



PROPERTY AND CASUALTY COMPANIES – ASSOCIATION EDITION

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

NAIC Group Code 0215, 0215 NAIC Company Code 10195 Employer's ID Number 34-1785809
Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Incorporated/Organized 11/07/1994 Commenced Business 07/01/1995
Statutory Home Office 1400 PROVIDENT TOWER, ONE EAST FOURTH STREET CINCINNATI, OH, US 45202
Main Administrative Office 3760 RIVER RUN DRIVE BIRMINGHAM, AL, US 35243 205-870-4000 (Telephone Number)
Mail Address 200 EAST RANDOLPH STREET, STE. 3300 CHICAGO, IL, US 60601
Primary Location of Books and Records 200 EAST RANDOLPH STREET, STE. 3300 CHICAGO, IL, US 60601 312-661-4600 (Telephone Number)
Internet Website Address WWW.KEMPER.COM
Statutory Statement Contact HANNAH LEE ANDREWS 312-661-4600 (Telephone Number)
EFASSTATUTORYREPORTING@KEMPER.COM (E-Mail Address) (Fax Number)

OFFICERS

MATTHEW JOSEPH VARAGONA, CHAIRMAN OF THE BOARD & PRESIDENT
TIMOTHY DOUGLAS BRUNS, VICE PRESIDENT & TREASURER/CONTROLLER
PATRICK BOWEN THEILER, SECRETARY

DIRECTORS OR TRUSTEES

TIMOTHY DOUGLAS BRUNS BERNARD EBRAHIMI#
MICHAEL ANTHONY MARINACCIO MICHAEL ERIC PRESTEGAARD
DUANE ALLEN SANDERS PATRICK BOWEN THEILER
MATTHEW JOSEPH VARAGONA

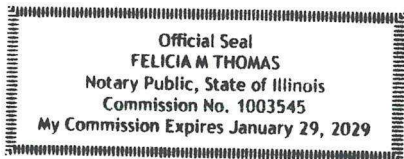
State of ILLINOIS
County of COOK SS

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.

Signatures of Matthew Joseph Varagona, Timothy Douglas Bruns, and Patrick Bowen Theiler with their respective titles: Chairman of the Board & President, Vice President & Treasurer/Controller, and Secretary.

Subscribed and sworn to before me
this 14th day of August, 2025
Feliccia Thomas

- 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.....	2,991,447		2,991,447	2,900,026
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
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 (\$.....), cash equivalents (\$.....80,455) and short-term investments (\$.....)	80,455		80,455	132,779
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).....	3,071,902		3,071,902	3,032,805
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....	19,523		19,523	19,171
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
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.....	122	122	-	
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.....	665		665	60
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).....	3,092,212	122	3,092,090	3,052,035
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	3,092,212	122	3,092,090	3,052,035
<b>Details of Write-Ins</b>				
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	2
	Current Statement Date	December 31, Prior Year
1. Losses (current accident year \$.....)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
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))	7,472	680
7.2 Net deferred tax liability	1,945	2,487
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)		
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	6,891	405
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)	16,308	3,572
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	16,308	3,572
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	1,500,000	1,500,000
31. Preferred capital stock		
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	1,500,000	1,500,000
35. Unassigned funds (surplus)	75,782	48,463
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)	3,075,782	3,048,463
38. Totals (Page 2, Line 28, Col. 3)	3,092,090	3,052,035
<b>Details of Write-Ins</b>		
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	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
<b>Underwriting Income</b>			
1. Premiums earned:			
1.1. Direct (written \$.....)			
1.2. Assumed (written \$.....)			
1.3. Ceded (written \$.....)			
1.4. Net (written \$.....)			
<b>Deductions:</b>			
2. Losses incurred (current accident year \$):			
2.1. Direct		140	139
2.2. Assumed			
2.3. Ceded		140	139
2.4. Net		-	-
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)		-	-
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)		-	-
<b>Investment Income</b>			
9. Net investment income earned	33,569	44,885	80,162
10. Net realized capital gains (losses) less capital gains tax of \$.....		(117)	1,102
11. Net investment gain (loss) (Lines 9 + 10)	33,569	44,768	81,264
<b>Other Income</b>			
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			(74,339)
15. Total other income (Lines 12 through 14)			(74,339)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	33,569	44,768	6,925
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)	33,569	44,768	6,925
19. Federal and foreign income taxes incurred	6,792	9,463	15,929
20. Net income (Line 18 minus Line 19) (to Line 22)	26,777	35,305	(9,004)
<b>Capital and Surplus Account</b>			
21. Surplus as regards policyholders, December 31 prior year	3,048,463	3,382,468	3,382,468
22. Net income (from Line 20)	26,777	35,305	(9,004)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....		-	
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	664	892	
27. Change in nonadmitted assets	(122)	(121)	
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		(325,000)	(325,000)
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	27,319	(288,925)	(334,004)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	3,075,782	3,093,543	3,048,463
<b>Details of Write-Ins</b>			
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)			(74,339)
1401. Miscellaneous expense			(74,339)
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)			(74,339)
3701. ....			
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)			

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....			
2. Net investment income .....	32,188	43,894	78,348
3. Miscellaneous income .....			-
4. Total (Lines 1 to 3) .....	32,188	43,894	78,348
5. Benefit and loss related payments .....			-
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses) .....	-	14,151	28,304
10. Total (Lines 5 through 9) .....	-	14,151	28,304
11. Net cash from operations (Line 4 minus Line 10) .....	32,188	29,743	50,044
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		141,000	141,000
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 .....		6	6
12.7 Miscellaneous proceeds .....	-	-	-
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	-	141,006	141,006
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	90,393		
13.2 Stocks .....			
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) .....	90,393	-	-
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) .....	(90,393)	141,006	141,006
<b>Cash from Financing and Miscellaneous Sources</b>			
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 .....		325,000	325,000
16.6 Other cash provided (applied) .....	5,880	740	(74,026)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	5,880	(324,260)	(399,026)
<b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(52,324)	(153,511)	(207,976)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	132,779	340,755	340,755
19.2 End of period (Line 18 plus Line 19.1) .....	80,455	187,244	132,779
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001. ....			

**Notes to the Financial Statements**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The accompanying financial statements of Infinity Preferred Insurance Company (“the Company” or “IPIC”) have been prepared in conformity with the National Association of Insurance Commissioners (“NAIC”) Annual Statement Instructions and *Accounting Practices and Procedures Manual*, (“the NAIC Manual”) and the laws of the State of Ohio.

The Ohio Department of Insurance recognizes only statutory accounting practices 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 Ohio Insurance Law. The NAIC Manual has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Company has not adopted permitted accounting practices that differ from those found in the NAIC Manual, and accordingly the Company has no permitted accounting practices.

	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	\$ 26,777	\$ (9,004)
(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	<u>\$ 26,777</u>	<u>\$ (9,004)</u>
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,075,782	\$ 3,048,463
(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	<u>\$ 3,075,782</u>	<u>\$ 3,048,463</u>

**C. Accounting Policy**

- (2) Bonds with NAIC designation of 1 or 2, including loan-backed and structured securities (“LBSS”) are reported at amortized cost using the effective yield method. Bonds with NAIC designation of 3 through 6 are carried at the lower of amortized cost or fair value with the difference reflected in unassigned surplus as unrealized capital loss.
- (6) The Company does not invest in loan-backed securities.

**D. Going Concern**

Management has not identified any factors that would cast substantial doubt about the Company’s ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors - Not Applicable**

**3. Business Combinations and Goodwill - Not Applicable**

**4. Discontinued Operations - Not Applicable**

**5. Investments**

- 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 - 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
- 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
- R. Reporting Entity's Share of Cash Pool by Asset Type - Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - Not Applicable

**6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable**

**7. Investment Income**

**A. Due and Accrued Income Excluded from Surplus**

Due and accrued investment income is recorded as an asset, with three exceptions. Due and accrued investment income on mortgage loans in default, where interest is more than 180 days past due, is non-admitted. Due and accrued investment income for investments other than mortgage loans, that is more than 90 days past due, is non-admitted. In addition, due and accrued investment income that is determined to be uncollectible, regardless of its age, is written off in the period that determination is made.

**B. Total Amount Excluded**

The total amount excluded was \$0. All due and accrued investment income was admitted as of June 30, 2025.

**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 .....	\$ 19,523
2. Nonadmitted .....	\$
3. Admitted .....	\$ 19,523

D. The aggregate deferred interest - None

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

**8. Derivative Instruments - Not Applicable**

**9. Income Taxes - No Significant Changes**

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. Nature of Relationships

The Company is a wholly owned subsidiary of Infinity Insurance Company ("IIC"), an Indiana domiciled insurance company. IIC is a wholly owned subsidiary of Infinity Property and Casualty Corporation ("IPCC"), a wholly owned subsidiary of Kemper Corporation, a Delaware Corporation. Ultimately, 100% of the Company's net liability, premiums, losses and other expenses for existing, new and renewal business, net of unaffiliated reinsurance, are ceded to Trinity Universal Insurance Company ("Trinity").

D. Amounts Due To or From Related Parties

The Company had \$6,891 and \$405 due to affiliates and \$665 and \$60 due from affiliates as of June 30, 2025 and year ending December 31, 2024, respectively.

E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable

**11. Debt - Not Applicable**

**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 - No Significant Changes**

**14. Liabilities, Contingencies and Assessments - No Significant Changes**

**15. Leases - Not Applicable**

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not Applicable**

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable**

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable**

**20. Fair Value Measurements**

A. Fair Value Measurement

Fair value is defined per SSAP 100R as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company is responsible for the determination of fair value of financial assets and liabilities, including the supporting assumptions and methodologies, and uses independent third-party valuation service providers, broker quotes and internal pricing methods to determine fair values. The Company obtains or estimates only one single quote or price for each financial instrument.

The Company uses a hierarchical framework for inputs to determine fair value which prioritizes the use of observable inputs and minimizes the use of unobservable inputs. Additionally, the Company categorizes fair value measurements based on the lowest level of input that is considered to be significant to the entire measurement. Assets measured and reported at fair value are categorized as follows:

(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					
Cash Equivalents - Exempt Money Market Mutual Funds .....	\$ 80,455	\$	\$	\$	\$ 80,455
Total assets at fair value/NAV .....	<u>\$ 80,455</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 80,455</u>
b. Liabilities at fair value					
Total liabilities at fair value .....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

Level 1: Unadjusted quoted prices for identical assets or liabilities in an active market.

Level 2: Observable inputs other than Level 1: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in markets that are not active; or (c) valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

Level 3: Assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Unobservable inputs reflect the Company's estimates of the assumptions that market participants would use in valuing the assets and liabilities.

(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

**Notes to the Financial Statements**

**20. Fair Value Measurements (Continued)**

(5) Derivatives - Not Applicable

B. Other Fair Value Disclosures - Not Applicable

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)
Bonds	\$ 2,497,834	\$ 2,991,447	\$ 91,047	\$ 2,406,787	\$	\$	\$
Cash Equivalents	80,455	80,455	80,455				

The Company uses third party valuation service providers which are leading, nationally recognized providers of market data and analytics and utilize proprietary models that vary by asset class and incorporate available trade, bid and other market information when developing valuation information in the form of a single fair value for individual bond or equity security. The inputs used by the valuation service providers include, but are not limited to, market prices from recently completed transactions and transactions of comparable securities, interest rate yield curves, credit spreads, liquidity spreads, sector groupings and benchmarking of like securities. Credit and liquidity spreads are typically implied from completed transactions and transactions of comparable securities. Valuation service providers also use proprietary discounted cash flow models that are widely accepted in the financial services industry and similar to those used by other market participants to value the same financial instruments. The valuation models take into account, among other things, market observable information as of the measurement date, as well as the specific attributes of the security being valued including its term, interest rate, credit rating, industry sector, and where applicable, collateral quality and other issue or issuer specific information. The Company classifies investments in US Treasury bonds, actively traded exchange traded funds, mutual funds, and public common stock as Level 1 securities. The Company classifies investments in public corporate bonds, states and political subdivisions bonds, collateralized loan obligations, mortgage-backed securities, convertible bonds, majority of preferred stocks and certain private placement bonds and common stock as Level 2 securities.

The Company classifies investments as Level 3 in the fair value hierarchy when specific inputs significant to the fair value estimation models are not market observable. Significant unobservable inputs used include credit profile, credit spread, and resulting market yield, which involve considerable judgment by management. This primarily occurs when fair value is derived using non-binding broker quotes where the inputs have not been corroborated to be market observable, or internal valuation estimates that use significant non-market observable inputs. The Company classifies investments in certain private placement bonds, private asset backed securities, and certain preferred stock are currently as Level 3 securities.

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Nature and Risk of Investments Reported at NAV - Not Applicable

**21. Other Items - None**

**22. Events Subsequent**

Subsequent events have been considered through August 14, 2025 for the statutory statement issued on August 14, 2025.

On August 1, 2025, the Company's direct parent and sole shareholder closed a transaction to sell 100% of the outstanding capital stock of the Company to NormanMax for a purchase price of \$3,087,047. As of that date, the Company ceased being an affiliate of Kemper Corporation and the Pooling Agreement between IIC and its affiliates dated January 1, 1992, was amended to terminate the participation of the Company. No other events were identified

**23. Reinsurance - No Significant Changes**

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable**

**25. Changes in Incurred Losses and Loss Adjustment Expenses**

A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years

Property and casualty insurance reserves are estimates based on historical experience patterns and current economic trends. Actual loss experience and loss trends are likely to differ from these historical experience patterns and economic conditions. Loss experience and loss trends emerge over several years from the dates of loss inception. The Company monitors such emerging loss trends. Upon concluding, based on the data available, that an emerging loss trend will continue, the Company adjusts its property and casualty insurance reserves to reflect such trend. These changes in loss trend are reflected in the results of the period of change and included in the Company's financial statements net of reinsurance. The business to which this development relates is not retrospectively rated; therefore, they are not subject to premium adjustments. As the Company cedes 100% of its net losses to its affiliate, Trinity, net reserves as of June 30, 2025 and December 31, 2024 were \$0, and the Company experienced no reserve development.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses - Not Applicable

**26. Intercompany Pooling Arrangements - No Significant Changes**

**27. Structured Settlements - Not Applicable**

**28. Health Care Receivables - Not Applicable**

**29. Participating Policies - Not Applicable**

**30. Premium Deficiency Reserves - No Significant Changes**

**31. High Deductibles - Not Applicable**

**32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses - Not Applicable**

**33. Asbestos/Environmental Reserves - Not Applicable**

**34. Subscriber Savings Accounts - Not Applicable**

**35. Multiple Peril Crop Insurance - Not Applicable**

**36. Financial Guaranty Insurance - Not Applicable**

**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?..... YES
- 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..... 0000860748
- 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?..... N/A  
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..... 12/31/2023
- 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..... 12/31/2023
- 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)..... 05/28/2025
- 6.4 By what department or departments?  
THE OHIO DEPARTMENT OF INSURANCE.....
- 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?..... YES
- 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.  
N/A.....
- 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? YES

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 665

**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	2
	Prior Year-End Book / Adjusted Carrying Value	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	2
Name of Custodian(s)	Custodian Address
THE NORTHERN TRUST COMPANY	333 S. WABASH AVENUE, CHICAGO, ILLINOIS 60604

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	2	3
Name(s)	Location(s)	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
Name of Firm or Individual	Affiliation
MERASTAR INSURANCE COMPANY	A

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?..... NO

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?..... NO

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
	MERASTAR INSURANCE COMPANY			NO

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:

- 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?..... NO

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?..... 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:

- 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?..... 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	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Disc. Rate	Unpaid Losses	Unpaid LAE	IBNR	Total	Unpaid Losses	Unpaid LAE	IBNR	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? .....

**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

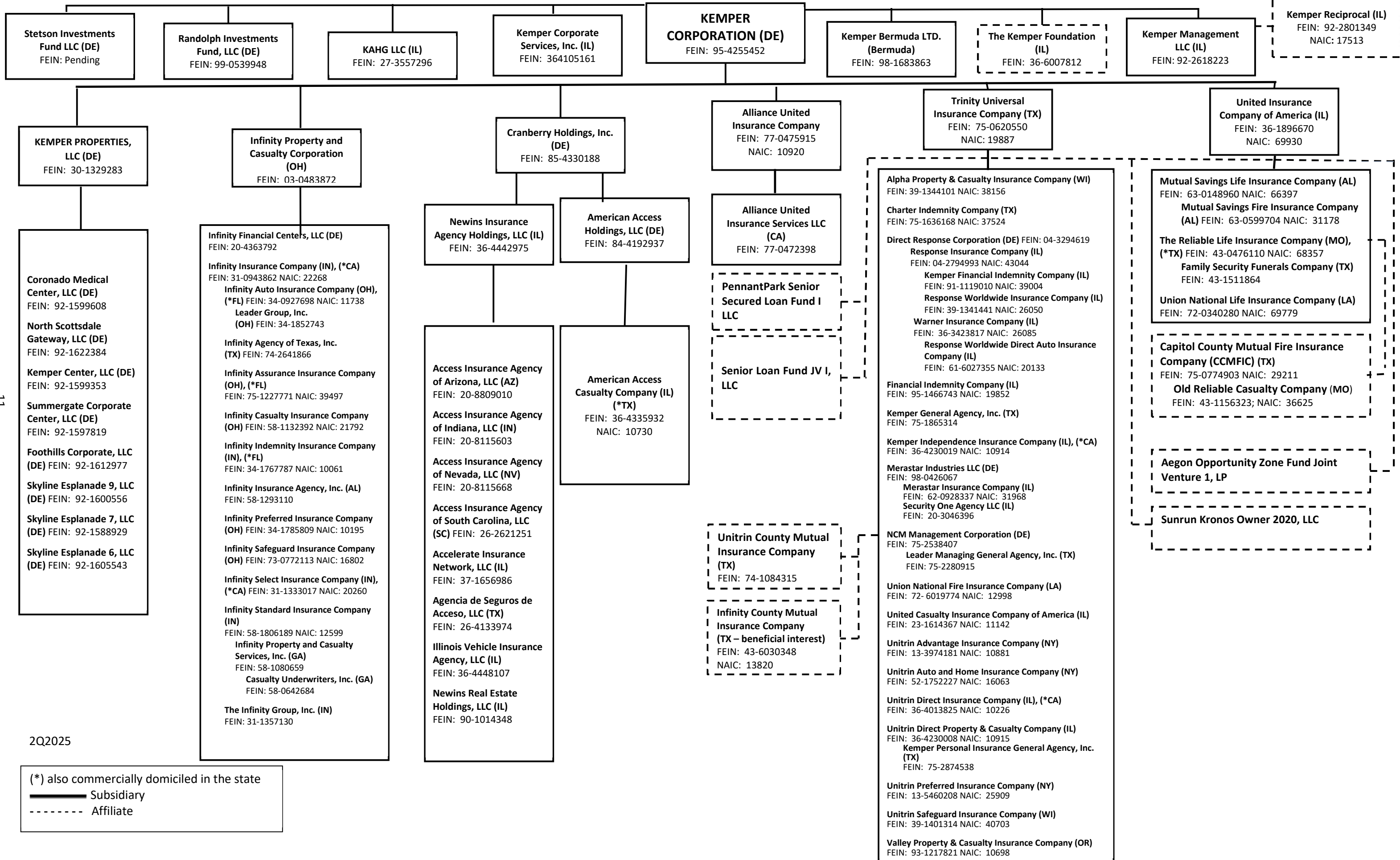
States, Etc.	1		Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
	Active Status (a)		2	3	4	5	6	7
			Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL	N						
2. Alaska	AK	N						
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	N						
16. Iowa	IA	N						
17. Kansas	KS	N						
18. Kentucky	KY	N						
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						
37. Oklahoma	OK	N						
38. Oregon	OR	N						
39. Pennsylvania	PA	L				139		1
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					139		1
<b>Details of Write-Ins</b>								
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	2	4. Q – Qualified - Qualified or accredited reinsurer	–
2. R – Registered – Non-domiciled RRGs	–	5. D – Domestic Surplus Lines Insurer (DSL) – Reporting entities authorized to write surplus lines in the state of domicile	–
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than the state of domicile - see DSLI)	–	6. N – None of the above - Not allowed to write business in the state	55

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

PART 1 - ORGANIZATIONAL CHART



11

2Q2025

(\*) also commercially domiciled in the state  
 ————— Subsidiary  
 - - - - - Affiliate

**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)	*
	KEMPER CORPORATION		95-4255452		0000860748	NEW YORK STOCK EXCHANGE	KEMPER CORPORATION	DE	UIP					NO	
	KEMPER CORPORATION		37-1656986				ACCELERATE INSURANCE NETWORK, LLC	IL	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		20-8809010				ACCESS INSURANCE AGENCY OF ARIZONA, LLC	AZ	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		20-8115603				ACCESS INSURANCE AGENCY OF INDIANA, LLC	IN	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		20-8115668				ACCESS INSURANCE AGENCY OF NEVADA, LLC	NV	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		26-2621251				ACCESS INSURANCE AGENCY OF SOUTH CAROLINA, LLC	SC	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION						AEGON OPPORTUNITY ZONE FUND JOINT VENTURE 1, LP		NIA	UNITED INSURANCE COMPANY OF AMERICA	OWNERSHIP	100.0	KEMPER CORPORATION	NO	1
	KEMPER CORPORATION		26-4133974				AGENCIA DE SEGUROS DE ACCESO, LLC	TX	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	10920	77-0475915				ALLIANCE UNITED INSURANCE COMPANY	CA	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		77-0472398				ALLIANCE UNITED INSURANCE SERVICES, LLC	CA	NIA	ALLIANCE UNITED INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	38156	39-1344101				ALPHA PROPERTY & CASUALTY INSURANCE COMPANY	WI	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	10730	36-4335932				AMERICAN ACCESS CASUALTY COMPANY	IL	IA	AMERICAN ACCESS HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		84-4192397				AMERICAN ACCESS HOLDINGS, LLC	DE	NIA	CRANBERRY HOLDINGS, INC.	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	29211	75-0774903				CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY	TX	IA	THE RELIABLE LIFE INSURANCE COMPANY	MANAGEMENT		KEMPER CORPORATION	NO	3
	KEMPER CORPORATION		58-0642684				CASUALTY UNDERWRITERS, INC.	GA	NIA	INFINITY PROPERTY AND CASUALTY SERVICES, INC.	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	37524	75-1636168				CHARTER INDEMNITY COMPANY	TX	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		92-1599608				CORONADO MEDICAL CENTER, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		85-4330188				CRANBERRY HOLDINGS, INC.	DE	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		04-3294619				DIRECT RESPONSE CORPORATION	DE	NIA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
	KEMPER CORPORATION		43-1511864				FAMILY SECURITY FUNERALS COMPANY	TX	NIA	THE RELIABLE LIFE INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
0215	KEMPER CORPORATION	19852	95-1466743				FINANCIAL INDEMNITY COMPANY	IL	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		92-1612977				FOOTHILLS CORPORATE, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		36-4448107				ILLINOIS VEHICLE INSURANCE AGENCY, LLC	IL	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	

**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)	*
	KEMPER CORPORATION		74-2641866				INFINITY AGENCY OF TEXAS	TX	NIA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
0215	KEMPER CORPORATION	39497	75-1227771				INFINITY ASSURANCE INSURANCE COMPANY	OH	IA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	11738	34-0927698				INFINITY AUTO INSURANCE COMPANY	OH	IA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	21792	58-1132392				INFINITY CASUALTY INSURANCE COMPANY	OH	IA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	13820	43-6030348				INFINITY COUNTY MUTUAL INSURANCE COMPANY	TX	IA	NCM MANAGEMENT CORPORATION	MANAGEMENT		KEMPER CORPORATION	NO	4
	KEMPER CORPORATION		20-4363792				INFINITY FINANCIAL CENTERS, LLC	DE	NIA	INFINITY PROPERTY AND CASUALTY CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	5
0215	KEMPER CORPORATION	10061	34-1767787				INFINITY INDEMNITY INSURANCE COMPANY	IN	IA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		58-1293110				INFINITY INSURANCE AGENCY, INC.	AL	NIA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
0215	KEMPER CORPORATION	22268	31-0943862				INFINITY INSURANCE COMPANY	IN	UDP	INFINITY PROPERTY AND CASUALTY CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	10195	34-1785809				INFINITY PREFERRED INSURANCE COMPANY	OH	RE	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		03-0483872				INFINITY PROPERTY AND CASUALTY CORPORATION	OH	UIP	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		58-1080659				INFINITY PROPERTY AND CASUALTY SERVICES, INC.	GA	NIA	INFINITY STANDARD INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
0215	KEMPER CORPORATION	16802	73-0772113				INFINITY SAFEGUARD INSURANCE COMPANY	OH	IA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	20260	31-1333017				INFINITY SELECT INSURANCE COMPANY	IN	IA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	12599	58-1806189				INFINITY STANDARD INSURANCE COMPANY	IN	IA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		27-3557296				KAHG LLC	IL	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	5
0215	KEMPER CORPORATION		98-1683863				KEMPER BERMUDA LTD	BMU	IA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		92-1599353				KEMPER CENTER, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		36-4105161				KEMPER CORPORATE SERVICES, INC.	IL	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	39004	91-1119010				KEMPER FINANCIAL INDEMNITY COMPANY	IL	IA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		75-1865314				KEMPER GENERAL AGENCY, INC.	TX	NIA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
0215	KEMPER CORPORATION	10914	36-4230019				KEMPER INDEPENDENCE INSURANCE COMPANY	IL	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION						KEMPER MANAGEMENT, LLC	IL	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		75-2874538				KEMPER PERSONAL INSURANCE GENERAL AGENCY, INC.	TX	NIA	UNITRIN DIRECT PROPERTY & CASUALTY COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
	KEMPER CORPORATION		30-1329283				KEMPER PROPERTIES, LLC	DE	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	17513	92-2801349				KEMPER RECIPROCAL	IL	IA	KEMPER MANAGEMENT, LLC	Attorney In-Fact		KEMPER CORPORATION	NO	2

12.1

**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)	*
	KEMPER CORPORATION		34-1852743				LEADER GROUP, INC.	OH	NIA	INFINITY AUTO INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
	KEMPER CORPORATION		75-2280915				LEADER MANAGING GENERAL AGENCY, INC.	TX	NIA	NCM MANAGEMENT CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
	KEMPER CORPORATION		98-0426067				MERASTAR INDUSTRIES LLC	DE	NIA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	5
0215	KEMPER CORPORATION	31968	62-0928337				MERASTAR INSURANCE COMPANY	IL	IA	MERASTAR INDUSTRIES LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	31178	63-0599704				MUTUAL SAVINGS FIRE INSURANCE COMPANY	AL	IA	MUTUAL SAVINGS LIFE INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	66397	63-0148960				MUTUAL SAVINGS LIFE INSURANCE COMPANY	AL	IA	UNITED INSURANCE COMPANY OF AMERICA	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		75-2538407				NCM MANAGEMENT CORPORATION	DE	NIA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
	KEMPER CORPORATION		36-4442975				NEWINS INSURANCE AGENCY HOLDINGS, LLC	IL	NIA	CRANBERRY HOLDINGS, INC.	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		36-4442975				NEWINS REAL ESTATE HOLDINGS, LLC	IL	NIA	NEWINS INSURANCE AGENCY HOLDINGS, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		92-1622384				NORTH SCOTTSDALE GATEWAY, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	36625	43-1156323				OLD RELIABLE CASUALTY COMPANY	MO	IA	CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	6
	KEMPER CORPORATION						PENNANTPARK SENIOR SECURED LOAN FUND I, LLC		NIA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	50.0	KEMPER CORPORATION	NO	7
	KEMPER CORPORATION		99-0539948				RANDOLPH INVESTMENTS FUND, LLC	DE	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	43044	04-2794993				RESPONSE INSURANCE COMPANY	IL	IA	DIRECT RESPONSE CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	20133	61-6027355				RESPONSE WORLDWIDE DIRECT AUTO INSURANCE COMPANY	IL	IA	WARNER INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	26050	39-1341441				RESPONSE WORLDWIDE INSURANCE COMPANY	IL	IA	RESPONSE INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		20-3046396				SECURITY ONE AGENCY LLC	IL	NIA	MERASTAR INDUSTRIES LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	5
	KEMPER CORPORATION						SENIOR LOAN FUND JV, I LLC		NIA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	50.0	KEMPER CORPORATION	NO	8
	KEMPER CORPORATION		92-1605543				SKYLINE ESPLANADE 6, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		92-1588929				SKYLINE ESPLANADE 7, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		92-1600556				SKYLINE ESPLANADE 9, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION						STETSON INVESTMENTS FUND, LLC	DE	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION		92-1597819				SUMMERGATE CORPORATE CENTER, LLC	DE	NIA	KEMPER PROPERTIES, LLC	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
	KEMPER CORPORATION						SUNRUN KRONOS OWNER 2000, LLC		NIA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	22.5	KEMPER CORPORATION	NO	9
	KEMPER CORPORATION						SUNRUN KRONOS OWNER 2000, LLC		NIA	UNITED INSURANCE COMPANY OF AMERICA	OWNERSHIP	7.6	KEMPER CORPORATION	NO	

**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)	*
	KEMPER CORPORATION		31-1357130				THE INFINITY GROUP, INC.	IN	NIA	INFINITY INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	YES	
	KEMPER CORPORATION		36-6007812				THE KEMPER FOUNDATION	IL	NIA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	68357	43-0476110				THE RELIABLE LIFE INSURANCE COMPANY	MO	IA	UNITED INSURANCE COMPANY OF AMERICA	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	19887	75-0620550				TRINITY UNIVERSAL INSURANCE COMPANY	TX	IA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	12998	72-6019774				UNION NATIONAL FIRE INSURANCE COMPANY	LA	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	69779	72-0340280				UNION NATIONAL LIFE INSURANCE COMPANY	LA	IA	UNITED INSURANCE COMPANY OF AMERICA	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	11142	23-1614367				UNITED CASUALTY INSURANCE COMPANY OF AMERICA	IL	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	69930	36-1896670				UNITED INSURANCE COMPANY OF AMERICA	IL	IA	KEMPER CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	10881	13-3974181				UNITRIN ADVANTAGE INSURANCE COMPANY	NY	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	16063	52-1752227				UNITRIN AUTO AND HOME INSURANCE COMPANY	NY	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	29351	74-1084315				UNITRIN COUNTY MUTUAL INSURANCE COMPANY	TX	IA	NCM MANAGEMENT CORPORATION	MANAGEMENT		KEMPER CORPORATION	NO	10
0215	KEMPER CORPORATION	10226	36-4013825				UNITRIN DIRECT INSURANCE COMPANY	IL	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	10915	36-4230008				UNITRIN DIRECT PROPERTY & CASUALTY COMPANY	IL	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	25909	13-5460208				UNITRIN PREFERRED INSURANCE COMPANY	NY	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	40703	39-1401314				UNITRIN SAFEGUARD INSURANCE COMPANY	WI	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	10698	93-1217821				VALLEY PROPERTY & CASUALTY INSURANCE COMPANY	OR	IA	TRINITY UNIVERSAL INSURANCE COMPANY	OWNERSHIP	100.0	KEMPER CORPORATION	NO	
0215	KEMPER CORPORATION	26085	36-3423817				WARNER INSURANCE COMPANY	IL	IA	DIRECT RESPONSE CORPORATION	OWNERSHIP	100.0	KEMPER CORPORATION	NO	

12.3

Asterisk	Explanation
1	AEGON OPPORTUNITY FUND JOINT VENTURE 1, LLC, (AEGON) IS AN AFFILIATE BY VIRTUE OF UNITED INSURANCE COMPANY OF AMERICA (UNITED) HAVING A MAJORITY PARTNERSHIP INTEREST IN AEGON.
2	KEMPER RECIPROCAL (NAIC #17513, DOMICILED IN THE STATE OF ILLINOIS) IS AFFILIATED WITH KEMPER MANAGEMENT, LLC BY VIRTUE OF THEIR FUNCTION AS ATTORNEY IN-FACT.
3	CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY (NAIC# 29211, DOMICILED IN THE STATE OF TEXAS) IS AFFILIATED WITH THE RELIABLE LIFE INSURANCE COMPANY BY VIRTUE OF A MANAGEMENT AGREEMENT.
4	INFINITY COUNTY MUTUAL INSURANCE COMPANY (NAIC# 13820, DOMICILED IN THE STATE OF TEXAS) IS AFFILIATED WITH NCM MANAGEMENT CORPORATION BY VIRTUE OF A MANAGEMENT AGREEMENT.
5	THESE ENTITIES ARE LIMITED LIABILITY COMPANIES. PERCENTAGES RELATE TO THE OWNER'S MEMBERSHIP INTEREST IN THE LLC.
6	OLD RELIABLE CASUALTY COMPANY (NAIC# 36625, DOMICILED IN THE STATE OF MISSOURI) IS AFFILIATED BY VIRTUE OF ITS OWNERSHIP BY CAPITOL COUNTY MUTUAL FIRE INSURANCE COMPANY.
7	PENNANTPARK SENIOR SECURED LOAN FUND I, LLC (PSSL), IS AN AFFILIATE BY VIRTUE OF TRINITY HAVING 50% CONTROL OF THE BOARD OF PSSL, WITH THE OTHER 50% VESTED IN PENNANTPARK FLOATING RATE CAPITAL, LTD.
8	SENIOR LOAN FUND JV, I LLC (SLFJV) IS AN AFFILIATE BY VIRTUE OF TRINITY HAVING 50% CONTROL OF THE BOARD OF SLFJV, WITH THE OTHER 50% VESTED IN OAKTREE SPECIALTY LENDING CORP.
9	SUNRUN KRONOS OWNER 2020, LLC (SUNRUN) IS AN AFFILIATE BY VIRTUE OF TRINITY HAVING A 22.9% PARTNERSHIP INTEREST IN SUNRUN.
10	UNITRIN COUNTY MUTUAL INSURANCE COMPANY (NAIC# 29351, DOMICILED IN THE STATE OF TEXAS) IS AFFILIATED WITH NCM MANAGEMENT CORP. BY VIRTUE OF A MANAGEMENT AGREEMENT.

**PART 1 – LOSS EXPERIENCE**

Line of Business	Current Year to Date			4
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date 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				
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				
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				
<b>Details of Write-Ins</b>				
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				

NONE

**PART 2 – DIRECT PREMIUMS WRITTEN**

Line of Business		1	2	3
		Current Quarter	Current Year to Date	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 .....			
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 .....			
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 .....			
<b>Details of Write-Ins</b>				
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 .....			

NONE

**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.....													
2. 2023.....													
3. Subtotals 2023 + prior.....													
4. 2024.....													
5. Subtotals 2024 + prior.....													
6. 2025.....	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals.....													
8. Prior Year-End Surplus As Regards Policyholders.....	3,048										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
											%	%	%
													Col. 13, Line 7 / Line 8
													%

**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.....	YES.....
---	----------

**EXPLANATION:**

1. ....
2. ....
3. ....
4. ....
5. ....

**BARCODES:**

1.   
1 0 1 9 5 2 0 2 5 4 9 0 0 0 0 2
2.   
1 0 1 9 5 2 0 2 5 4 5 5 0 0 0 2
3.   
1 0 1 9 5 2 0 2 5 3 6 5 0 0 0 2
4.   
1 0 1 9 5 2 0 2 5 5 0 5 0 0 0 2
- 5.

**OVERFLOW PAGE FOR WRITE-INS**

**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)		

**NONE**

**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)		

**NONE**

**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)		

**NONE**

**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	2,900,026	3,038,524
2. Cost of bonds and stocks acquired	90,393	
3. Accrual of discount	1,260	2,892
4. Unrealized valuation increase / (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		141,000
7. Deduct amortization of premium	232	390
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)	2,991,447	2,900,026
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	2,991,447	2,900,026

**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
<b>Issuer Credit Obligations (ICO)</b>								
1. NAIC 1 (a)	2,990,916			531	2,990,916	2,991,447		3,029,616
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	2,990,916			531	2,990,916	2,991,447		3,029,616
<b>Asset-Backed Securities (ABS)</b>								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
<b>Preferred Stock</b>								
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	2,990,916			531	2,990,916	2,991,447		3,029,616

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

(SI-03) Schedule DA - Part 1

**NONE**

(SI-03) Schedule DA - Verification - Short-Term Investments

**NONE**

(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.....	132,779	340,755
2. Cost of cash equivalents acquired.....	77,267	3,415,340
3. Accrual of discount.....	398	10,037
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		6
6. Deduct consideration received on disposals.....	129,989	3,633,359
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).....	80,455	132,779
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	80,455	132,779

(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**

(E-04) Schedule D - Part 3

**NONE**

(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**

(E-13) Schedule E - Part 1

**NONE**

**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
<b>Exempt Money Market Mutual Funds – as Identified by SVO</b>								
665279-87-3	NORTHERN INST TREASURY PORTFOLIO		06/16/2025		XXX	80,455		941
8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO						80,455		941
8589999999 – Total Cash Equivalents (Unaffiliated)						80,455		941
8609999999 – Total Cash Equivalents						80,455		941