.2

If yes, date of change:

3.1

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

Yes [X] No []

3.2

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

Yes [] No [X]

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?

Yes [] No [X]

3.5

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

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2

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

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

5.

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

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

6.1

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

12/31/2022

6.2

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

12/31/2022

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).

05/31/2024

6.4

By what department or departments?
Ohio

6.5

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

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

6.6

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

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

7.1

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

Yes [] No [X]

7.2

If yes, give full information:

8.1

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

Yes [X] No []

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
Ohio Farmers Insurance Company

8.3

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

Yes [X] No []

8.4

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

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Ohio Farmers Insurance Company	Westfield Center, Ohio	YES	NO	NO	NO
Westfield Bancorp, Inc.	Westfield Center, Ohio	YES	NO	NO	NO
Westfield Bank, FSB	Westfield Center, Ohio	NO	YES	NO	NO

GENERAL INTERROGATORIES

- 9.1

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

Yes [X] No []
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

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

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

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [X] No []
- 10.2

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

4,037,353

INVESTMENT

- 11.1

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

Yes [] No [X]
- 11.2

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

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

\$.....

0
13.

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

\$.....

0
- 14.1

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

Yes [] No [X]
- 14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$.....0	\$.....0
14.22 Preferred Stock	\$.....0	\$.....0
14.23 Common Stock	\$.....0	\$.....0
14.24 Short-Term Investments	\$.....0	\$.....0
14.25 Mortgage Loans on Real Estate	\$.....0	\$.....0
14.26 All Other	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$.....0	\$.....0

15.1

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

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
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.

\$

0

16.2

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

\$

0

16.3

Total payable for securities lending reported on the liability page.

\$

0
- 7.1

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Westfield Select Insurance Company

GENERAL INTERROGATORIES

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

1 Name of Custodian(s)	2 Custodian Address
BNY Mellon	240 Greenwich St., New York, NY 10286

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Individuals designated by the Chief Investment Officer	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 [] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

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

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

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

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

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

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

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

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

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

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

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

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

Yes [] No [X]
- 3.1

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

Yes [] No [X]
- 3.2

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

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

Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:

- 5.1 A&H loss percent

0.000 %
- 5.2 A&H cost containment percent

0.000 %
- 5.3 A&H expense percent excluding cost containment expenses

0.000 %
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

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

0
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

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

0
7.

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

Yes [X] No []
- 7.1

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

Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Westfield Select Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		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	
States, etc.		(a)	To Date	To Date	To Date	To Date	To Date	To Date	
1.	Alabama	AL	L	378,323	130,000	0	0	225,065	52,077
2.	Alaska	AK	L	16,500	0	0	0	6,070	0
3.	Arizona	AZ	L	448,589	26,440	0	0	274,617	83,822
4.	Arkansas	AR	L	686,800	379,055	0	0	450,650	162,671
5.	California	CA	N	0	0	0	0	0	0
6.	Colorado	CO	L	2,392,837	1,639,127	0	0	1,966,414	760,111
7.	Connecticut	CT	L	2,437,188	739,996	0	0	1,584,319	277,062
8.	Delaware	DE	L	977,234	751,125	0	0	899,839	341,085
9.	District of Columbia	DC	L	1,114,116	620,605	0	0	750,216	275,891
10.	Florida	FL	L	2,859,503	0	0	0	1,039,466	0
11.	Georgia	GA	L	345,224	126,911	0	0	160,437	50,434
12.	Hawaii	HI	L	385,000	360,000	0	0	268,858	120,205
13.	Idaho	ID	N	0	0	0	0	0	0
14.	Illinois	IL	L	5,168,242	2,312,102	0	0	3,757,485	845,318
15.	Indiana	IN	L	1,007,590	359,879	0	0	625,358	129,163
16.	Iowa	IA	L	0	12,353	0	0	3,989	4,712
17.	Kansas	KS	L	31,467	0	0	0	9,385	0
18.	Kentucky	KY	L	319,511	0	0	0	117,274	0
19.	Louisiana	LA	L	158,713	175,010	0	0	116,027	67,086
20.	Maine	ME	L	82,890	0	0	0	26,848	0
21.	Maryland	MD	L	869,375	414,370	3,625,000	0	488,847	117,952
22.	Massachusetts	MA	L	7,263,879	3,302,833	0	0	6,510,823	1,812,122
23.	Michigan	MI	L	1,109,585	383,564	0	0	800,656	257,777
24.	Minnesota	MN	L	445,688	125,000	0	0	245,226	41,738
25.	Mississippi	MS	L	109,347	12,981	0	0	37,028	4,952
26.	Missouri	MO	L	84,746	22,450	0	0	41,392	11,994
27.	Montana	MT	L	60,387	0	0	0	16,984	0
28.	Nebraska	NE	L	307,889	48,000	0	0	180,929	31,883
29.	Nevada	NV	L	124,518	3,453	0	0	55,557	1,317
30.	New Hampshire	NH	L	213,489	0	0	0	111,832	0
31.	New Jersey	NJ	L	5,048,712	2,803,799	0	0	3,473,063	937,139
32.	New Mexico	NM	L	27,516	0	0	0	8,617	0
33.	New York	NY	L	35,632	0	0	0	10,022	0
34.	North Carolina	NC	L	743,050	267,000	0	0	410,198	123,587
35.	North Dakota	ND	L	73,670	0	0	0	30,075	0
36.	Ohio	OH	L	3,569,390	836,968	0	0	1,937,389	515,911
37.	Oklahoma	OK	L	555,498	317,700	0	0	223,259	100,938
38.	Oregon	OR	L	34,296	0	0	0	16,774	0
39.	Pennsylvania	PA	L	1,945,943	353,458	167,699	0	1,172,686	287,879
40.	Rhode Island	RI	L	752,340	263,370	0	0	454,484	115,353
41.	South Carolina	SC	L	493,985	75,997	0	0	262,502	39,253
42.	South Dakota	SD	L	35,649	0	0	0	10,026	0
43.	Tennessee	TN	L	1,345,011	489,858	0	0	868,722	234,695
44.	Texas	TX	L	5,988,674	2,236,427	289,189	0	3,248,282	880,773
45.	Utah	UT	L	1,169,618	704,988	0	0	895,534	324,530
46.	Vermont	VT	L	85,000	5,000	0	0	34,243	1,945
47.	Virginia	VA	L	187,008	62,550	0	0	308,662	169,829
48.	Washington	WA	L	0	0	0	0	0	0
49.	West Virginia	WV	L	121,194	0	0	0	58,698	0
50.	Wisconsin	WI	L	888,013	262,300	0	0	460,295	106,399
51.	Wyoming	WY	L	123,781	0	0	0	35,798	0
52.	American Samoa	AS	N	0	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0
58.	Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59.	Totals	XXX		52,622,610	20,624,669	4,081,888	0	34,690,920	9,287,603
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 49

2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... 0

4. Q - Qualified - Qualified or accredited reinsurer..... 0

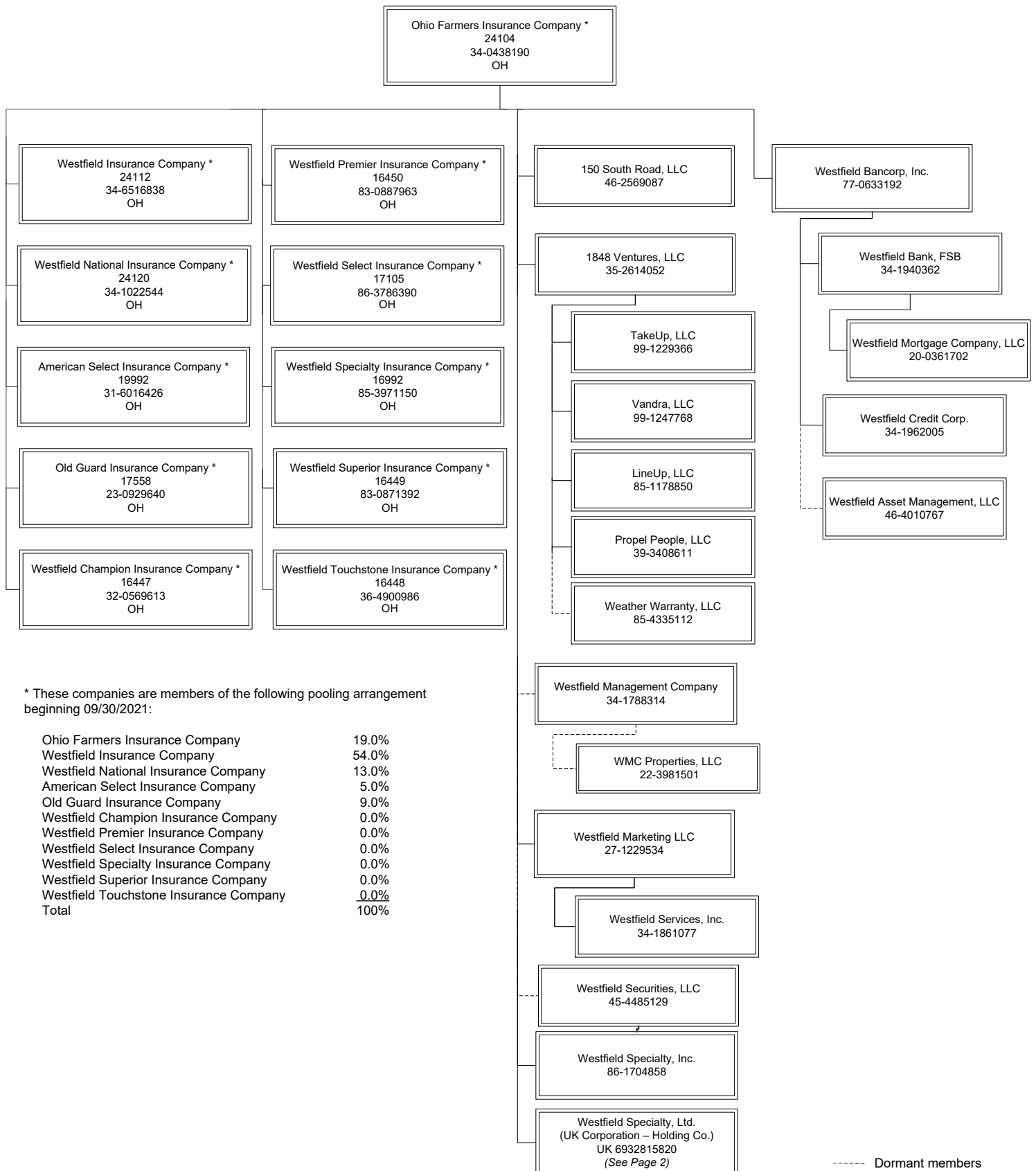
5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile..... 0

6. N - None of the above - Not allowed to write business in the state... .. 8

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Westfield Select Insurance Company

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

PART 1 – ORGANIZATIONAL CHART



PART 1 – ORGANIZATIONAL CHART (cont.)



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0228...	OFIC & Affiliates	24104	34-0438190	0	0		Ohio Farmers Insurance Company	.OH.	UDP	NA	NA	0.000	NA	...NO...	...1...
.0228...	OFIC & Affiliates	24112	34-6516838	0	0		Westfield Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	24120	34-1022544	0	0		Westfield National Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	19992	31-6016426	0	0		American Select Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	17558	23-0929640	0	0		Old Guard Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	16447	32-0569613	0	0		Westfield Champion Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	16450	83-0887963	0	0		Westfield Premier Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	17105	86-3786390	0	0		Westfield Select Insurance Company	.OH.	RE	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	16992	85-3971150	0	0		Westfield Specialty Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	16449	83-0871392	0	0		Westfield Superior Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0228...	OFIC & Affiliates	16448	36-4900986	0	0		Westfield Touchstone Insurance Company	.OH.	IA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	46-2569087	0	0		150 South Road, LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	35-2614052	0	0		1848 Ventures, LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	85-1178850	0	0		LineUp, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	85-4335112	0	0		Weather Warranty, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	99-1229366	0	0		TakeUp, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	99-1247768	0	0		Vandra, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	39-3408611	0	0		Propel People, LLC	.OH.	NIA	1848 Ventures, LLC	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	34-1788314	0	0		Westfield Management Company	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	22-3981501	0	0		WMC Properties, LLC	.OH.	NIA	Westfield Management Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	27-1229534	0	0		Westfield Marketing LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	34-1861077	0	0		Westfield Services, Inc.	.OH.	NIA	Westfield Marketing LLC	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	45-4485129	0	0		Westfield Securities, LLC	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	86-1704858	0	0		Westfield Specialty, Inc.	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	77-0633192	0	0		Westfield Bancorp, Inc.	.OH.	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...YES...	...0...
.0000		00000	34-1940362	0	0		Westfield Bank, FSB	.OH.	NIA	Westfield Bancorp, Inc.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	20-0361702	0	0		Westfield Mortgage Company, LLC	.OH.	NIA	Westfield Bank, FSB	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	46-4010767	0	0		Westfield Asset Management, LLC	.OH.	NIA	Westfield Bancorp, Inc.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	34-1962005	0	0		Westfield Credit Corp.	.OH.	NIA	Westfield Bancorp, Inc.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty, Ltd.	.GBR	NIA	Ohio Farmers Insurance Company	Ownership	100.000	Ohio Farmers Insurance Company	...YES...	...0...
.0000		00000		0	0		Westfield Specialty Corporate Member Limited								
.0000		00000		0	0		Westfield Specialty Management Services, Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Managing Agency, Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty (ME) Ltd.	.ARE	NIA	Westfield Specialty Managing Agency, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Asia Pacific Pte. Ltd.	.SGP	NIA	Westfield Specialty Managing Agency, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Direct, Ltd.	.GBR	NIA	Westfield Specialty Managing Agency, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	98-0412132	0	0		Westfield Specialty Capital, (No. 604) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Nomina No 550 LLP	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	98-0704252	0	0		Westfield Specialty Capital, (Alpha) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	98-1165051	0	0		Westfield Specialty Capital, (Delta) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	98-1164800	0	0		Westfield Specialty Capital, (Epsilon) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000	98-1409864	0	0		Westfield Specialty Capital, (Zeta) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Capital, (No. 617) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Capital, (No. 616) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Capital, (No. 607) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Capital, (No. 703) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...
.0000		00000		0	0		Westfield Specialty Capital, (No. 704) Ltd.	.GBR	NIA	Westfield Specialty, Ltd.	Ownership	100.000	Ohio Farmers Insurance Company	...NO...	...0...

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0000 ...		 00000 ...	.....	0	0 .....	.....	Westfield Specialty Capital, (Chi) Ltd.	..GBR.....	 NIA.....	Westfield Specialty, Ltd.	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company	 NO.....	 0
. 0000 ...		 00000 ...	.....	0	0 .....	.....	Westfield Specialty Capital, (Gamma) Ltd. ...	..GBR.....	 NIA.....	Westfield Specialty, Ltd.	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company	 NO.....	 0
. 0000 ...		 00000 ...	.....	0	0 .....	.....	Westfield Specialty Capital, (Eta) Ltd.	..GBR.....	 NIA.....	Westfield Specialty, Ltd.	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company	 NO.....	 0
. 0000 ...		 00000 ...	.....	0	0 .....	.....	Westfield Specialty International (Europe) Holdings S.a.r.l.	..LUX.....	 NIA.....	Westfield Specialty, Ltd.	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company	 NO.....	 0
. 0000 ...		 00000 ...	.....	0	0 .....	.....	Westfield Specialty International (Europe) S.A.	..LUX.....	 NIA.....	Westfield Specialty International (Europe) Holdings S.a.r.l.	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company	 NO.....	 0
. 0000 ...		 00000 ...	.....	0	0 .....	.....	Westfield Specialty International (Europe) S.A., UK Branch	..GBR.....	 NIA.....	Westfield Specialty International (Europe) S.A.	Ownership.....	. 100.000 ...	Ohio Farmers Insurance Company	 NO.....	 0

Asterisk	Explanation

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	0	0	0.0	0.0
2.1	Allied Lines	0	0	0.0	0.0
2.2	Multiple peril crop	0	0	0.0	0.0
2.3	Federal flood	0	0	0.0	0.0
2.4	Private crop	0	0	0.0	0.0
2.5	Private flood	0	0	0.0	0.0
3.	Farmowners multiple peril	0	0	0.0	0.0
4.	Homeowners multiple peril	0	0	0.0	0.0
5.1	Commercial multiple peril (non-liability portion)	0	0	0.0	0.0
5.2	Commercial multiple peril (liability portion)	0	0	0.0	0.0
6.	Mortgage guaranty	0	0	0.0	0.0
8.	Ocean marine	0	0	0.0	0.0
9.1	Inland marine	0	0	0.0	0.0
9.2	Pet insurance	0	0	0.0	0.0
10.	Financial guaranty	0	0	0.0	0.0
11.1	Medical professional liability - occurrence	0	0	0.0	0.0
11.2	Medical professional liability - claims-made	0	0	0.0	0.0
12.	Earthquake	0	0	0.0	0.0
13.1	Comprehensive (hospital and medical) individual	0	0	0.0	0.0
13.2	Comprehensive (hospital and medical) group	0	0	0.0	0.0
14.	Credit accident and health	0	0	0.0	0.0
15.1	Vision only	0	0	0.0	0.0
15.2	Dental only	0	0	0.0	0.0
15.3	Disability income	0	0	0.0	0.0
15.4	Medicare supplement	0	0	0.0	0.0
15.5	Medicaid Title XIX	0	0	0.0	0.0
15.6	Medicare Title XVIII	0	0	0.0	0.0
15.7	Long-term care	0	0	0.0	0.0
15.8	Federal employees health benefits plan	0	0	0.0	0.0
15.9	Other health	0	0	0.0	0.0
16.	Workers' compensation	0	0	0.0	0.0
17.1	Other liability - occurrence	2,724,039	1,388,147	51.0	29.0
17.2	Other liability - claims-made	34,740,449	22,529,978	64.9	38.1
17.3	Excess workers' compensation	0	0	0.0	0.0
18.1	Products liability - occurrence	0	0	0.0	0.0
18.2	Products liability - claims-made	0	0	0.0	0.0
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0.0	0.0
19.2	Other private passenger auto liability	0	0	0.0	0.0
19.3	Commercial auto no-fault (personal injury protection)	0	0	0.0	0.0
19.4	Other commercial auto liability	0	0	0.0	0.0
21.1	Private passenger auto physical damage	0	0	0.0	0.0
21.2	Commercial auto physical damage	0	0	0.0	0.0
22.	Aircraft (all perils)	0	0	0.0	0.0
23.	Fidelity	0	0	0.0	0.0
24.	Surety	0	0	0.0	0.0
26.	Burglary and theft	0	0	0.0	0.0
27.	Boiler and machinery	0	0	0.0	0.0
28.	Credit	0	0	0.0	0.0
29.	International	0	0	0.0	0.0
30.	Warranty	0	0	0.0	0.0
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	0	0	0.0	0.0
35.	Totals	37,464,488	23,918,125	63.8	37.5
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	0	0	0
2.1	Allied Lines	0	0	0
2.2	Multiple peril crop	0	0	0
2.3	Federal flood	0	0	0
2.4	Private crop	0	0	0
2.5	Private flood	0	0	0
3.	Farmowners multiple peril	0	0	0
4.	Homeowners multiple peril	0	0	0
5.1	Commercial multiple peril (non-liability portion)	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0
6.	Mortgage guaranty	0	0	0
8.	Ocean marine	0	0	0
9.1	Inland marine	0	0	0
9.2	Pet insurance	0	0	0
10.	Financial guaranty	0	0	0
11.1	Medical professional liability - occurrence	0	0	0
11.2	Medical professional liability - claims-made	0	0	0
12.	Earthquake	0	0	0
13.1	Comprehensive (hospital and medical) individual	0	0	0
13.2	Comprehensive (hospital and medical) group	0	0	0
14.	Credit accident and health	0	0	0
15.1	Vision only	0	0	0
15.2	Dental only	0	0	0
15.3	Disability income	0	0	0
15.4	Medicare supplement	0	0	0
15.5	Medicaid Title XIX	0	0	0
15.6	Medicare Title XVIII	0	0	0
15.7	Long-term care	0	0	0
15.8	Federal employees health benefits plan	0	0	0
15.9	Other health	0	0	0
16.	Workers' compensation	0	0	0
17.1	Other liability - occurrence	1,152,665	3,570,551	987,718
17.2	Other liability - claims-made	18,845,785	49,052,059	19,636,951
17.3	Excess workers' compensation	0	0	0
18.1	Products liability - occurrence	0	0	0
18.2	Products liability - claims-made	0	0	0
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0
19.2	Other private passenger auto liability	0	0	0
19.3	Commercial auto no-fault (personal injury protection)	0	0	0
19.4	Other commercial auto liability	0	0	0
21.1	Private passenger auto physical damage	0	0	0
21.2	Commercial auto physical damage	0	0	0
22.	Aircraft (all perils)	0	0	0
23.	Fidelity	0	0	0
24.	Surety	0	0	0
26.	Burglary and theft	0	0	0
27.	Boiler and machinery	0	0	0
28.	Credit	0	0	0
29.	International	0	0	0
30.	Warranty	0	0	0
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	0	0	0
35.	Totals	19,998,450	52,622,610	20,624,669
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Westfield Select Insurance Company

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2025 Loss and LAE Payments on Claims Reported as of Prior Year-End	2025 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2025 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2022 + Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2023	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Subtotals 2023 + Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2024	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Subtotals 2024 + Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2025	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0	XXX	XXX	XXX
7. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End Surplus As Regards Policyholders	28,833										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
											1. 0.0	2. 0.0	3. 0.0
											Col. 13, Line 7 As a % of Col. 1 Line 8		
											4. 0.0		

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.

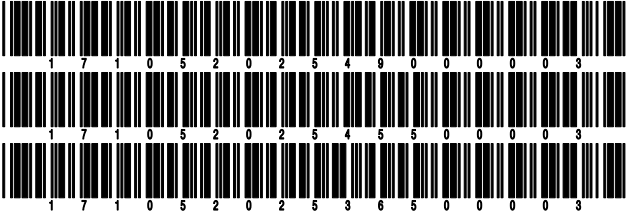
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state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

Explanations:

- 1. The data for this supplement is not required to be filed.
- 2. The data for this supplement is not required to be filed.
- 3. The data for this supplement is not required to be filed.

Bar Codes:

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



NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	28,264,083	27,709,456
2. Cost of bonds and stocks acquired	247,345	427,538
3. Accrual of discount	101,114	130,612
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	0	0
7. Deduct amortization of premium	2,640	3,523
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	28,609,902	28,264,083
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	28,609,902	28,264,083

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Westfield Select Insurance Company

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	28,576,535	0	0	33,367	28,296,298	28,576,535	28,609,902	28,264,083
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	28,576,535	0	0	33,367	28,296,298	28,576,535	28,609,902	28,264,083
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	28,576,535	0	0	33,367	28,296,298	28,576,535	28,609,902	28,264,083

(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 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	484, 170	505, 572
2. Cost of cash equivalents acquired	446, 139	429, 036
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	274, 124	450, 438
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	656, 185	484, 170
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	656, 185	484, 170

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

N O N E

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

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

Schedule E - Part 1 - Month End Depository Balances

N O N E

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



1 7 1 0 5 2 0 2 5 5 0 5 0 0 1 0 3

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE Westfield Select Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2025

NAIC Group Code 0228 NAIC Company Code 17105

Company Name Westfield Select Insurance Company

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ 31,452,331	\$ 22,504,966	\$ 16,751,281

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

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

Yes [] No [X]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

\$ 0

2.32 Amount estimated using reasonable assumptions:

\$ 0
- 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.

\$ 0