



3 3 9 8 7 2 0 2 3 2 0 1 0 0 1 0 6

PROPERTY AND CASUALTY COMPANIES – ASSOCIATION EDITION

QUARTERLY STATEMENT
AS OF MARCH 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
KIN INTERINSURANCE NEXUS EXCHANGE FKA ADM INSURANCE COMPANY

Correction of Premium tax credits that were inadvertently written off.



Notarized online using audio-video communication

JURAT

State/Commonwealth of TEXAS)

☐ City ☒ County of Tarrant

On 06/14/2023, before me, Jonathan Gutheinz,
Date Notary Name

the foregoing instrument was subscribed and sworn (or affirmed) before me by:

Angel Conlin

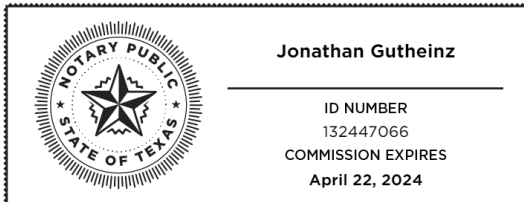
Name of Affiant(s)

☐ Personally known to me -- **OR** --

☐ Proved to me on the basis of the oath of _____ -- OR --
Name of Credible Witness

☒ Proved to me on the basis of satisfactory evidence: driver_license
Type of ID Presented

WITNESS my hand and official seal.



Notary Public Signature: Jonat Burt

Notary Name: Jonathan Guthein

Notary Commission Number: 132447066

Notary Commission Expires: 04/22/2024

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Nexus Amendment

Document Date: 06/14/2023

Number of Pages (including notarial certificate): 2

ALL-PURPOSE ACKNOWLEDGMENT

State/Commonwealth of TEXAS)

☐ City ☒ County of Tarrant)

On 06/14/2023 before me, Cody McClendon,
Date Notary Name

personally appeared Sean Harper
Name(s) of Signer(s)

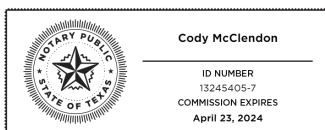
☐ personally known to me -- OR --

☐ proved to me on the basis of the oath of _____ -- OR --
Name of Credible Witness

☒ proved to me on the basis of satisfactory evidence: driver license
Type of ID Presented

to be the individual(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and by proper authority, and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) or entity upon behalf of which the individual(s) acted, executed the instrument for the purposes and consideration therein stated.

WITNESS my hand and official seal.



Notary Public Signature: Cody McClendon

Notary Name: Cody McClendon

Notary Commission Number: 13245405-7

Notary Commission Expires: 04/23/2024

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: _____

Document Date: _____ Number of Pages (w/ certificate): 3

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer Title: _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other: _____

Signer Is Representing: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer Title: _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other: _____

Signer Is Representing: _____

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..... | 3,339,543 | | 3,339,543 | 3,265,050 |
| 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 (\$ 10,748,086), cash equivalents (\$ 1,842,835) and short-term investments (\$)..... | 12,590,920 | | 12,590,920 | 12,635,714 |
| 6. | Contract loans (including \$ premium notes)..... | | | | |
| 7. | Derivatives..... | | | | |
| 8. | Other invested assets..... | | | | |
| 9. | Receivables for securities..... | | | | |
| 10. | Securities lending reinvested collateral assets..... | | | | |
| 11. | Aggregate write-ins for invested assets..... | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11)..... | 15,930,463 | | 15,930,463 | 15,900,764 |
| 13. | Title plants less \$ charged off (for Title insurers only)..... | | | | |
| 14. | Investment income due and accrued..... | 6,210 | | 6,210 | 5,953 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection..... | 11,573 | | 11,573 | 4,043 |
| | 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)..... | 35,575 | | 35,575 | 310 |
| | 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)..... | | | | |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers..... | | | | |
| | 16.2 Funds held by or deposited with reinsured companies..... | | | | |
| | 16.3 Other amounts receivable under reinsurance contracts..... | | | | |
| 17. | Amounts receivable relating to uninsured plans..... | | | | |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon..... | | | | |
| 18.2 | Net deferred tax asset..... | | | | |
| 19. | Guaranty funds receivable or on deposit..... | | | | |
| 20. | Electronic data processing equipment and software..... | | | | |
| 21. | Furniture and equipment, including health care delivery assets (\$)..... | | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates..... | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates..... | | | | |
| 24. | Health care (\$) and other amounts receivable..... | | | | |
| 25. | Aggregate write-ins for other-than-invested assets..... | 25,956 | 29,072 | (3,116) | 846 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 16,009,777 | 29,072 | 15,980,705 | 15,911,916 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | | |
| 28. | Total (Lines 26 and 27)..... | 16,009,777 | 29,072 | 15,980,705 | 15,911,916 |
| Details of Write-Ins | | | | | |
| 1101. | ..... |  |  |  |  |
| 1102. | ..... |  |  |  |  |
| 1103. | ..... |  |  |  |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page..... | | | | |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | | | | |
| 2501. | OTHER RECEIVABLE..... | 25,956 | 29,072 | (3,116) | 846 |
| 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)..... | 25,956 | 29,072 | (3,116) | 846 |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | | 1 | 2 |
|----------------------|--|--|---------------------------|----------------------------|
| | | | Current Statement Date | December 31, Prior Year |
| 1. | Losses (current accident year \$) | | 3,956 | 26 |
| 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) | | 24,430 | 40,570 |
| 6. | Taxes, licenses and fees (excluding federal and foreign income taxes) | | (72,644) | (88,249) |
| 7.1 | Current federal and foreign income taxes (including \$ on realized capital gains (losses)) | | | |
| 7.2 | Net deferred tax liability | | | |
| 8. | Borrowed money \$ and interest thereon \$ | | | |
| 9. | Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act) | | 175,036 | 5,071 |
| 10. | Advance premium | | 4,987 | |
| 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 | | 778,989 | 757,229 |
| 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) | | 914,754 | 714,647 |
| 27. | Protected cell liabilities | | | |
| 28. | Total liabilities (Lines 26 and 27) | | 914,754 | 714,647 |
| 29. | Aggregate write-ins for special surplus funds | | 16,917 | |
| 30. | Common capital stock | | | |
| 31. | Preferred capital stock | | | |
| 32. | Aggregate write-ins for other-than-special surplus funds | | | |
| 33. | Surplus notes | | 16,000,000 | 16,000,000 |
| 34. | Gross paid in and contributed surplus | | | |
| 35. | Unassigned funds (surplus) | | (950,966) | (802,731) |
| 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) | | 15,065,951 | 15,197,269 |
| 38. | Totals (Page 2, Line 28, Col. 3) | | 15,980,705 | 15,911,916 |
| Details of Write-Ins | | | | |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | |
| 2599. | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | |
| 2901. | Subscriber contributions | | 16,917 | |
| 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) | | 16,917 | |
| 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 |
| Underwriting Income | | | |
| 1. Premiums earned: | | | |
| 1.1. Direct (written \$ 116,051) | 9,312 | | 126 |
| 1.2. Assumed (written \$) | | | |
| 1.3. Ceded (written \$) | | | |
| 1.4. Net (written \$ 116,051) | 9,312 | | 126 |
| Deductions: | | | |
| 2. Losses incurred (current accident year \$): | | | |
| 2.1. Direct | 3,929 | | 26 |
| 2.2. Assumed | | | |
| 2.3. Ceded | | | |
| 2.4. Net | 3,929 | | 26 |
| 3. Loss adjustment expenses incurred | – | | |
| 4. Other underwriting expenses incurred | 138,543 | | 414,809 |
| 5. Aggregate write-ins for underwriting deductions | | | |
| 6. Total underwriting deductions (Lines 2 through 5) | 142,472 | | 414,835 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | (133,160) | | (414,709) |
| Investment Income | | | |
| 9. Net investment income earned | 14,179 | | 35,715 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ | | | 3,795 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 14,179 | | 39,510 |
| Other Income | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ (119) amount charged off \$) | (119) | | |
| 13. Finance and service charges not included in premiums | 36 | | |
| 14. Aggregate write-ins for miscellaneous income | | | (10,190) |
| 15. Total other income (Lines 12 through 14) | (83) | | (10,190) |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | (119,064) | | (385,389) |
| 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) | (119,064) | | (385,389) |
| 19. Federal and foreign income taxes incurred | | | |
| 20. Net income (Line 18 minus Line 19) (to Line 22) | (119,064) | | (385,389) |
| Capital and Surplus Account | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 15,197,269 | 8,050,256 | 8,050,256 |
| 22. Net income (from Line 20) | (119,064) | | (385,389) |
| 23. Net transfers (to) from Protected Cell accounts | | | |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ | 3 | | |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 26. Change in net deferred income tax | | | |
| 27. Change in nonadmitted assets | (29,073) | | |
| 28. Change in provision for reinsurance | | | |
| 29. Change in surplus notes | – | | 16,000,000 |
| 30. Surplus (contributed to) withdrawn from protected cells | | | |
| 31. Cumulative effect of changes in accounting principles | | | |
| 32. Capital changes: | | | |
| 32.1. Paid in | | | (5,000,000) |
| 32.2. Transferred from surplus (Stock Dividend) | | | |
| 32.3. Transferred to surplus | | | |
| 33. Surplus adjustments: | | | |
| 33.1. Paid in | | (3,467,598) | (3,467,598) |
| 33.2. Transferred to capital (Stock Dividend) | | | |
| 33.3. Transferred from capital | | | |
| 34. Net remittances from or (to) Home Office | | | |
| 35. Dividends to stockholders | | | |
| 36. Change in treasury stock | | | |
| 37. Aggregate write-ins for gains and losses in surplus | 16,816 | | |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | (131,318) | (3,467,598) | 7,147,013 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 15,065,951 | 4,582,658 | 15,197,269 |
| Details of Write-Ins | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | |
| 1401. OTHER INCOME/(LOSS) | | | (10,190) |
| 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) | | | (10,190) |
| 3701. Subscriber Contributions | 16,816 | | |
| 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) | 16,816 | | |

CASH FLOW

| | 1 | 2 | 3 |
|---|----------------------|--------------------|---------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 141,469 | | 844 |
| 2. Net investment income..... | 14,405 | 4,515 | 38,000 |
| 3. Miscellaneous income..... | (83) | | (10,190) |
| 4. Total (Lines 1 to 3)..... | 155,791 | 4,515 | 28,654 |
| 5. Benefit and loss related payments..... | (1) | | |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 139,078 | (88,483) | 374,005 |
| 8. Dividends paid to policyholders..... | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | | (5) | (5) |
| 10. Total (Lines 5 through 9)..... | 139,077 | (88,488) | 374,000 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 16,714 | 93,003 | (345,346) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | | | 420,000 |
| 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..... | | | 3,795 |
| 12.7 Miscellaneous proceeds..... | - | - | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | - | - | 423,795 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 74,977 | | 408,302 |
| 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)..... | 74,977 | - | 408,302 |
| 14. Net increase (or decrease) in contract loans and premium notes..... | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | (74,977) | - | 15,493 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | - | | 16,000,000 |
| 16.2 Capital and paid in surplus, less treasury stock..... | | (8,467,598) | (8,467,598) |
| 16.3 Borrowed funds..... | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | | |
| 16.5 Dividends to stockholders..... | | | |
| 16.6 Other cash provided (applied)..... | 13,468 | | 756,383 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 13,468 | (8,467,598) | 8,288,785 |
| 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)..... | (44,794) | (8,374,595) | 7,958,932 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 12,635,715 | 4,676,783 | 4,676,783 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 12,590,921 | (3,697,812) | 12,635,715 |
| 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 Kin Interinsurance Nexus Exchange (the "Company"), are presented on the basis of accounting practices prescribed or permitted by the State of Arizona Department of Insurance (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Arizona (the "State") for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Arizona 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.

There are no changes in surplus in the accompanying financial statements due to differences between the state of Arizona prescribed accounting practices and those of the NAIC. Reconciliations of net income and policyholder's surplus between the amounts reported in the accompanying financial statements (AZ Basis) and NAIC SAP follow:

| | SSAP # | F/S Page | F/S Line # | 03/31/2023 | 12/31/2022 |
|---|--------|----------|------------|----------------------|----------------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 20, Columns 1 & 3) | XXX | XXX | XXX | \$ (119,064) | \$ (385,389) |
| (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>\$ (119,064)</u> | <u>\$ (385,389)</u> |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 37, Columns 1 & 2) | XXX | XXX | XXX | \$ 15,065,951 | \$ 15,197,269 |
| (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>\$ 15,065,951</u> | <u>\$ 15,197,269</u> |

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (2) Bonds, which consist of U.S. Treasury notes and other government bonds, are stated at cost, adjusted for the amortization of premiums and accretion of discounts. Premiums and discounts are amortized using the straight line amortization rate method.

Investment grade non-loan-backed bonds with NAIC designations of 1 or 2 are stated at amortized value using the effective interest method. Non-investment grade non-loan-backed bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value.
- (3) Common stocks are stated at fair market value.
- (4) Not applicable as the Company does not hold preferred stock.
- (5) Not applicable as the Company does not hold mortgage loans.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. Investment grade loan- backed securities are stated at amortized cost. The prospective adjustment method is used to determine amortized value for all loan-backed securities.
- (7) Not applicable as the Company does not hold any investments in subsidiaries, controlled and affiliated entities.
- (8) Not applicable as the Company does not hold joint ventures, partnerships or LLCs.
- (9) Not applicable as the Company does not hold derivatives.
- (10) Not applicable as the Company does not report a premium deficiency reserve.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) Not applicable as the Company did not have a change in capitalization policy.
- (13) Not applicable as the Company does not write major medical insurance with prescription drug coverage.

D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have 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

Notes to the Financial Statements

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Loan-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
- J. Real Estate - Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) - Not Applicable
- L. Restricted Assets

(1) Restricted assets (including pledged)

| Gross (Admitted & Nonadmitted) Restricted | | | | | | | | | | | |
|--|-----------------------------|--|--|---|---------------|-----------------------|-------------------------------|------------------------------|---------------------------------|--|--------------------------------------|
| Current Year | | | | | | | Current Year | | | | |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| Restricted Asset Category | Total General Account (G/A) | G/A Supporting Protected Cell Account Activity | Total Protected Cell Account Restricted Assets | Protected Cell Account Assets Supporting G/A Activity | Total (1 + 3) | Total From Prior Year | Increase / (Decrease) (5 - 6) | Total Nonadmitted Restricted | Total Admitted Restricted (5-8) | Gross (Admitted & Nonadmitted) Restricted to Total Assets, % | Admitted to Total Admitted Assets, % |
| a. Subject to contractual obligation for which liability is not shown | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | % | % |
| b. Collateral held under security lending agreements | | | | | | | | | | | |
| c. Subject to repurchase agreements | | | | | | | | | | | |
| d. Subject to reverse repurchase agreements | | | | | | | | | | | |
| e. Subject to dollar repurchase agreements | | | | | | | | | | | |
| f. Subject to dollar reverse repurchase agreements | | | | | | | | | | | |
| g. Placed under option contracts | | | | | | | | | | | |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | | | | | | | | | | | |
| i. FHLB capital stock | | | | | | | | | | | |
| j. On deposit with states | 643,294 | | | | 643,294 | 3,746,257 | (3,102,963) | | 643,294 | 4.018 | 4.025 |
| k. On deposit with other regulatory bodies | | | | | | | | | | | |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | | | | | | | | | | | |
| m. Pledged as collateral not captured in other categories | | | | | | | | | | | |
| n. Other restricted assets | | | | | | | | | | | |
| o. Total restricted assets (Sum of a through n) | \$ 643,294 | \$ | \$ | \$ | \$ 643,294 | \$ 3,746,257 | \$ (3,102,963) | \$ | \$ 643,294 | 4.018 % | 4.025 % |

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

- 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

Notes to the Financial Statements

5. Investments (Continued)

R. Reporting Entity's Share of Cash Pool by Asset type - Not Applicable

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

7. Investment Income - No Significant Changes

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 - No Significant Changes

B. Significant transactions and Changes in Terms of Intercompany Arrangements

On June 1, 2022, the Reciprocal issued a surplus note to Kin Insurance, Inc. in the amount of \$15,000,000. On September 22, 2022, the Company increased the surplus note by \$1 million, to \$16 million. There were no payments of principal or interest made during 2022.

C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable

D. Amounts Due From or To Related Parties

Kin Interinsurance Nexus had the following amounts due/from to affiliates at March 31, 2023:

- (805,935) from/due to its parent, Kin Insurance Inc.
- \$ 2,410 from/due to an affiliated agency, Kin Insurance Network Distributor, LLC
- \$10,718 from/due to an affiliated Attorney in Fact, Kin Risk Management Nexus, LLC

E. Management Service Contracts, Cost Sharing Arrangements

The AIF agreement, as referenced above, appoints KRMN as the Reciprocal attorney-in-fact for an initial five-year term, through June 1, 2027. KRMN will provide management services for the Reciprocal, including the administration and management of the day-to-day operations; underwriting of applications for insurance; policy administration, cancellation and renewal; claims management; reinsurance management; collection of premium and accounting; investment management; promotion and marketing; and human resources.

The AIF Agreement authorizes KRMN to contract with third parties, including Kin Insurance and its affiliates, to provide Management Services.

The Reciprocal will compensate KRMN as follows:

- (a) for underwriting and marketing management services provided to the Reciprocal, KRMN will receive as compensation an amount equal to 17 percent (17%) of the annual gross premium earned by the Reciprocal; and
- (b) for services provided in the servicing and management of claims, KRMN will receive as compensation an amount equal to five percent (5%) of the annual gross premium earned by the Reciprocal.

After its initial term, the AIF Agreement will automatically renew for successive one-year terms, but may be terminated at any time by mutual agreement between KRMN and the Reciprocal.

F. Guarantees or Contingencies - Not Applicable

G. Nature of Relationships that Could Affect Operations - Not Applicable

H. Amount Deducted for Investment in Upstream Company - Not Applicable

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

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable

K. Foreign Subsidiary Value Using CARVM - Not Applicable

L. Downstream Holding Company Value Using Look-Through Method - Not Applicable

M. All SCA Investments - Not Applicable

N. Investment in Insurance SCAs - Not Applicable

O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

11. Debt - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable

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

A. Outstanding Shares - Not Applicable

B. Dividend Rate of Preferred Stock - Not Applicable

C. Dividend Restrictions - No Significant Changes

D. Ordinary Dividends - Not Applicable

E. Company Profits Paid as Ordinary Dividends - Not Applicable

F. Surplus Restrictions - Not Applicable

G. Surplus Advances - Not Applicable

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

- H. Stock Held for Special Purposes - Not Applicable
- I. Changes in Special Surplus Funds - Not Applicable
- J. Unassigned Funds (Surplus) - Not Applicable
- K. Company-Issued Surplus Debentures or Similar Obligations

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------|-------------|---------------|-------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------------|
| Item Number | Date Issued | Interest Rate | Original Issue Amount of Note | Is Surplus Note Holder a Related Party (YES/NO) | Carrying Value of Note Prior Year | Carrying Value of Note Current Year | Unapproved Interest And/Or Principal |
| 0001 | 06/01/2022 | 8.750 % | \$ 16,000,000 | NO | \$ 16,000,000 | | \$ |
| Total | XXX | XXX | \$ 16,000,000 | XXX | \$ 16,000,000 | \$ | \$ |

| 1 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------|--|--|--|-----------------------------|-----------------------------|------------------|
| Item Number | Current Year Interest Expense Recognized | Life-To-Date Interest Expense Recognized | Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider) | Current Year Principal Paid | Life-To-Date Principal Paid | Date of Maturity |
| 0001 | \$ | \$ | % | \$ | \$ | 06/01/2032 |
| Total | \$ | \$ | XXX | \$ | \$ | XXX |

| 1 | 15 | 16 | 17 | 18 | 19 |
|-------------|--|---|---|--|---------------------------------------|
| Item Number | Are Surplus Note payments contractually linked? (YES/NO) | Surplus Note payments subject to administrative offsetting provisions? (YES/NO) | Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (YES/NO) | Is Asset Issuer a Related Party (YES/NO) | Type of Assets Received Upon Issuance |
| 0001 | YES | NO | NO | NO | CASH AND SECURITIES |
| Total | XXX | XXX | XXX | XXX | XXX |

| 1 | 20 | 21 | 22 |
|-------------|---|-------------------------------------|--|
| Item Number | Principal Amount of Assets Received Upon Issuance | Book/Adjusted Carry Value of Assets | Is Liquidity Source a Related Party to the Surplus Note Issuer? (YES/NO) |
| 0001 | \$ 16,000,000 | \$ | NO |
| Total | \$ 16,000,000 | \$ | XXX |

- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - Not Applicable

14. Liabilities, Contingencies and Assessments - Not Applicable

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

In accordance with SSAP 100R, the valuation techniques used in measuring fair values are based on the following:

- Level 1: Fair value measurements that are quoted prices (unadjusted) in active markets that the Company has the ability to access for identical assets or liabilities.
- Level 2: Fair value measurements, based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and inputs other than quoted prices that are observable at commonly quoted intervals.
- Level 3: Fair value measurements based on valuation techniques that use significant inputs that are unobservable. These measurements include circumstances in which there is little, if any market activity for the asset or liability.

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

(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 | | | | | |
| | Exempt MM Mutual Fund | \$ 518,210 | \$ | \$ | \$ | \$ 518,210 |
| | Other MM Mutual Fund | 125,085 | ..... | ..... | ..... | 125,085 |
| | Total assets at fair value/NAV | \$ 643,295 | \$ | \$ | \$ | \$ 643,295 |
| b. | Liabilities at fair value | | | | | |
| | Total liabilities at fair value | \$ | \$ | \$ | \$ | \$ |

(2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable

(3) Policies on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. There were no transfers into or out of Level 3 for the year ended March 31, 2023.

(4) Inputs and techniques used for Level 2 and Level 3 fair values - Not Applicable

(5) Derivatives - Not Applicable

B. Other Fair Value Disclosures - Not Applicable

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

Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|----------|----------|----------|-----------------------|----------------------------------|
| Money Market Funds | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Bonds | | | | | | | |

D. Not Practicable to Estimate Fair Value - Not Applicable

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

21. Other Items

A. Unusual or Infrequent Items

On February 28, 2022, Kin Risk Management Nexus, LLC (“KRMN”) was formed as an Arizona limited liability company. KRMN is a manager-managed limited liability company. Kin Insurance, Inc. is the sole member of, and holder of all outstanding equity interests in, KRMN. On March 17, 2022, KRMN applied to the Arizona Department of Insurance and Financial Institutions to convert ADM Insurance Company (“ADM”) from a stock company to a reciprocal insurer organized under Arizona law. As of June 1, 2022 the conversion was approved and the name of ADM Insurance Company has been changed to Kin Interinsurance Nexus. KRMN acts as their attorney-in-fact via a separate agreement.

B. Troubled Debt Restructuring - Not Applicable

C. Other Disclosures - Not Applicable

D. Business Interruption Insurance Recoveries - Not Applicable

E. State Transferable and Non-Transferable Tax Credits - Not Applicable

F. Subprime-Mortgage-Related Risk Exposure - Not Applicable

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

22. Events Subsequent - Not Applicable

23. Reinsurance - Not Applicable

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

The Company wrote two insurance policies for the year ended December 1, 2022 and recorded a \$26 IBNR reserve and \$26 of incurred loss and loss adjustment expenses.

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 - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables - Not Applicable

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves - Not Applicable

Notes to the Financial Statements

- 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?.....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?.....NO
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?.....YES
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?.....NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?.....NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?.....NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 | 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?.....NO
- If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.....12/31/2018
- 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.....12/31/2018
- 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).....06/19/2020
- 6.4 By what department or departments?
ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS.....
- 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.
.....
- 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 | 2 | 3 | 4 | 5 | 6 |
|----------------|------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| | | | | | |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?.....YES
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended?.....NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?.....NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....NO
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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*? NO

- 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 |
| HICKORY POINT BANK | PO BOX 2548, DECATUR, IL 62525 |

- 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:

| 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. 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 | 2 |
|------------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| HSBC GLOBAL ASSET MANAGEMENT | U |

- 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 |
| | | | | |

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 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?.....N/A.....
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

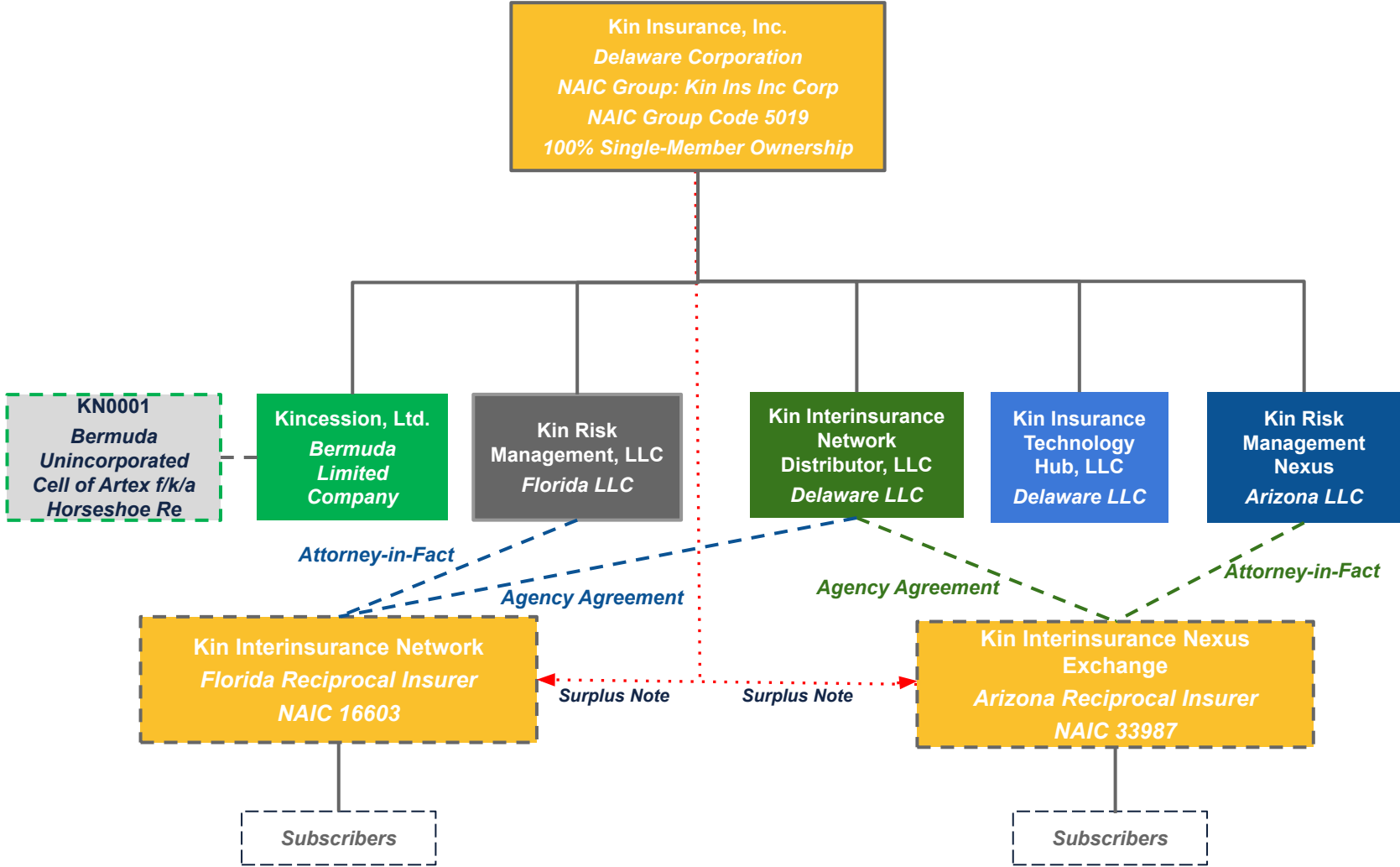
SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
Current Year to Date - Allocated by States and Territories

| | | | 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 |
| States, Etc. | | | | | | | | | |
| 1. | Alabama..... | AL | L | | | | | | |
| 2. | Alaska..... | AK | N | | | | | | |
| 3. | Arizona..... | AZ | L | | | | | | |
| 4. | Arkansas..... | AR | L | | | | | | |
| 5. | California..... | CA | N | | | | | | |
| 6. | Colorado..... | CO | L | | | | | | |
| 7. | Connecticut..... | CT | L | | | | | | |
| 8. | Delaware..... | DE | L | | | | | | |
| 9. | District of Columbia..... | DC | L | | | | | | |
| 10. | Florida..... | FL | L | | | | | | |
| 11. | Georgia..... | GA | L | | | | | | |
| 12. | Hawaii..... | HI | N | | | | | | |
| 13. | Idaho..... | ID | L | | | | | | |
| 14. | Illinois..... | IL | L | | | | | | |
| 15. | Indiana..... | IN | L | | | | | | |
| 16. | Iowa..... | IA | L | | | | | | |
| 17. | Kansas..... | KS | L | | | | | | |
| 18. | Kentucky..... | KY | L | | | | | | |
| 19. | Louisiana..... | LA | L | | | | | | |
| 20. | Maine..... | ME | L | | | | | | |
| 21. | Maryland..... | MD | L | | | | | | |
| 22. | Massachusetts..... | MA | N | | | | | | |
| 23. | Michigan..... | MI | L | | | | | | |
| 24. | Minnesota..... | MN | L | | | | | | |
| 25. | Mississippi..... | MS | L | 40,268 | | | | 353 | |
| 26. | Missouri..... | MO | L | | | | | | |
| 27. | Montana..... | MT | L | | | | | | |
| 28. | Nebraska..... | NE | L | | | | | | |
| 29. | Nevada..... | NV | L | | | | | | |
| 30. | New Hampshire..... | NH | N | | | | | | |
| 31. | New Jersey..... | NJ | L | | | | | | |
| 32. | New Mexico..... | NM | L | | | | | | |
| 33. | New York..... | NY | N | | | | | | |
| 34. | North Carolina..... | NC | L | | | | | | |
| 35. | North Dakota..... | ND | L | | | | | | |
| 36. | Ohio..... | OH | L | | | | | | |
| 37. | Oklahoma..... | OK | L | | | | | | |
| 38. | Oregon..... | OR | L | | | | | | |
| 39. | Pennsylvania..... | PA | L | | | | | | |
| 40. | Rhode Island..... | RI | N | | | | | | |
| 41. | South Carolina..... | SC | L | 75,784 | | | | 3,603 | |
| 42. | South Dakota..... | SD | L | | | | | | |
| 43. | Tennessee..... | TN | L | | | | | | |
| 44. | Texas..... | TX | L | | | | | | |
| 45. | Utah..... | UT | L | | | | | | |
| 46. | Vermont..... | VT | N | | | | | | |
| 47. | Virginia..... | VA | L | | | | | | |
| 48. | Washington..... | WA | L | | | | | | |
| 49. | West Virginia..... | WV | L | | | | | | |
| 50. | Wisconsin..... | WI | L | | | | | | |
| 51. | Wyoming..... | WY | L | | | | | | |
| 52. | American Samoa..... | AS | N | | | | | | |
| 53. | Guam..... | GU | N | | | | | | |
| 54. | Puerto Rico..... | PR | N | | | | | | |
| 55. | US Virgin Islands..... | VI | N | | | | | | |
| 56. | Northern Mariana Islands..... | MP | N | | | | | | |
| 57. | Canada..... | CAN | N | | | | | | |
| 58. | Aggregate Other Alien..... | OT | XXX | | | | | | |
| 59. | Totals..... | | XXX | 116,051 | | | | 3,956 | |
| Details of Write-Ins | | | | | | | | | |
| 58001. | | | XXX | | | | | | |
| 58002. | | | XXX | | | | | | |
| 58003. | | | XXX | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page..... | | XXX | | | | | | |
| 58999. | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)..... | | XXX | | | | | | |

(a) Active Status Counts
1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....43 4. Q – Qualified - Qualified or accredited reinsurer.....—
Domestic Surplus Lines Insurer (DSLJ) – Reporting entities
2. R – Registered – Non-domiciled RRGs.....— 5. D – 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 DSLJ).....— 6. N – None of the above - Not allowed to write business in the state.....14

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

11



SCHEDULE Y

PART 1A - DETAIL 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) | * |
| 5019 | KIN INSURANCE GROUP | | 81-3300698 | | | N/A | KIN INSURANCE, INC. | DE | UDP | INDIVIDUALS/LIMITED PARTNERS | OWNERSHIP | 100.000 | KIN INSURANCE, INC. | NO | |
| 5019 | KIN INSURANCE GROUP | 16603 | 84-2190690 | | | N/A | KIN INTERINSURANCE NETWORK | FL | IA | KIN RISK MANAGEMENT, LLC | ATTORNEY-IN-FACT | | KIN INSURANCE, INC. | NO | |
| | N/A | | 83-2146458 | | | N/A | KIN RISK MANAGEMENT, LLC | FL | UDP | KIN INSURANCE, INC. | OWNERSHIP | 100.000 | KIN INSURANCE, INC. | NO | |
| | N/A | | 83-2163756 | | | N/A | KIN INSURANCE NETWORK DISTRIBUTOR, LLC | DE | NIA | KIN INSURANCE, INC. | OWNERSHIP | 100.000 | KIN INSURANCE, INC. | NO | |
| | N/A | | 83-2139682 | | | N/A | KIN INSURANCE TECHNOLOGY HUB, LLC | DE | NIA | KIN INSURANCE, INC. | OWNERSHIP | 100.000 | KIN INSURANCE, INC. | NO | |
| | N/A | | | | | N/A | KN0001 BERMUDA UNINCORPORATED CELL OF ARTEX F/K/A HORSESHOE RE | BMU | IA | KINCESSION, LTD. | OWNERSHIP | 100.000 | KIN INSURANCE, INC. | NO | |
| 5019 | KIN INSURANCE GROUP | 33987 | 93-0924247 | | | N/A | KIN INTERINSURANCE NEXUS | AZ | RE | KIN RISK MANAGEMENT NEXUS, LLC | ATTORNEY-IN-FACT | | KIN INSURANCE, INC. | NO | |
| | N/A | | 88-1816200 | | | N/A | KIN RISK MANAGEMENT NEXUS, LLC | AZ | UDP | KIN INSURANCE, INC. | OWNERSHIP | 100.000 | KIN INSURANCE, INC. | NO | |
| | N/A | | | | | N/A | KINCESSION, LTD. | BMU | NIA | KIN INSURANCE, INC. | OWNERSHIP | 100.000 | KIN INSURANCE, INC. | NO | |
| Asterisk | Explanation | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

PART 1 – LOSS EXPERIENCE

| | | Current Year to Date | | | 4 |
|----------------------|---|---------------------------|---------------------------|---------------------------|---------------------------|
| | | 1 | 2 | 3 | Prior Year to Date |
| Line of Business | | Direct Premiums Earned | Direct Losses Incurred | Direct Loss Percentage | 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 | 9,312 | 3,929 | 42.193 | |
| 5.1 | Commercial multiple peril (non-liability portion) | | | | |
| 5.2 | Commercial multiple peril (liability portion) | | | | |
| 6. | Mortgage guaranty | | | | |
| 8. | Ocean marine | | | | |
| 9. | Inland marine | | | | |
| 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 | 9,312 | 3,929 | 42.193 | |
| Details of Write-Ins | | | | | |
| 3401. | ..... |  |  |  |  |
| 3402. | ..... |  |  |  |  |
| 3403. | ..... |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | |

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 | 116,051 | 116,051 | |
| 5.1 | Commercial multiple peril (non-liability portion) | | | |
| 5.2 | Commercial multiple peril (liability portion) | | | |
| 6. | Mortgage guaranty | | | |
| 8. | Ocean marine | | | |
| 9. | Inland marine | | | |
| 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 | 116,051 | 116,051 | |
| Details of Write-Ins | | | | |
| 3401. | ..... |  |  |  |
| 3402. | ..... |  |  |  |
| 3403. | ..... |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | |

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|--|---|--|--|--|---|--|---|---|--|--|--|---|
| | | | | | | | | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End | | | 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) |
| 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) | 2023 Loss and LAE Payments on Claims Reported as of Prior Year End | 2023 Loss and LAE Payments on Claims Unreported as of Prior Year End | Total 2023 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 IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols.7+8+9) | | | |
| 1. 2020 + Prior..... | | | | | | | | | | | | | |
| 2. 2021..... | | | | | | | | | | | | | |
| 3. Subtotals 2021 + prior..... | | | | | | | | | | | | | |
| 4. 2022..... | | - | - | | | | | | - | - | | - | - |
| 5. Subtotals 2022 + prior..... | | - | - | | | | | | - | - | | - | - |
| 6. 2023..... | XXX | XXX | XXX | XXX | | | XXX | | 4 | 4 | XXX | XXX | XXX |
| 7. Totals..... | | - | - | | | | | | 4 | 4 | | - | - |
| 8. Prior Year-End Surplus As Regards Policyholders..... | 15,197 | | | | | | | | | | 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..... | N/A..... |
|---|----------|

EXPLANATION:

1.
2.
3.
4.
5.

BARCODES:

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

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 comm | | |
| 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 and depreciation | | |
| 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 | 3,265,049 | 3,280,470 |
| 2. | Cost of bonds and stocks acquired | 74,977 | 408,302 |
| 3. | Accrual of discount | 1,330 | 3,571 |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration for bonds and stocks disposed of | | 420,000 |
| 7. | Deduct amortization of premium | 1,813 | 7,294 |
| 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) | 3,339,542 | 3,265,049 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 3,339,542 | 3,265,049 |

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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------------------|------------------------------------|--|--|--|--|---|--|---|--|
| | | Book / Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book / Adjusted Carrying Value End of First Quarter | Book / Adjusted Carrying Value End of Second Quarter | Book / Adjusted Carrying Value End of Third Quarter | Book / Adjusted Carrying Value December 31 Prior Year |
| Bonds | | | | | | | | | |
| 1. | NAIC 1 (a)..... | 4,508,931 | 1,267,454 | 1,250,000 | 12,697 | 4,539,082 | | | 4,508,931 |
| 2. | NAIC 2 (a)..... | | | | | | | | |
| 3. | NAIC 3 (a)..... | | | | | | | | |
| 4. | NAIC 4 (a)..... | | | | | | | | |
| 5. | NAIC 5 (a)..... | | | | | | | | |
| 6. | NAIC 6 (a)..... | | | | | | | | |
| 7. | Total Bonds..... | 4,508,931 | 1,267,454 | 1,250,000 | 12,697 | 4,539,082 | | | 4,508,931 |
| Preferred Stock | | | | | | | | | |
| 8. | NAIC 1..... | | | | | | | | |
| 9. | NAIC 2..... | | | | | | | | |
| 10. | NAIC 3..... | | | | | | | | |
| 11. | NAIC 4..... | | | | | | | | |
| 12. | NAIC 5..... | | | | | | | | |
| 13. | NAIC 6..... | | | | | | | | |
| 14. | Total Preferred Stock..... | | | | | | | | |
| 15. | Total Bonds & Preferred Stock..... | 4,508,931 | 1,267,454 | 1,250,000 | 12,697 | 4,539,082 | | | 4,508,931 |

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

NAIC 1 \$ 1,199,539; 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..... | 1,899,607 | 2,059,421 |
| 2. | Cost of cash equivalents acquired..... | 1,255,142 | 10,350,315 |
| 3. | Accrual of discount..... | 13,181 | 16,440 |
| 4. | Unrealized valuation increase (decrease)..... | | |
| 5. | Total gain (loss) on disposals..... | | (5) |
| 6. | Deduct consideration received on disposals..... | 1,325,095 | 10,526,564 |
| 7. | Deduct amortization of premium..... | | |
| 8. | Total foreign exchange change in book / adjusted carrying value..... | | |
| 9. | Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 1,842,835 | 1,899,607 |
| 11. | Deduct total nonadmitted amounts..... | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11)..... | 1,842,835 | 1,899,607 |

(E-01) Schedule A - Part 2

NONE

(E-01) Schedule A - Part 3

NONE

(E-02) Schedule B - Part 2

NONE

(E-02) Schedule B - Part 3

NONE

(E-03) Schedule BA - Part 2

NONE

(E-03) Schedule BA - Part 3

NONE

SCHEDULE D - PART 3

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|------------------------|---------|---------------|----------------|------------------------------|-------------|-----------|---|--|
| CUSIP Identification | Description | Foreign | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| Bonds: U.S. Governments | | | | | | | | | |
| 91282C-GE-5 | UNITED STATES TREASURY | | 01/27/2023 | Unknown | XXX | 74,977 | 75,000 | 96 | 1.A |
| 0109999999 – Bonds: U.S. Governments | | | | | | 74,977 | 75,000 | 96 | XXX |
| 2509999997 – Subtotals - Bonds - Part 3 | | | | | | 74,977 | 75,000 | 96 | XXX |
| 2509999998 – Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | | | | | | |
| 2509999999 – Subtotals - Bonds | | | | | | 74,977 | 75,000 | 96 | XXX |
| 6009999999 – Totals | | | | | | 74,977 | XXX | 96 | XXX |

(E-05) Schedule D - Part 4

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|---|---------------|---------------------------|---|---|--|--------------|-------------|------------|
| | | | | | 6 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| US Bank – | | | | | 110,000 | 110,000 | 110,000 | XXX |
| Airbase – | | | | | – | 250,000 | 250,000 | XXX |
| BMO Nexus Operating – | | | | | 919,438 | 662,137 | 793,377 | XXX |
| BMO Nexus Premium – | | | | | 25,046 | 48,922 | 126,169 | XXX |
| Cash Other – | | | | | 210,000 | 210,000 | – | XXX |
| Hickory Point Operating – | | | | | 9,488,374 | 9,488,374 | 9,439,020 | XXX |
| 0199998 – Deposits in 1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | | | | | 25,456 | 25,456 | 29,520 | XXX |
| 0199999 – Total Open Depositories | | | | | 10,778,314 | 10,794,889 | 10,748,086 | XXX |
| 0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories | | | | | | | | XXX |
| 0299999 – Total Suspended Depositories | | | | | | | | XXX |
| 0399999 – Total Cash on Deposit | | | | | 10,778,314 | 10,794,889 | 10,748,086 | XXX |
| 0499999 – Cash in Company's Office | | | XXX | XXX | | | | XXX |
| 0599999 – Total | | | | | 10,778,314 | 10,794,889 | 10,748,086 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|------------------------|------|---------------|------------------|---------------|-----------------------------------|---------------------------------------|--------------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book / Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| Bonds, U.S. Governments, Issuer Obligations | | | | | | | | |
| XXX | UNITED STATES TREASURY | | 02/14/2023 | | 04/04/2023 | 1,199,539 | | 7,062 |
| 0019999999 – Bonds, U.S. Governments, Issuer Obligations | | | | | | 1,199,539 | | 7,062 |
| 0109999999 – Subtotals – Bonds, U.S. Governments | | | | | | 1,199,539 | | 7,062 |
| 2419999999 – Subtotals – Bonds, Issuer Obligations | | | | | | 1,199,539 | | 7,062 |
| 2509999999 – Subtotals – Total Bonds | | | | | | 1,199,539 | | 7,062 |
| Exempt Money Market Mutual Funds – as Identified by SVO | | | | | | | | |
| 31846V-41-9 | FIRST AMER:TRS OBG V | SD | 03/02/2023 | 4.540 | XXX | 100,001 | 373 | 993 |
| 94975H-29-6 | ALLSPRING:TRS+ MM I | SD | 03/02/2023 | 4.600 | XXX | 25,084 | 95 | 253 |
| 8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO | | | | | | 125,085 | 467 | 1,246 |
| All Other Money Market Mutual Funds | | | | | | | | |
| 783965-59-3 | SEI DAILY:GOVT INST | | 03/31/2023 | 4.490 | XXX | 481,160 | | 4,068 |
| 94975P-40-5 | ALLSPRING:GOVT MM I | SD | 03/01/2023 | 4.640 | XXX | 37,050 | 140 | 364 |
| 8309999999 – All Other Money Market Mutual Funds | | | | | | 518,210 | 140 | 4,431 |
| 8609999999 – Total Cash Equivalents | | | | | | 1,842,834 | 607 | 12,739 |