

ANNUAL STATEMENT

For the Year Ended December 31, 2020 of the Condition and Affairs of the

PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT

				• .	
NAIC Group Code 1 (Current Period	75, 175) (Prior Period)	NA	IC Company Code 149	23	Employer's ID Number 06-0487440
Organized under the Laws of C	T	Sta	te of Domicile or Port of E	ntry CT	Country of Domicile US
Incorporated/Organized Mai	rch 1, 1887		Commenced	Business April 6, 18	87
Statutory Home Office		00 Pearl Street, 11 treet and Number)	th Floor Hartford CT (City or Town, State, Country of		
Main Administrative Office		8 East Broad Street and Number)	eet Columbus OH US (City or Town, State, Country)		614-464-5000 (Area Code) (Telephone Number)
Mail Address		8 East Broad Street and Number or P	eet Columbus OH US 2. O. Box) (City or Town, Sta	S 43215 ate, Country and Zip Code)	
Primary Location of Books and		8 East Broad Street and Number)	eet Columbus OH US (City or Town, State, Country of		614-464-5000 (Area Code) (Telephone Number)
Internet Web Site Address	W	ww.stateauto.com			
Statutory Statement Contact		achary James Skid	dmore		614-917-5995 (Area Code) (Telephone Number) (Extension)
		rporateaccounting -Mail Address)	g@stateauto.com		317-715-4519 (Fax Number)
			OFFICERS		
Name		Title		Name	Title
Michael Edward LaRocco Matthew Robert Pollak	Preside Treasu	• • •	2. Melissa A 4.	nn Centers	Secretary
			OTHER		
Steven Eugene English	Senior	Vice President	Scott Alan J	ones	Vice President
		515-56			

DIRECTORS OR TRUSTEES

Robert Ellison Baker James Edward Kunk Michelle Miller Lantow Michael Edward LaRocco Marsha Pasquinelly Ryan James Robert Sappington # Dwight Eric Smith Roger Philip Sugarman

State of...... Ohio
County of.... Franklin

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.

	Michae	el Edward LaR	locco	Me	elissa Ann Centers		Matthew Robert	Pollak
		President			Secretary		Treasurer	
Subscribe	ed and sworr	n to before me			a. Is this a	n original filing?		Yes [X] No []
This	19th	day of	February	2021	b. If no	1. State the amendment number		
•		_		_		2. Date filed		
						3. Number of pages attached		

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT **ASSETS**

	ASSETS Current Year									
		1	Current Year 2	3	Prior Year 4					
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets					
1.	Bonds (Schedule D)		0	34,124,892	34,020,788					
2.	Stocks (Schedule D):									
	2.1 Preferred stocks		0	0	0					
	2.2 Common stocks	349,094	0	349,094	349,094					
3.	Mortgage loans on real estate (Schedule B):									
	3.1 First liens		0	0	0					
	3.2 Other than first liens		0	0	0					
4.	Real estate (Schedule A):									
	4.1 Properties occupied by the company (less \$0 encumbrances)		0	0	0					
	4.2 Properties held for the production of income (less \$0 encumbrances)		0	0	0					
	4.3 Properties held for sale (less \$0 encumbrances)		0	0	0					
5.	Cash (\$333,019, Schedule E-Part 1), cash equivalents (\$0, Schedule E-Part 2) and short-term investments (\$0, Schedule DA)		0	333,019	125,032					
6.	Contract loans (including \$0 premium notes)		0	0	0					
7.	Derivatives (Schedule DB)									
8.	Other invested assets (Schedule BA)		0	0	0					
9.	Receivables for securities									
10.	Securities lending reinvested collateral assets (Schedule DL)		0	0	0					
11.	Aggregate write-ins for invested assets									
12.	Subtotals, cash and invested assets (Lines 1 to 11)									
13.	Title plants less \$0 charged off (for Title insurers only)									
14.	Investment income due and accrued	121,537	0	121,537	167,691					
15.	Premiums and considerations:									
	15.1 Uncollected premiums and agents' balances in the course of collection		0	27,982	24,243					
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$3,783 earned but unbilled premiums)		134	3,649	17,034					
	15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0).		0	0	0					
16.	Reinsurance:									
	16.1 Amounts recoverable from reinsurers				7,021,259					
	16.2 Funds held by or deposited with reinsured companies				0					
	16.3 Other amounts receivable under reinsurance contracts									
17.	Amounts receivable relating to uninsured plans									
18.1	•									
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 (\$0)									
22.	Net adjustment in assets and liabilities due to foreign exchange rates									
23.	Receivables from parent, subsidiaries and affiliates									
24.	Health care (\$0) and other amounts receivable									
25.	Aggregate write-ins for other-than-invested assets		94,795	2,282,464	2,275,456					
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)									
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts									
28.	TOTAL (Lines 26 and 27)	<u> </u>	94,929	44,529,579	45,634,186					
4401		OF WRITE-INS		, [
					0					
					-					
	Summary of remaining write-ins for Line 11 from overflow page				0					
1199	. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0						
	Equities and deposits in pools and associations									
	Prepaid expenses.									
2503										
2598	Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)									

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		318,924
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 \$0 on realized capital gains (losses))	0	0
7.2	Net deferred tax liability	0	0
8.	Borrowed money \$0 and interest thereon \$0.	0	0
	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$17,770,239 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium	0	0
11.	Dividends declared and unpaid:		
	11.1 Stockholders	0	0
	11.2 Policyholders	0	0
12.	Ceded reinsurance premiums payable (net of ceding commissions)	5,301,847	6,881,725
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	0	0
14.	Amounts withheld or retained by company for account of others	0	0
15.	Remittances and items not allocated	0	0
16.	Provision for reinsurance (including \$0 certified) (Schedule F, Part 3, Column 78)	0	0
17.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25). Protected cell liabilities		
27.			
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other-than-special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	0	0
35.	Unassigned funds (surplus)	23,344,970	23,268,420
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)	0	0
	36.20.000 shares preferred (value included in Line 31 \$0)	0	0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	23,344,970	23,268,420
38.	TOTAL (Page 2, Line 28, Col. 3)	44,529,579	45,634,186
	DETAILS OF WRITE-INS		
2501.	Retroactive reinsurance reserves - ceded.	(40,686)	, ,
2502.	Miscellaneous liabilities	4,125	488
2503.		-	-
	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
		-	-
	Summary of remaining write ine for Line 20 from guerflow page		
	Summary of remaining write-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
		-	-
3203.			
	Summary of remaining write-ins for Line 32 from overflow page	0	0

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT STATEMENT OF INCOME

	01/(12.m2.(1.01.m20m2	T	
	UNDERWRITING INCOME	1 Current Year	2 Prior Year
1			
1.	Premiums earned (Part 1, Line 35, Column 4) DEDUCTIONS:	10,622,452	9,638,087
2.	Losses incurred (Part 2, Line 35, Column 7)	6 304 847	5,477,096
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		1,034,180
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		3,506,159
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 plus Line 7)		
0.	INVESTMENT INCOME	(002,020)	(07 0,0 10)
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	632.409	799,043
10.	Net realized capital gains (losses) less capital gains tax of \$70,306 (Exhibit of Capital Gains (Losses))	, , , , , , , , , , , , , , , , , , ,	*
11.	Net investment gain (loss) (Lines 9 + 10)		848,386
	OTHER INCOME		·
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$972		
	amount charged off \$63,350)	(62,378)	(48,346)
13.	Finance and service charges not included in premiums	22,345	38,040
14.	Aggregate write-ins for miscellaneous income	952	47
15.	Total other income (Lines 12 through 14)	(39,081)	(10,259)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign		
	income taxes (Lines 8 + 11 + 15)		458,779
	Dividends to policyholders	935	4,170
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)		
19.	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)	72,517	465,627
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	23,268,420 .	22,260,603
22.	Net income (from Line 20)		465,627
23.	Net transfers (to) from Protected Cell accounts	0	0
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$6,105	22,969	33,526
25.	Change in net unrealized foreign exchange capital gain (loss)	0	0
26.	Change in net deferred income tax	1,883 .	(82,920)
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3)	2,235	45,024
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		0
29.	Change in surplus notes	0	0
30.	Surplus (contributed to) withdrawn from Protected Cells	0	0
31.	Cumulative effect of changes in accounting principles	0	0
32.	Capital changes:		
	32.1 Paid in	0	0
	32.2 Transferred from surplus (Stock Dividend)	0	0
	32.3 Transferred to surplus	0	0
33.	Surplus adjustments:		
	33.1 Paid in	0	0
	33.2 Transferred to capital (Stock Dividend)	0	0
	33.3. Transferred from capital		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37.	Aggregate write-ins for gains and losses in surplus	(23,054)	546,560
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	76,550	1,007,817
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	23,344,970	23,268,420
	DETAILS OF WRITE-INS	<u> </u>	
0501.		0	0
0502.		0	0
	Summary of remaining write-ins for Line 5 from overflow page		
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		
	Miscellaneous income (expense)		
	Governmental fines and penalties		
1403.	Cummany of remaining write ing for Line 14 from avarflow page		
	Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
1433.	Prior year correction		
		(23,U34)	
3701.			357 193
3701. 3702.	Unrecognized pension, net	0 .	
3701. 3702. 3703.		0	189,377

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT CASH FLOW

1	CASH FLOW		^
		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	9.617.790	7.771.573
	Net investment income		884,946
	Miscellaneous income		
	Total (Lines 1 through 3)		
	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	4,974,821	5,038,331
8.	Dividends paid to policyholders	935	4,170
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	(58,745)	0
10.	Total (Lines 5 through 9)	10,238,666	8,975,938
11.	Net cash from operations (Line 4 minus Line 10)	106,492	(329,679)
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	10,947,195	3,563,851
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	10,947,195	3,563,851
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	10,949,254	1,864,749
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	10,949,254	1,864,749
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(2,059)	1,699,102
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	103,554	(1,358,741)
	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)	207,987	10,682
	Cash, cash equivalents and short-term investments:	·	, -
	19.1 Beginning of year	125,032	114,350
	19.2 End of year (Line 18 plus Line 19.1)		

PART 1 - PREMIUMS EARNED

	17400	1 Net	2 Unearned Premiums December 31	3 Unearned Premiums December 31	4 Premiums
		Premiums Written per	Prior Year- per Col. 3,	Current Year- per Col. 5,	Earned During Year
	Line of Business	Column 6, Part 1B	Last Year's Part 1	Part 1A	(Cols. 1 + 2 - 3)
1.	Fire	,	200,586	237,509	.,
2.	Allied lines		291,257	375,844	·
3.	Farmowners multiple peril		153,834	204,243	·
4.	Homeowners multiple peril		1,343,957	1,666,082	
5.	Commercial multiple peril			489,680	·
6.	Mortgage guaranty			0	
8.	Ocean marine			104	
9.	Inland marine			51,578	·
10.	Financial guaranty				
11.1	Medical professional liability - occurrence				
11.2	Medical professional liability - claims-made				
12.	Earthquake			21,842	•
13.	Group accident and health				
14.	Credit accident and health (group and individual)				
15.	Other accident and health				
16.	Workers' compensation	482,858	278,323	215,547	545,633
17.1	Other liability - occurrence			292,784	·
17.2	Other liability - claims-made			•	
17.3	Excess workers' compensation	0	0	0	0
18.1	Products liability - occurrence	85,389	37,406	39,463	83,332
18.2	Products liability - claims-made	0	0	0	0
19.1, 19.2	Private passenger auto liability	1,653,166	742,438	671,975	1,723,629
19.3, 19.4	Commercial auto liability	920,772	331,764	463,467	789,069
21.	Auto physical damage	1,777,107	722,011	760,809	1,738,309
22.	Aircraft (all perils)	0	0	0	0
23.	Fidelity	8,822	4,919	4,465	9,276
24.	Surety	240	219	171	288
26.	Burglary and theft	1,097	528	528	1,097
27.	Boiler and machinery	2,788	1,331	1,345	2,774
28.	Credit	0	0	0	0
29.	International	0	0	0	0
30.	Warranty	0	0	0	0
31.	Reinsurance - nonproportional assumed property	0	0	0	0
32.	Reinsurance - nonproportional assumed liability			0	0
33.	Reinsurance - nonproportional assumed financial lines			0	0
34.	Aggregate write-ins for other lines of business			0	0
35.	TOTALS	11,201,407	4,917,530	5,496,485	10,622,453
	DI	ETAILS OF WRITE-INS			
3401.		0	0	0	0
3402.		0	0	0	0
3403.		0	0	0	0
3498.	Summary of remaining write-ins for Line 34 from overflow page		0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			0	0

PART 1A - RECAPITULATION OF ALL PREMIUMS

	FANT IA	- RECAPITULATI	2	3	4	5
	Line of Business	Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	Earned But Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire	237,509	0	0	0	237,509
2.	Allied lines	375,844	0	0	0	375,844
3.	Farmowners multiple peril	204,243	0	0	0	204,243
4.	Homeowners multiple peril	1,666,082	0	0	0	1,666,082
5.	Commercial multiple peril			(491)	0	489,680
6.	Mortgage guaranty	0	0	0	0	0
8.	Ocean marine	104	0	0	0	104
9.	Inland marine	51,578	0	0	0	51,578
10.	Financial guaranty	0	0	0	0	0
11.1	Medical professional liability - occurrence	0	0	0	0	0
11.2	Medical professional liability - claims-made	0	0	0	0	0
12.	Earthquake	21,842	0	0	0	21,842
13.	Group accident and health	0	0	0	0	0
14.	Credit accident and health (group and individual)	0	0	0	0	0
15.	Other accident and health	5	0	0	0	5
16.	Workers' compensation	216,261	2	(715)	0	215,547
17.1	Other liability - occurrence	293,919	19	(1,154)	0	292,784
17.2	Other liability - claims-made	(956)	0	0	0	(956)
17.3	Excess workers' compensation	0	0	0	0	0
18.1	Products liability - occurrence	40,849	0	(1,386)	0	39,463
18.2	Products liability - claims-made	0	0	0	0	0
19.1, 19.2	Private passenger auto liability	671,975	0	0	0	671,975
19.3, 19.4	Commercial auto liability	463,504	0	(37)	0	463,467
21.	Auto physical damage	760,809	0	0	0	760,809
22.	Aircraft (all perils)	0	0	0	0	0
23.	Fidelity	4,102	363	0	0	4,465
24.	Surety	119	52	0	0	171
26.	Burglary and theft	522	6	0	0	528
27.	Boiler and machinery	1,345	0	0	0	1,345
28.	Credit	0	0	0	0	0
29.	International	0	0	0	0	0
30.	Warranty	0	0	0	0	0
31.	Reinsurance - nonproportional assumed property		0	0	0	0
32.	Reinsurance - nonproportional assumed liability		0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines			0	0	0
34.	Aggregate write-ins for other lines of business				0	0
35.	TOTALS					5,496,485
36.	Accrued retrospective premiums based on experience					0
37.	Earned but unbilled premiums					3,783
38.	Balance (sum of Lines 35 through 37)					5,500,268
	, , , , , , , , , , , , , , , , , , , ,	DETAILS OF W				-,,
3401.			0	0	0	0
3402.				-	0	0
3403.			0	0	0	0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0		0	0	0
5 100.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)		-	-	0	0

⁽a) State here basis of computation used in each case: Pro-rata methods

PART 1B - PREMIUMS WRITTEN

	17	ART 1B - PREM	Reinsuranc		Reinsuran		6
		Direct	2	3	4	5	Net Premiums Written
	Line of Business	Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	(Cols. 1 + 2 + 3 - 4 - 5)
1.	Fire	1,654,941	456,812	12,235	1,627,135	40,042	456,812
2.	Allied lines	1,690,150	708,373	9,420	1,630,989	68,581	708,373
3.	Farmowners multiple peril	2,851,989	393,323	0	2,819,602	32,387	393,323
4.	Homeowners multiple peril	8,624,701	3,039,077	0	8,463,068	161,633	3,039,077
5.	Commercial multiple peril	8,331,422	952,271	0	8,042,831	288,591	952,271
6.	Mortgage guaranty	0	0	0	0	0	0
8.	Ocean marine	0	171	0	0	0	171
9.	Inland marine	298,971	104,582	0	298,971	0	104,582
10.	Financial guaranty	0	0	0	0	0	0
11.1	Medical professional liability - occurrence	0	0	0	0	0	0
11.2	Medical professional liability - claims-made	0	0	0	0	0	0
12.	Earthquake				45,550	4,057	40,853
13.	Group accident and health				0	0	0
14.	Credit accident and health (group and individual)					0	
15.	Other accident and health					0	
16.	Workers' compensation				933,371		482.858
17.1	Other liability - occurrence				1,838,187		577,792
17.2	Other liability - claims-made				(12,376)		(4,092)
17.2	Excess workers' compensation		, ,		` ,	0	, , ,
18.1	Products liability - occurrence				66,966		
					·	0	85,389
18.2	Products liability - claims-made						
	Private passenger auto liability					2,477	
	Commercial auto liability		920,772	•		258	·
21.	Auto physical damage					0	
22.	Aircraft (all perils)		0		-	0	
23.	Fidelity		8,822		13,362		8,822
24.	Surety		240		0	0	240
26.	Burglary and theft		1,097		1,447	11	1,097
27.	Boiler and machinery		2,788	0	13,853	122,547	2,788
28.	Credit	0	0	0	0	0	0
29.	International	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0
32.	Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	34,775,328	11,201,407	140,750	33,800,594	1,115,484	11,201,407
		DETAILS OF	WRITE-INS				
3401.		0	0	0	0	0	0
3402.		0	0	0	0	0	0
3403.		0	0	0	0	0	0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0

⁽a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$......0.

^{2.} Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.......0.

PART 2 - LOSSES PAID AND INCURRED

	PART 2 - LUSSES PAID AND INCURRED											
			Losses Paid L	_ess Salvage		5	6	7	8			
	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)			
1.	Fire	455,132	327,769	457,873	325,028	211,826	107,129	429,726	102.3			
2.	Allied lines.	769,891	498,672	773,431	495,132	267,602	216,199	546,534	87.6			
3.	Farmowners multiple peril	530.962	172.174	530.962	172.174	74.714	56.354	190.534				
4.	Homeowners multiple peril	4.359.988	1,814,363	4,359,988	1,814,363	580,536	454,994	1.939.904	71.4			
5.	Commercial multiple peril	6,658,758	562,568	6,658,758	562,568	579,107	697,296	444,380	48.2			
6.	Mortgage guaranty	0	0	0	0	0	0	0	0.0			
8.	Ocean marine	0	244	0	244	0	0	244	179.5			
9.	Inland marine.	114,501	28,871	114,501	28,871	6,421	4,834	30,458	29.8			
10.	Financial quaranty	0	0	0	0	0	0	0	0.0			
11.1	Medical professional liability - occurrence	0	0	0	0	84	77	7	0.0			
11.2	Medical professional liability - claims-made	0	8,250	0	8,250	52,932	56,218	4,964	0.0			
12.	Earthquake	0	1,375	0	1,375	250	250	1,375	3.4			
13.	Group accident and health	0	0	0	0	0	0	0	0.0			
14.	Credit accident and health (group and individual)	0	0	0	0	0	0	0	0.0			
15.	Other accident and health	0	43	0	43	64	171	(64)	(714.9)			
16.	Workers' compensation	211,306	318,561	263,528	266,339	1,124,953	1,202,231	189,061	34.6			
17.1	Other liability - occurrence	2,075,393	364,338	2,075,739	363,993	1,367,108	1,640,841	90,261	16.0			
17.2	Other liability - claims-made	0	14,954	0	14,954	20,976	34,130	1,800	(60.2)			
17.3	Excess workers' compensation	0	0	0	0	0	1,859	(1,859)				
18.1	Products liability - occurrence	18,298	8,833	18,298	8,833	72,387	81,622	(402)	(0.5)			
18.2	Products liability - claims-made	0	0	0	0	0	0	0				
19.1, 19.2	Private passenger auto liability	6,398,799	1,129,714	6,398,799	1,129,714	1,074,508	994,655	1,209,568	70.2			
19.3, 19.4	Commercial auto liability	1,130,638	411,953	1,131,158	411,433	775,641	787,177	399,897	50.7			
21.	Auto physical damage	1,359,378	911,573	1,359,382	911,569	55,896	46,931	920,533	53.0			
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0.0			
23.	Fidelity	0	595	0	595	1,417	1,922	90	1.0			
24.	Surety	0	1,593	0	1,593	3,444	6,818	(1,781)	(618.6)			
26.	Burglary and theft	0	13	0	13	36	50	(2)	(0.2)			
27.	Boiler and machinery	5,800	(653)	5,800	(653)	2,999	2,349	(3)	(0.1)			
28.	Credit	0	0	0	0	0	0	0	0.0			
29.	International	0	0	0	0	0	0	0	0.0			
30.	Warranty	0	0	0	0	0	0	0	0.0			
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0	0	0.0			
32.	Reinsurance - nonproportional assumed liability	XXX	356	0	356	5,818	6,557	(383)	0.0			
33.	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0	0	0.0			
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0			
35.	TOTALS	24,088,844	6,576,159	24,148,217	6,516,787	6,278,720	6,400,664	6,394,842	60.2			
			D	ETAILS OF WRITE-INS								
3401.		0	0	0	0	0	0	0	0.0			
3402.		0	0	0	0	0	0	0	0.0			
3403.		0	0	0	0	0	0	0	0.0			
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	XXX			
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0			

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

				IID LUSSES AND L	OOO ADOOO I WILII		Incurred Dut Not Departed		0	9
		1	2	d Losses	1	5	Incurred But Not Reported	7	- °	Э
	Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire.	972,688	159,288	972,688	159,288	218,081	52,538	218,081	211,826	35,781
2.	Allied lines	124,696	151,812	124,696	151,812	148,358	115,790	148,358		33,265
3.	Farmowners multiple peril	608.763	49,515	608,763	49,515	256,928	25,200	256,928		11.591
4.	Homeowners multiple peril	1,921,715	279,555	1,921,715	279,555	1,548,705	300,981	1,548,705	580,536	113,073
5.	Commercial multiple peril	6,276,608	351,167	6,276,608	351,167	2,779,011	227,940	2,779,011	579.107	246.566
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0
9.	Inland marine	125,028	3,919	125,028	3,919	104,875	2,503	104,875	6,421	917
10.	Financial guaranty	0	0	0	0	0	0	0	0	0
11.1	Medical professional liability - occurrence	0	0	0	0	0	84	0	84	52
11.2	Medical professional liability - claims-made	0	42,262	0	42,262	0	10,670	0	52,932	16,220
12.	Earthquake	0	250	0	250	0	0	0	250	224
13.	Group accident and health	0	0	0	0	0	0	0	(a)0	0
14.	Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0
15.	Other accident and health	0	64	0	64	0	0	0	(u)	0
16.	Workers' compensation	334,071	631,656	429,256	536,471	431,136	686,373	529,026		236,041
17.1	Other liability - occurrence	2,895,430	552,167	2,895,430	552,167	2,578,234	814,942	2,578,234	1,367,108	506,269
17.2	Other liability - claims-made	0	9,708	0	9,708	0	11,268	0	20,976	13,439
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0
18.1	Products liability - occurrence	0	21,673	0	21,673	29,074	50,714	29,074	72,387	35,424
18.2	Products liability - claims-made	0	0	0	0	0	0	0	0	0
	2 Private passenger auto liability	4,842,609	756,187	4,842,609	756,187	1,105,069	318,321	1,105,069		192,453
,	4 Commercial auto liability	1,034,601	573,832	1,040,163	568,270	268,372	209,429	270,429		160,236
21.	Auto physical damage	125,764	68,834	125,752	68,846	(4,213)	(12,947)	(4,210)	55,896	43,949
22.	Aircraft (all perils)Fidelity	0	0 425	0	0	0	0 992	0	1.417	667
23. 24.	• • •	0	425	0	425	79	365		3,444	1.592
24. 26.	Surety Burglary and theft	0	3,079	0	3,079	193	35	193	,	1,592
20. 27.	Boiler and machinery		 1	0		6,160	2,999	6.160		1.135
28.	Credit	Λ	٥	Λ	٥	0,100	2,999	٠٠٠٠,١٥٥ المارية	2,999	۱,۱۵۵ ا۸
29.	International	0	٥	0	Λ	0	0	٥	0	0
30.	Warranty	n	٥	0	Λ		0 N	٥	0	٥١
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	XXX	0	0	0	0
32.	Reinsurance - nonproportional assumed liability	XXX	3.047	n	3.047	XXX	2,772	0 0	5.818	n
33.	Reinsurance - nonproportional assumed financial lines	XXX	0,047	0	0,047	XXX		n	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35.	TOTALS	19,261,973	3,658,442	19,362,708	3,557,707	9,470,061	2,820,963	9,570,012	6,278,720	1,648,909
		27 2 75 2 111	2,222,112	DETAILS OF W		1, 7,001	,- 2,1000		., -, -,	,,,
3401.		0	0	0	0	0	0	0	0	0
3402.		0	0	0	0	0	0	0	0	0
3403.		0	0	0	0	0	0	0	0	0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0
(a)	Including \$0 for present value of life indemnity claims.									

Including \$......0 for present value of life indemnity claims.

PART 3 - EXPENSES

	FAI	XI 3 - EXPENSES	T	T	T
		1	2	3	4
			Other		
		Loss Adjustment	Underwriting	Investment	-
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct	1,386,816			1,386,816
	1.2 Reinsurance assumed	496,664	0	0	496,664
	1.3 Reinsurance ceded	1,392,350	0	0	1,392,350
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	491,130	0	0	491,130
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent	0	5,331,521	0	5,331,521
	2.2 Reinsurance assumed, excluding contingent	0	1,625,692	0	1,625,692
	2.3 Reinsurance ceded, excluding contingent	0	5,383,121	0	5,383,121
	2.4 Contingent - direct				851,024
	2.5 Contingent - reinsurance assumed				269,640
	2.6 Contingent - reinsurance ceded				851,024
	5				
	2.7 Policy and membership fees				0
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				1,843,731
3.	Allowances to manager and agents				24,597
4.	Advertising	66	3,614	0	3,680
5.	Boards, bureaus and associations	6,353	37,061	0	43,414
6.	Surveys and underwriting reports	0	154,919	0	154,919
7.	Audit of assureds' records	0	5,020	0	5,020
8.	Salary and related items:				
	8.1 Salaries	315,914	570,041	1,844	887,800
	8.2 Payroll taxes	22.789	38,344	104	61,237
9.	Employee relations and welfare		133,592	609	214,296
10.	Insurance	,	5.261	19	
	Directors' fees.	-,	1		0
			8,623		18,345
12.	Travel and travel items	· ·	•		
13.	Rent and rent items	,,,,,	39,838		*
14.	Equipment		7,054	31	
15.	And the second s	, , , , ,	278,986		361,220
16.	Printing and stationery				3,612
17.	Postage, telephone and telegraph, exchange and express	12,935	63,104	87	76,126
18.	Legal and auditing	2,615	12,993	74,650	90,258
19.	Totals (Lines 3 to 18)	560,470	1,385,709	78,163	2,024,342
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association credits				
	of \$601	0	258,205	0	258,205
	20.2 Insurance department licenses and fees	0	27,845	0	27,845
	20.3 Gross guaranty association assessments			0	1,467
	20.4 All other (excluding federal and foreign income and real estate)			0	474
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				287,991
21.	Real estate expenses				0
	Real estate taxes				0
22.					-
23.	Reimbursements by uninsured plans				0
24.	Aggregate write-ins for miscellaneous expenses				341,341
25.	Total expenses incurred		3,813,693		(a)4,988,535
26.	Less unpaid expenses - current year	1,648,909	667,068	17,547	2,333,524
27.	Add unpaid expenses - prior year	1,755,658	621,893	17,122	2,394,674
		1	0	0	0
28.	Amounts receivable relating to uninsured plans, prior year				
	Amounts receivable relating to uninsured plans, prior year Amounts receivable relating to uninsured plans, current year				0

DETAIL	S OF WRITE-I

2401. Professional Consultants	45,351	294,954	207	340,512
2402. Miscellaneous	(513)	1,307	35	829
2403.	0	0	0	0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	44,838	296,261	242	341,341

⁽a) Includes management fees of \$.....69,569 to affiliates and \$.....5,056 to non-affiliates.

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected	Earned
		During Year	During Year
1.	U.S. Government bonds	(a)441,172	389,067
1.1	Bonds exempt from U.S. tax	(a)99,544	106,711
1.2	Other bonds (unaffiliated)	(a)215,924	214,709
1.3	Bonds of affiliates	(a)0	0
2.1	Preferred stocks (unaffiliated)	(b)0	0
2.11	Preferred stocks of affiliates	(b)0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates.	0	0
3.	Mortgage loans	(c)0	0
4.	Real estate	(d)0	0
5.	Contract loans	0	0
6.		(e)0	0
7.	Derivative instruments.	(f)0	0
8.	Other invested assets	* /	0
9.	Aggregate write-ins for investment income		327
10.	Total gross investment income		710,813
11.	Investment expenses		(g)78,405
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)0
13.	Interest expense.		
14.	Depreciation on real estate and other invested assets.	` '	
15.	Aggregate write-ins for deductions from investment income.		17
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		
17.	DETAILS OF WRITE-INS		002,400
0001	Miscellaneous income	227	327
	iviscellatieous ilicome	0	
		-	0
			0
	Summary of remaining write-ins for Line 9 from overflow page		0
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		327
			0
			0
	O many distriction of the first of the second		0
	Summary of remaining write-ins for Line 15 from overflow page		
	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0
(a)	Includes \$293,760 accrual of discount less \$380,796 amortization of premium and less \$18,957 paid for accrue	•	
(b)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividence		
(c)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest	on purchases.	
(d)	Includes \$ of for company's occupancy of its own buildings; and excludes \$ o interest on encumbrances.		
(e)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest	on purchases.	
(f)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium.		
(g)	Includes \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes	es, attributable to segregated and S	Separate Accounts.
(h)	Includes \$0 interest on surplus notes and \$0 interest on capital notes.		
(i)	Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

		I OI CAITI		-00020,		
		1	2	3	4	5
		Realized				Change in
		Gain (Loss)	Other	Total Realized	Change in	Unrealized
		on Sales	Realized	Capital Gain (Loss)	Unrealized	Foreign Exchange
		or Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	29,074	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	160,006	0	160,006	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	160,006	0		29,074	0
		DETAILS O	F WRITE-INS			
0901		0	0	0	0	0
0902		0	0	0	0	0
0903		0	0	0	0	0
0998	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT EXHIBIT OF NONADMITTED ASSETS

	EXHIBIT OF NONAD	1	2	3
		Current Year Total	Prior Year Total	Change in Total Nonadmitted Assets
		Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1.	Bonds (Schedule D)	0	0	0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks	0	0	0
	2.2 Common stocks	0	0	0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens	0	0	0
	3.2 Other than first liens	0	0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company	0	0	0
	4.2 Properties held for the production of income	0	0	0
	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2)			
	and short-term investments (Schedule DA)	0	0	0
6.	Contract loans	0	0	0
7.	Derivatives (Schedule DB)	0	0	0
8.	Other invested assets (Schedule BA)	0	0	0
9.	Receivables for securities	0	0	0
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11.	Aggregate write-ins for invested assets	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13.	Title plants (for Title insurers only)	0	0	0
14.	Investment income due and accrued	0	0	0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
	15.2 Deferred premiums, agents' balances and installments booked but			
	deferred and not yet due	134	1,892	1,758
	15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers	0	0	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0
	16.3 Other amounts receivable under reinsurance contracts	0	0	0
17.	Amounts receivable relating to uninsured plans	0	0	0
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2	Net deferred tax asset	0	0	0
19.	Guaranty funds receivable or on deposit	0	0	0
20.	Electronic data processing equipment and software	0	0	0
21.	Furniture and equipment, including health care delivery assets	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23.	Receivables from parent, subsidiaries and affiliates	0	0	0
24.	Health care and other amounts receivable	0	0	0
25.	Aggregate write-ins for other-than-invested assets	94,795	95,271	476
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected			
	Cell Accounts (Lines 12 through 25)			
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	TOTALS (Lines 26 and 27)	94,929	97,163	2,234
	DETAILS OF W	RITE-INS		
1101		0	0	0
1102		0	0	0
1103		0	0	0
1198	Summary of remaining write-ins for Line 11 from overflow page		0	0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
			95,271	
2501				
		0	0	U
2502				0
2502 2503		0	0	0

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT

NOTES TO FINANCIAL STATEMENTS

Summary of Significant Accounting Policies:

A. Accounting Practices:

The accompanying financial statements of Patrons Mutual Insurance Company of Connecticut (the "Company" or "Patrons Mutual") are presented on the basis of accounting practices prescribed or permitted by the Connecticut Insurance Department, which has adopted the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP).

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

					Amount	(\$)
		SSAP#	F/S Page	F/S Line #	2020	2019
NET	INCOME					
(1)	Patrons Mutual state basis (Page 4, Line 20, Columns 1 & 2)				72,517	465,627
(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)				72,517	465,627
SUR	RPLUS					
(5)	Patrons Mutual state basis (Page 3, Line 37, Columns 1 & 2)				23,344,970	23,268,420
(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)				23,344,970	23,268,420

The Company is a member of the State Auto Holding Company System ("State Auto Group") that is defined at Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 - Organizational Chart. The following member companies of the State Auto Group referred to throughout these notes are defined as follows: State Automobile Mutual Insurance Company ("State Auto Mutual"), State Auto Insurance Company of Wisconsin ("SA Wisconsin"), State Auto Financial Corporation ("State Auto Financial"), State Auto Property & Casualty Insurance Company ("State Auto P&C"), Stateco Financial Services, Inc. ("Stateco"), Milbank Insurance Company ("Milbank"), State Auto Insurance Company of Ohio ("SA Ohio"), Risk Evaluation & Design, LLC ("RED"), Meridian Security Insurance Company ("Meridian Security"), Patrons Mutual Insurance Company of Connecticut ("Patrons Mutual"), Rockhill Holding Company ("RHC"), Rockhill Insurance Company ("Rockhill"), Plaza Insurance Company ("Plaza"), American Compensation Insurance Company ("American Compensation"), Bloomington Compensation Insurance Company ("Bloomington Compensation"), Rockhill Underwriting Management, LLC ("RUM"), Network E&S Insurance Brokers, LLC ("Network"), Facilitators, Inc. ("Facilitators"), and State Auto Labs Corp. ("SA Labs").

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 as of the date of the financial statements and of revenue and expense for the period then ended. It also requires estimates in the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

- Short-term investments: Not applicable.
- Bonds not backed by other loans are stated at amortized cost using the scientific interest method. The Company holds six (6) SVO-Identified bond ETFs and has made the irrevocable decision to hold all six of the ETFs at systemic value.
- Common stocks: Not applicable.
- Preferred stocks: Not applicable.
- Mortgage loans: Not applicable. 5.
- Loan-backed securities are valued at amortized cost using the scientific interest method. The retrospective adjustment method is used to determine the fair value of all loan-6. backed securities.
- Investments in subsidiaries and affiliated companies: Not applicable.
- Investments in joint ventures, partnerships and limited liability companies: Not applicable.
- Derivatives: Not applicable.
- 10 The Company anticipates investment income as a factor in the premium deficiency calculation, except accident and health business, in accordance with SSAP No. 53 -Property-Casualty Contracts - Premiums.
- 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 liability are continually reviewed, and any adjustments are reflected in the period determined.
- The Company has not materially modified its capitalization policy from the prior period.
- 13. Pharmaceutical rebate receivables: Not applicable.
- Going Concern:

Management has evaluated the Company's viability and has no doubt as to the Company's ability to continue as a going concern.

Accounting Changes and Corrections of Errors:

As of January 1, 2019, management revised previously disclosed financial information related to accounting for its pension and postretirement benefits. The Company participates in an intercompany pooling arrangement as defined in Note 26. In accordance with this arrangement, the Company had been pooling the prepaid pension asset, overfunded pension plan asset, net liabilities and the unrecognized actuarial gains and losses along with prior service costs recorded in unassigned funds (surplus) for pension and postretirement benefits. However, management determined that such pooling was not appropriate for these items. Amounts recognized as pension expense continue to be appropriately pooled in each period presented.

2. Accounting Changes and Corrections of Errors (continued):

As a result, the balance sheets for Milbank, Patrons Mutual, State Auto Mutual and State Auto P&C have been revised to reverse the impact of pooling these items. In addition, the associated deferred tax benefit at March 31, 2019 reflected the impact of no longer pooling these items. The increases (decreases) to each company's annual statement line items at January 1, 2019 are detailed in the table below.

Liabilities, Surplus and Other Funds	Increase/(Decrease)						
	Milbank	Patrons Mutual	State Auto Mutual	State Auto P&C			
25. Aggregate write-ins for liabilities	\$ (11,623,063) \$	(415,109) \$	(28,642,548) \$	40,680,720			
35. Unassigned funds (surplus)	19,313,506	689,768	47,593,997	(67,597,271)			
38. TOTAL (Page 2, Line 28, Col. 3)	\$ 7,690,443 \$	274,659 \$	18,951,449 \$	(26,916,551)			

Business Combinations and Goodwill: Not applicable.

Discontinued Operations: Not applicable.

Investments:

A. Mortgage Loans: Not applicable.

B. Debt Restructuring: Not applicable.

C. Reverse Mortgages: Not applicable.

- D. Loan-Backed Securities:
 - Prepayment assumptions for mortgage-backed securities, asset-backed securities and collateralized mortgage obligations were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning).
 - 2. The Company has not recognized any other than temporary impairments on its loan-backed securities.
 - 3. The Company has not recognized any other than temporary impairments on its loan-backed securities.
 - 4. The Company has loan-backed securities in which the fair value is less than cost or amortized cost for which an other than temporary impairment has not been recognized.

	Amount (\$)
a. The aggregate amount of unrealized losses	
1. Less than 12 Months	(2,501)
2. 12 Months or Longer	_
b. The aggregate related fair value of securities with unrealized losses	
1. Less than 12 Months	981,643
2. 12 Months or Longer	_

- 5. The Company regularly reviews its investment portfolio for factors that may indicate that a decline in fair value of an investment is other than temporary. The Company considers various factors, such as the duration and extent the security has been below cost, underlying credit rating of the issuer, receipt of scheduled principal and interest cash flows, and the Company's ability and intent to hold the security until recovery.
- 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.

5. Investments (continued):

- L. Restricted Assets:
 - 1. Restricted assets (including pledged) summarized by restricted asset category:

Amount (\$)											
		Gro	oss (Admitte	ed & Nonadm	itted) Restr	icted				Percer	itage
			Current Yea							(%)
	1	2	3	4	5	6	7	8	9	10	11
	Total General Account (G/A)	G/A Supportin g S/A Restricted Assets (a)	Total Separate Account (S/A) Restricte d Assets	S/A Assets Supportin g G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
Subject to contractual obligation for which liability is not shown	_	_	_	_	l	_	_	_	_	_	_
b. Collateral held under security lending arrangements	-	ı	ı		I	ı	ı	l	ı		ı
c. Subject to repurchase agreements	_	_	_	_	-	_	-	ı	_		-
d. Subject to reverse repurchase agreements	_	_		_	1		_	_	_	_	_
e. Subject to dollar repurchase agreements	_	_		_	1		_	_	_	_	
f. Subject to dollar reverse repurchase agreements	_	_		_	1		_	_	_	_	
g. Placed under option contracts	-	_	_	_	1	_	_	_	_	_	_
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	I	l	I	l	1	l	l	ı	l		1
i. FHLB capital stock	_	_	_	_	_	_	_	_	_		_
j. On deposit with state	423,267				423,267	410,367	12,900		423,267	0.95 %	0.95 %
k. On deposit with other regulatory bodies	-	_	_	_	1	_	_	_	_	_	_
I. 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	423,267	_	–	_	423,267	410,367	12,900	I –	423,267	0.95 %	0.95 %

- 2. Detail of assets pledged as collateral not captured in other categories (reported on line m above): Not applicable.
- Detail of assets preaged as collateral not capture
 Detail of other restricted assets: Not applicable.
- 4. Collateral received and reflected as assets: 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.

6. Joint Ventures, Partnerships and Limited Liability Companies:

- A. The Company has no investments in Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of its Admitted Assets.
- B. Impairments: Not applicable.

7. Investment Income:

A. Accrued Investment Income:

The Company nonadmits investment income due and accrued if amounts are over 90 days past due.

- B. Amounts Nonadmitted: Not applicable.
- 8. Derivative Instruments: Not applicable.

9. Income Taxes:

A. The components of the net deferred tax asset/(liability) at December 31, 2020 and 2019 are as follows:

		Amount (\$)									
		2020			2019			Change			
1.	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total		
a. Gross deferred tax assets	491,205	38,790	529,995	531,027	2,099	533,126	(39,822)	36,691	(3,131)		
Statutory valuation allowance adjustment	-	-		-	ı	ı	-	-	ı		
c. Adjusted gross deferred tax assets	491,205	38,790	529,995	531,027	2,099	533,126	(39,822)	36,691	(3,131)		
d. Deferred tax assets nonadmitted	_		1	-	_	-	_	-	_		
e. Subtotal net admitted deferred tax asset	491,205	38,790	529,995	531,027	2,099	533,126	(39,822)	36,691	(3,131)		
f. Deferred tax liabilities	47,301	143,960	191,261	64,467	125,703	190,170	(17,166)	18,257	1,091		
g. Net admitted deferred tax assets/ (liability)	443,904	(105,171)	338,733	466,560	(123,605)	342,955	(22,656)	18,434	(4,222)		

		Amount (\$)									
		2020			2019			Change			
2.	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total		
Admission calculation components SSAP No. 101											
Recovered through loss carrybacks	-	1	I	I	-	-	I	I	_		
b. The lesser of 2(b)1 and 2(b)2 below:	396,360	21,795	418,155	429,368		429,368	(33,008)	21,795	(11,213)		
Adjusted gross DTA's expected to be realized within one or three years	396,360	21,795	418,155	428,084	1,284	429,368	(31,724)	20,511	(11,213)		
Adjusted DTA's allowed per limitation threshold	NA	NA	3,441,708	NA	NA	3,417,576	NA	NA	24,132		
c. Adjusted gross DTA's offset by gross DTLs	94,845	16,995	111,840	101,660	2,099	103,759	(6,815)	14,896	8,081		
d. Total DTA's admitted	491,205	38,790	529,995	531,027	2,099	533,126	(39,822)	36,691	(3,131)		

3.	2020	2019
Ratio percentage used to determine recovery period and threshold limitation	1839%	1929%
b. Amount of adjusted capital & surplus used to determine recovery period and threshold limitation in 2(b)2 above	22,944,723	22,783,842

	2020		2019		Change	
4.	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
a. Impact of tax planning strategies:						
Adjusted gross DTAs	491,205	38,790	531,027	2,099	(39,822)	36,691
Percentage of total adjusted gross DTAs by tax character attributable to planning	0.0 %	100.0 %	0.0 %	0.0 %	0.0 %	100.0 %
Net admitted adjusted gross DTAs	491,205	38,790	531,027	2,099	(39,822)	36,691
Percentage of net admitted gross DTAs attributable to planning	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

- b. Does the Company's tax-planning strategies include the use of reinsurance? Yes _____ No __X
- B. Unrecognized Deferred Tax Liabilities: None.
- C. Current income taxes incurred consist of the following major components:

	Amount (\$)			
	2020	2019	Change	
Current income tax:				
a. Federal	(72,951)	(11,017)	(61,934)	
b. Foreign	_	1	-	
c. Subtotal	(72,951)	(11,017)	(61,934)	
d. Federal Income tax on net capital gains	70,306	-	70,306	
e. Utilization of capital loss carry-forwards		1	1	
f. Other			_	
g. Federal and foreign income taxes incurred	(2,644)	(11,017)	8,373	

Income Taxes (continued):

2. Deferred tax assets:	Т		
a. Ordinary			
Discounting of unpaid losses	126,490	143,525	(17,035)
Unearned premium reserve	230,981	207,301	23,680
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
Policyholder dividends accrual			
7. Fixed Assets			
8. Compensation & benefits accrual	88,424	102,613	(14,189)
9. Pension accrual		- 102,010	(11,100
10. Receivables - nonadmitted	28	398	(370)
11. Net operating loss carry-forward		7,478	(7,478)
12. Tax credit carry-forward		32,437	(32,437)
13. Other	45,282	37,277	8,005
Subtotal	491,205	531,029	(39,824)
b. Statutory valuation allowance adjustment	431,203	001,020	(55,024)
c. Nonadmitted			
d. Admitted ordinary deferred tax assets	491,205	531,029	(39,824)
e. Capital	491,203	331,023	(55,024)
1. Investments	38,790	2,099	36,691
Net capital loss carry-forward	30,790	2,033	30,091
3. Real estate			
4. Other			
Subtotal	38,790	2,099	36,691
f. Statutory valuation allowance adjustment	30,730	2,033	30,031
g. Nonadmitted	<u>_</u>		
h. Admitted capital deferred tax assets	38,790	2,099	36,691
i. Admitted deferred tax assets	529,995	533,128	(3,133)
i. Admitted deferred tax assets	323,333	300,120	(0,100)
Deferred tax liabilities:			
a. Ordinary			
1. Investments			
2. Fixed assets			
Deferred and uncollected premium			
Policyholder reserves	40,239	56,936	(16,697
5. Other	7,063	7,531	(468
Subtotal	47,302	64,467	(17,165
b. Capital	_		
1. Investments	143,960	125,703	18,257
2. Real estate	-	_	_
3. Other	_		
Subtotal	143,960	125,703	18,257
c. Deferred tax liabilities	191,262	190,170	1,092
4. Net deferred tax asset/(liabilities):	338,733	342,958	(4,225

The significant book to tax adjustments were as follows:

	Amount (\$) Tax Effect @ 21%	Effective Tax Rate
Tax Reconciliation by Effective Rate:		
Income before tax	14,674	21.0 %
Tax exempt interest and dividends received income deduction	(16,805)	(24.1)%
Permanent difference on nonadmitted taxable assets	(3,106)	(4.4)%
Change in valuation allowance	_	- %
Other	711	1.0 %
Rate change	_	- %
Total	(4,526)	(6.5)%
Tax Reconciliation by Statement of Income:	_	
Federal & foreign tax, excluding taxes on realized gains	(72,951)	(104.4)%
Current taxes on realized gains	70,306	100.6 %
Change in net deferred income taxes	(1,882)	(2.7)%
Total	(4,527)	(6.5)%

Operating Loss and Tax Credit Carry-forwards:

- At December 31, 2020, the Company did not have any operating loss carry-forwards. The Company did not have any alternative minimum tax credits. For 2020 and 2019, there is no income tax expense that is available for recoupment in the event of future net losses. The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

- The Company files a separate tax return.
- Federal or Foreign Federal Income Tax Loss Contingencies:

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

9. Income Taxes (continued):

Repatriation Transition Tax (RTT):

No RTT is owed under the TCJA

I. Alternative Minimum Tax (AMT) Credit:

1. Gross AMT Credit Recognized as:	Amount (\$)
a. Current year recoverable	64,873
b. Deferred tax asset (DTA)	_
2. Beginning Balance of AMT Credit Carryforward	64,873
3. Amounts Recovered	64,873
4. Adjustments	_
5. Ending Balance of AMT Credit Carryforward (5=2-3-4)	_
6. Reduction for Sequestration	_
7. Nonadmitted by Reporting Entity prior to SSAP 101 limitations	_
8. Reporting Entity Ending Balance (8=5-6-7)	_

10. Information Concerning Parent, Subsidiaries and Affiliates:

A. Nature of the Relationships:

See Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group, Part 1 Organizational Chart.

- B. Detail of Transactions Greater than ½% of Admitted Assets: Not applicable.
- C. Transactions with Related Parties Not Reported on Schedule Y: Not applicable.
- D. Amounts Due to or from Related Parties:

The terms of settlement require that these amounts settle within 60 days after the end of each calendar quarter.

	Amount (\$)				
	Decembe	December 31, 2020 December 31, 20			
	Due To:	Due From:	Due To:	Due From:	
State Auto Mutual		1,040,562	_	1,171,485	
Stateco	17,547	_	17,122	_	

E. Management, Service Contracts, Cost Sharing Agreements:

Through contractual agreements with affiliated companies within the State Auto Group, State Auto P&C provides employees, while State Auto Mutual provides data processing and certain other data equipment and facilities as needed.

During 2020 and 2019, the following management and/or cost sharing agreements were effective:

- the "2015 Management and Operations Agreement" to which State Auto Mutual, State Auto P&C, Milbank, SA Ohio, Meridian Security, Patrons Mutual, State Auto Financial, Stateco, 518 Property Management and Leasing LLC, State Auto Holdings, Facilitators, Network, and SA Labs are parties;
- 2. the "Midwest Management Agreement" to which State Auto Mutual, State Auto P&C, and SA Wisconsin are parties;
- 3. the "RTW Consulting Services Agreement" to which State Auto Mutual, State Auto P&C, Meridian Security, and Milbank entered into an agreement with RTW, Inc., an affiliate for overall claims case management for the workers' compensation program;
- 4. the "Rockhill Management & Operations Agreement" to which State Auto Mutual, State Auto P&C, Rockhill, Plaza, American Compensation, Bloomington Compensation, RHC, NECC, RTW, Inc., Rockhill Insurance Services, LLC., and RUM are parties;
- the "Rockhill-RUM Administrative Services Agreement" to which Rockhill and RUM are parties;
- 6. the "Rockhill-RIS Surplus Lines Broker Agreement" to which Rockhill and Rockhill Insurance Services, LLC. are parties;
- the "Rockhill Cost Sharing Agreement" to which Rockhill, RHC, and RUM are parties;
- 8. the "RTW-ACI Intercompany Management Agreement" to which American Compensation and RTW, Inc. are parties;
- 9. the "RTW-BCI Intercompany Management Agreement" to which Bloomington Compensation and RTW, Inc. are parties;
- 10. the "RUM Administrative Services Agreement" to which State Auto Mutual and RUM are parties;
- 11. the "Stateco Investment Management Agreement" to which Stateco, a wholly owned subsidiary of State Auto Financial, provides investment management services to the Company for a fee based on the average fair value of the investment portfolio of the Company;
- 12. the "RUM-ACI Administrative Services Agreement" to which RUM and American Compensation are parties;
- 13. the "RUM Underwriting Services Agreement" to which RUM and Plaza are parties; and
- 14. the "RTW Administrative Services Agreement" to which RTW, Inc. and Plaza are parties;

Each of the foregoing management and/or cost sharing agreements apportions or apportioned among the parties the actual costs of the services provided. With the exception of the "2015 Management & Operations Agreement", the "RTW Consulting Services Agreement", the "Rockhill Management & Operations Agreement", the "Rockhill Cost Sharing Agreement", the "RTW Administrative Services Agreement", the "RTW-ACI Intercompany Management Agreement", and the "RTW-BCI Intercompany Management Agreement", the above agreements provide for a management fee for services provided.

- F. Guarantee or Contingencies for Related Parties: Not applicable.
- G. Nature of Relationships that Could Affect Operations:

The Company is a member of the State Auto Group that is defined in Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 - Organizational Chart.

- 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. Investments in Foreign Insurance Subsidiary: Not applicable.
- L. Investments in Downstream Noninsurance Company: Not applicable.
- M. All SCA Investments: Not applicable.
- N. Investment in Insurance SCAs: Not applicable.
- O. SCA Loss Tracking: Not applicable

11. Debt: Not applicable.

12. Retirement Plans, Deferred Compensation, Postretirement Benefits and Compensated Absences and Other Postretirement Benefit Plans:

All employees of the State Auto Group are employees of State Auto P&C, which holds assets and liabilities related to the employee benefit plans of the State Auto Group, and is the plan sponsor of the employee benefit plans.

A. Defined Benefit Plan:

State Auto P&C sponsors a defined benefit plan and a postretirement health care benefit plan. See Note 12G.

- B. Investment policies and strategies: Not applicable
- C. Fair Value Measurement: Not applicable.
- D. Basis Assumption: Not applicable
- E. Defined Contribution Plan:

State Auto P&C sponsors a defined contribution plan. See Note 12G.

- F. Multiemployer Plans: Not applicable.
- G. Consolidated/Holding Company Plans:

The Company participates in a defined benefit pension plan sponsored by State Auto P&C, an affiliate. In addition, the Company provides certain other postretirement benefits to retired employees through a plan sponsored by State Auto P&C. The Company has no legal obligation for benefits under these plans. At December 31, 2020, State Auto P&C allocated the defined benefit pension plan and postretirement plan's expenses to the Company based on the Company's pooling percentage per the Pooling Arrangement. The Company's pooling percentage is 0.5%.

The Company's share of net expense for the defined benefit pension plan was \$48,072 and \$29,564 in 2020 and 2019, respectively and for postretirement benefit plan was a negative expense of \$17,753 and \$7,973 in 2020 and 2019, respectively.

The Company's share of the supplemental executive retirement plan liability ("SERP") expense was \$3,108 and \$3,117 for 2020 and 2019, respectively.

State Auto P&C maintains a defined contribution plan that covers substantially all of the State Auto Group's employees. The Company has no legal obligation for benefits under this plan. The Company's share of the expense under this plan, allocated based on a percentage of salary, was \$56,449 and \$49,069 for 2020 and 2019, respectively.

- H. Postretirement Benefits and Compensated Absences: Not applicable.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17):
 - 1. If unable to determine whether benefits provided by the plan are actuarially equivalent, disclose existence of the Act and whether or not APBO or net periodic postretirement benefit cost reflect any amount associated with the subsidy. Not applicable.
 - 2. Include the effects of the subsidy in measuring the net postretirement benefit cost by disclosing the: reduction in the net postretirement cost for the subsidy related to benefits attributed to former employees, the effect of the subsidy on the measurement of net periodic postretirement benefit cost for the current period and any other disclosures required by paragraph 16(m) of SSAP No. 14: Not applicable.
 - The Company's gross benefit payments for 2020 were \$3,206 including the prescription drug benefits. The Company's subsidy related to Medicare Prescription Drug, Improvement and Modernization Act of 2003 was \$1,392 for 2020 and estimates future annual subsidies to be approximately \$1,435.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations:

- A. Capital Stock Authorized, Issued and Outstanding as of the Balance Sheet Date: Not applicable.
- B. Dividend Rate of Preferred Stock: Not applicable
- C. Dividend Restrictions: Not applicable
- D. Dates and Amounts of Dividends Paid: Not applicable.
- E. Portion of the Company's Profits that may be Paid as Ordinary Dividends to Stockholders: Not applicable
- F. Restrictions Placed on the Unassigned Funds, Including for Whom the Surplus is Being Held: Not applicable.
- G. Mutual Surplus Advances: Not applicable.
- H. Company Stock Held for Special Purposes: Not applicable.
- I. Changes in Special Surplus Funds: Not applicable.
- J. Changes in Unassigned Funds:

The portion of unassigned funds (surplus) represented by cumulative net unrealized gains is \$565,985. This excludes any applicable deferred taxes.

- K. Surplus Notes: Not applicable.
- L. Impact of Restatement Due to Quasi Reorganizations: Not applicable.
- M. Effective Date of Quasi Reorganizations: Not applicable.

14. Liabilities, Contingencies and Assessments:

A. Contingent Commitments:

The Company has no commitments or contingent commitments to affiliates or other entities. The Company has made no guarantees on behalf of affiliates.

14. Liabilities, Contingencies and Assessments (continued):

B. Guaranty Fund and Other Assessments:

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. On a direct basis, the Company has no liability for guaranty fund assessments but does have a related premium tax benefit asset of \$17,368. The asset is expected to be realized over the next five years. This represents management's best estimate based on information received from the states in which the Company writes business and may change due to many factors, including the Company's share of the ultimate cost of current insolvencies.

Description	Amount (\$)
Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	38,597
Decreases current year:	
Policy surcharges collected	_
Policy surcharges charged off	_
Premium tax offset applied	21,229
Increases current year:	
Policy surcharges collected	_
Policy surcharges charged off	_
Premium tax offset applied	_
Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	17,368

The Company has no guaranty fund liabilities and assets related to assessments from insolvencies of entities that wrote long-term care contracts.

- C. Gain Contingencies: Not applicable
- D. Claims-Related Extra Contractual Obligation and Bad-Faith Losses Stemming from Lawsuits: Not applicable.
- E. Product Warranties: Not applicable.
- F. Joint and Several Liabilities: Not applicable.
- G. All Other Contingencies:

The Company is involved in litigation and may become involved in potential litigation arising in the ordinary course of business. Additionally, the Company may be impacted by adverse regulatory actions and adverse court decisions where insurance coverages are expanded beyond the scope originally contemplated in the policies. In the opinion of management, the effects, if any, of such litigation and published court decisions are not expected to be material to the financial statements.

Under the terms of the 2005 Management and Operations Agreement, State Auto Mutual holds all premium receivables and routinely assesses their collectability from policyholders, agents, and reinsurers. See Note 21C.

- 15. Leases: Not applicable.
- 16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk: Not applicable
 - Sale, Transfer and Servicing of Financial Instruments and Extinguishments of Liabilities:
 - A. Transfers of Receivables Reported as Sales: Not applicable.
 - B. Transfers and Servicing of Financial Assets:
 - Loaned Securities: None.
 - 2. Servicing Assets and Servicing Liabilities:
 - a. Risks: None.
 - b. Contractually Specified Servicing Fees: None.
 - c. Assumptions Used to Estimate: None.
 - 3. Servicing Assets and Servicing Liabilities Measured at Fair Value: Not applicable.
 - 4. Securitizations, Asset-backed Financing Agreements and Similar Transfers with Continued Involvement:
 - a. Income Statements Presented: None.
 - b. Statement of Financial Position Presented: None.
 - Assets Accounted for as Secured Borrowing: None.
 - 6. Receivables with Recourse: None.
 - Securities Underlying Repurchase and Reverse Repurchase Agreements: None.
 - C. Wash Sales: None.
- 18. Gain or Loss to the Reporting Entity from Uninsured A&H 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 Measurement:
 - A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value:

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks. The estimated fair value of the equity securities within this category are based on unadjusted market prices provided by the Securities Valuation Office ("SVO") and are thus classified as level 1. The Company holds one equity security, NAMIC, which is not publicly traded. SVO provides a fair value for this equity security. As a result, this security is included in level 1.

- Level 2 Significant Other Observable Inputs: The Company has no assets or liabilities measured and reported at fair value in this category.
- Level 3 Significant Unobservable Inputs: The Company has no assets or liabilities measured and reported at fair value in this category.

Net asset value (NAV): The Company has no assets or liabilities measured and reported in this category.

20. Fair Value Measurement (continued):

The Company has categorized its assets that are measured at fair value or net asset value into the three-level fair value hierarchy as reflected in the following table. The
Company has no liabilities that are measured and reported at fair value. See item 3 below for a discussion of the Company's transfer policy. See item 4 below for a
discussion of Level 2 and Level 3 assets.

Fair Value Measurements at Reporting Date	Amount (\$)				
Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common stock					
Industrial and misc	349,094	_	_	_	349,094
Total common stocks	349,094	-	-	-	349,094
Total assets at fair value/ (NAV)	349,094	ı	-	-	349,094

- 2. The Company has no assets or liabilities measured and reported at fair value in Level 3.
- 3. Transfers between level categorizations may occur due to changes in the availability of market observable inputs. Transfers in and out of level categorizations are reported as having occurred at the beginning of the quarter in which the transfer occurred. There were no transfers between level categorizations as of December 31, 2020.
- 4. The Company has no assets or liabilities measured and reported at fair value in Level 2 or Level 3.
- 5. The Company has no derivative assets or liabilities.
- B. Other Fair Values Disclosures: Not applicable.
- C. Fair Values for All Financial Instruments by levels 1, 2, and 3:

See Item A for a discussion on valuation techniques for assets and liabilities that are measured and reported at fair value or net asset value.

The Company utilizes information provided by the SVO to estimate fair value measurements for the majority of its fixed maturities. If market data is not provided by the SVO, fair value is determined by using data provided by a nationally recognized pricing service.

December 31, 2020:

		Amount (\$)					
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	34,983,326	34,124,892	_	34,983,326	_	_	_
Common stocks	349,094	349,094	349,094	_	_	_	_
Cash, cash equivalents, and short-term investments	333,019	333,019	333,019				_

December 31, 2019:

		Amount (\$)						
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)	
Bonds	34,252,830	34,020,788	_	34,252,830	_	_	_	
Common stocks	349,094	349,094	349,094		_	_	_	
Cash, cash equivalents, and short-term investments	125,032	125,032	125,032			_		

- D. Financial Instruments for which Not Practical to Estimate Fair Values: Not applicable.
- E. Financial Instruments using the NAV practical expedient: Not applicable.

21. Other Items:

A. Unusual or Infrequent Items:

As a result of the 2018-2020 Michigan Catastrophic Claims Association ("MCCA") Premium Audit Program, the Company made an adjustment to surplus to reflect the activity pertaining to the prior year reporting period. The net impact was recorded as a prior year correction surplus decrease (Statement of Income Page, Line 37) in the amount of \$23,054

On April 21, 2020 the Company announced the *In This Together* plan to provide premium relief for personal auto policyholders as a result of the COVID-19 pandemic. This premium relief program includes a 5% discount applied at the next renewal for policyholders with an active policy as of June 1, 2020 residing in states that have approved this plan. The discount will be accounted for as an adjustment to premium.

- B. Troubled Debt Restructuring: Not applicable.
- C. Other Disclosures:

The Company elected to use rounding in reporting amounts in this Annual Statement. The Company also set a tolerance for rounding errors at 10 for validation purposes.

Under the terms of the 2015 Management and Operations Agreement, State Auto Mutual receives all premiums and pays all losses and expenses associated with the insurance business produced by the pool participants, and then settles the intercompany balances generated by these transactions with the participating companies on a quarterly basis within 60 days following each quarter end. When settling the intercompany balances, State Auto Mutual provides the pool participants with full credit for the premiums written and net losses paid during the quarter and retains all receivable amounts from insureds and agents and reinsurance recoverables on paid losses from unaffiliated reinsurers. Any receivable amounts that are ultimately deemed to be uncollectible are charged-off by State Auto Mutual and allocated to the pool member on the basis of pool participation. As a result, each pool participant has an off-balance sheet credit risk based on the participant's pooling percentage related to the balances due to State Auto Mutual, which is collateralized by the unearned premium from the respective policies. The Company had off-balance sheet credit risk of approximately \$2,995,413 and \$2,853,552 at December 31, 2020 and December 31, 2019, respectively.

- D. Business Interruption Insurance Recoveries: Not applicable.
- E. State Transferable Tax Credits: Not applicable.

21. Other Items (continued):

- F. Subprime Mortgage Related Risk Exposure:
 - 1. The Company has reviewed and considered possible exposure to subprime mortgage related risk through (1) direct investments in subprime mortgage loans; (2) direct investments in securities with underlying subprime exposure, such as residential mortgage backed securities, commercial mortgage backed securities, collateralized debt obligations, structured securities, hedge funds, credit default swaps, and special investment vehicles; (3) equity investments in subsidiary, controlled or affiliated entities with significant subprime related risk exposure; or (4) underwriting risk on policies issued for Mortgage Guaranty or Financial Guaranty insurance coverage and determined that the Company does not have direct exposure to subprime mortgage related risk.
 - 2. The Company does not have direct exposure through investments in subprime mortgage loans.
 - 3. The Company does not have direct exposure through other investments.
 - 4. The Company does not write Mortgage Guaranty or Financial Guaranty insurance coverage and, therefore, does not have underwriting exposure to subprime mortgage risk related to these.
- G. Proceeds from Insurance-Linked Securities: Not applicable.

22. Events Subsequent:

Subsequent events have been considered through February 19, 2021 for the statutory statements issued on February 19, 2021.

23. Reinsurance:

A. Unsecured Reinsurance Recoverables:

The following table provides a listing of unsecured reinsurance recoverables that exceed 3% of the Company's policyholders' surplus:

NAIC Code	Federal ID#	Name of Reinsurer	Amount (\$)
25135	31-4316080	State Auto Mutual	59,946,627
		Total	59,946,627

- B. Reinsurance Recoverable in Dispute: Not applicable.
- C. Reinsurance Assumed and Ceded:
 - 1. The following table summarizes assumed and ceded unearned premiums and the related commission equity at December 31, 2020, stated in dollars:

		Amount (\$)							
	Assı	ımed	Ced	ded	Assumed Less Ceded				
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity			
Affiliates	5,500,268	_	17,489,154	_	(11,988,886)	_			
All other	40,044	12,321	281,086	71,714	(241,042)	(59,393)			
Totals	5,540,312	12,321	17,770,240	71,714	(12,229,928)	(59,393)			
Direct Unear	Direct Unearned Premium Reserve: 17,730,191								

The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements is accrued as follows:

	Amount (\$)			
	Direct	Assumed	Ceded	Net
a. Contingent Commission	l	(266,770)	l	(266,770)
b. Sliding Scale Adjustments	l	-	l	_
c. Other Profit Commission Arrangements	_	_	_	_
Total	_	(266,770)	_	(266,770)

3. Protected Cells: Not applicable.

D. Uncollectible Reinsurance: Not applicable.

E. Commutation of Ceded Reinsurance: Not applicable.

F. Retroactive Reinsurance:

On December 31, 2014 State Auto Mutual entered into an adverse development reinsurance contract ("ADC") to cede losses incurred on policies incepted between November 15, 2009 and January 13, 2013 written by Restaurant Coverage Association and classified as Liquor Liability business and Commercial General Liability. The ADC agreement is a retroactive reinsurance transaction subject to the Pooling Arrangement.

The retroactive reserves assumed and ceded below represent Patrons Mutual Insurance Company of Connecticut's pooling percentage December 31, 2020:

	Amount (\$)	
1.	Assumed	Ceded (ADC)
a. Reserves Transferred:		
1. Initial Reserves (Assumed)/Ceded		50,000
2. Adjustments - Prior Years		7,609
3. Adjustments - Current Year		(16,923)
4. Current Total		40,686
b. Consideration Received/(Paid):		
1. Initial Consideration		(95,000)
2. Adjustments - Prior Years	-	_

23. Reinsurance (continued):

		Amou	int (\$)
		Assumed	Ceded (ADC)
3. Adjustments - Current Year		_	_
4. Current Total		_	(95,000)
c. Paid Losses (Reimbursed)/Recovered:			
1. Prior Years		_	(37,391)
2. Current Year		_	(16,923)
3. Current Total		_	(54,314)
d. Special Surplus from Retroactive Reinsurance:			
1. Initial Surplus Gain/(Loss)		_	(45,000)
2. Adjustments - Prior Years		_	7,609
3. Adjustments - Current Year		_	(16,923)
4. Current Year Restricted Surplus		_	(54,314)
5. Cumulative Total Transferred to Unassigned Funds			
e. All Cedents and Reinsurers Involved in all Transactions Included in the Summary Totals Above:			
Entity			
10227 Munich Reins Amer Inc		-	40,686
f. Total paid loss/LAE amounts recoverable (for authorized, unauthorized and certified reinsurers), any amounts more than 90 days overdue (for authorized, unauthorized and certified reinsurers), and for amounts recoverable the collateral held (for authorized and certified reinsurers):			
Authorized Reinsurers:	Total Paid/Loss LAE Recoverable	Amounts Over 90 Days Overdue	
10227 Munich Reins Amer Inc	40,686	-	
Total	40,686	_	
Unauthorized Reinsurers:	Total Paid/Loss LAE Recoverable	Amounts Over 90 Days Overdue	Collateral Held
None	_	_	_
Certified Reinsurers:	Total Paid/Loss LAE Recoverable	Amounts Over 90 Days Overdue	Collateral Held
None	_	_	_

- G. Reinsurance Accounted for as a Deposit: Not applicable.
- H. Run-off Agreements: Not applicable.
- Certified Reinsurer Rating Downgraded or Status Subject to Revocation: Not applicable.
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation: Not applicable.
- Retrospectively Rated Contracts and Contracts Subject to Redetermination: Not applicable.

25. Changes in Incurred Losses and Loss Adjustment Expenses:

A. Incurred losses and loss adjustment expenses attributable to prior accident years have decreased approximately \$0.3M during 2020 year-to-date. This decrease is primarily the result of subsequent reserve reviews using more mature claim data. Of this favorable development, Workers' Compensation accounts for \$0.2M, Middle Market Commercial business accounts for \$0.2M, and Small Commercial Package business accounts for \$0.1M. Favorable development in these Commercial Lines segments was partially offset by unfavorable development of \$0.2M in Personal Auto. Personal Auto development was driven by higher-than-expected severity on Bodily Injury claims.

	Amount (\$)				
Per Schedule P Part 1 -Summary	All Accident Years	2020 Accident Year	Prior Accident Years		
Loss and LAE reserves at 12/31/19	8,156,314		8,156,314		
Loss and LAE incurred in 2020	7,491,284	7,404,527	86,757		
Loss and LAE paid in 2020	7,719,974	3,154,129	4,565,845		
Loss and LAE reserves at 12/31/120	7,927,624	4,250,398	3,677,226		

3. The Company had no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements:

The Company participates in a quota share reinsurance pooling arrangement with the following affiliated companies (the "Pooling Arrangement"):

Pool Participant	NAIC Co.	Pooling Participat	tion Percentages
Pool Participant (the "State Auto Pool")	Code	2020	2019
State Auto Mutual - lead reinsurer	25135	34.5%	34.5%
State Auto P&C	25127	51.0%	51.0%
Milbank	41653	14.0%	14.0%
SA Wisconsin	31755	0.0%	0.0%
SA Ohio	11017	0.0%	0.0%
Meridian Security	23353	0.0%	0.0%
Patrons Mutual	14923	0.5%	0.5%
Rockhill	28053	0.0%	0.0%
Plaza	30945	0.0%	0.0%
American Compensation	45934	0.0%	0.0%
Bloomington Compensation	12311	0.0%	0.0%

Under the terms of the arrangement, the participants cede to State Auto Mutual all of their insurance business, net of assumed and ceded reinsurance, and assume from State Auto Mutual an amount equal to their respective participation percentages outlined in the Pooling Arrangement. All business written by each pool participant, except for State Auto Mutual's unaffiliated voluntary assumed reinsurance program with policies effective prior to January 1, 2009, is subject to the Pooling Arrangement. All premiums, losses, loss adjustment expenses and underwriting expenses are allocated among the participants on the basis of each company's respective participation percentage outlined in the Pooling Arrangement. The Pooling Arrangement provides indemnification against loss or liability relating to insurance risk and has been accounted for as reinsurance.

26. Intercompany Pooling Arrangements (continued):

Per SSAP No. 62R - *Property and Casualty Reinsurance*, ceded reinsurance written premiums payable may be deducted from amounts due from the reinsurer when a legal right of offset exists. As the Pooling Arrangement provides for the right of offset, the Company has netted within the Statement of Assets and Liabilities the amount due to State Auto Mutual under ceded reinsurance written premiums payable with the amount due from State Auto Mutual on assumed reinsurance written premiums receivable for transactions under the Pooling Arrangement. The following tabular presentation reflects the ceded reinsurance written premiums payable and assumed reinsurance written premiums receivable at December 31, 2020, between each State Auto Pool participant and State Auto Mutual resulting in the net amount due to or due from State Auto Mutual:

		Amount (\$)	
	Assumed Reinsurance Written Premiums Receivable from State Auto Mutual	Ceded Reinsurance Written Premiums Payable to State Auto Mutual	Net Assumed Reinsurance Written Premiums Receivable/(Net Ceded Reinsurance Written Premiums Payable)
State Auto P&C	273,853,939	186,677,761	87,176,178
Milbank	75,175,591	63,194,432	11,981,159
SA Wisconsin	_	1,777,248	(1,777,248)
SA Ohio	_	5,966,275	(5,966,275)
Meridian Security	_	117,545,102	(117,545,102)
Patrons Mutual	2,684,843	7,851,695	(5,166,852)
Rockhill	_	(792)	792
Plaza	_	223,190	(223,190)
American Compensation	_	10,256,944	(10,256,944)
Bloomington Compensation	_	1,250,654	(1,250,654)

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at December 31, 2020, between each State Auto Pool participant and State Auto Mutual:

	Amou	nt (\$)
	Assumed Reinsurance Loss and Loss Adjustment Expense Paid from State Auto Mutual	Ceded Reinsurance Loss and Loss Adjustment Expense Paid to State Auto Mutual
State Auto P&C	173,633,722	121,307,800
Milbank	47,664,159	38,543,324
SA Wisconsin	_	826,481
SA Ohio	_	2,477,358
Meridian Security	_	67,294,989
Patrons Mutual	1,702,291	5,826,157
Rockhill	_	17,132,259
Plaza	_	6,324,909
American Compensation	_	9,026,294
Bloomington Compensation	_	1,866,464

The following tabular presentation reflects all other intercompany amounts due from and due to State Auto Mutual from entities participating in the Pooling Arrangement at December 31, 2020:

	Amou	nt (\$)
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	_	33,240,432
Milbank	_	3,850,328
SA Wisconsin	946,437	_
SA Ohio	3,486,267	_
Meridian Security	50,205,975	_
Patrons Mutual	1,040,562	_
Rockhill	_	21,587,118
Plaza	_	9,193,278
American Compensation	822,799	_
Bloomington Compensation	_	651,614

27. Structured Settlements: Not applicable.

28. Health Care Receivables: Not applicable.

29. Participating Policies: Not applicable.

30. Premium Deficiency Reserves:

1.	Liability carried for premium deficiency reserves	_
2.	Date of the most recent evaluation of this liability	December 31, 2020
3.	Was anticipated investment income utilized in the calculation?	No

The premium deficiency reserve is recorded in the aggregate write-in for liabilities and the change in the reserve is reflected in aggregate write-in for underwriting deductions.

- 31. High Deductibles: Not applicable.
- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses: Not applicable.

33. Asbestos/Environmental Reserves:

A. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses? Yes.

The Company's exposure to asbestos losses arises from the sale of general liability insurance. The Company tries to estimate the full impact of the asbestos exposure by establishing full case basis reserves on all known losses and estimating incurred but not reported losses based on previous experience.

33. Asbestos/Environmental Reserves (continued):

		Amount (\$)				
Direct Basis:	2016	2017	2018	2019	2020	
Beginning reserves	8,979	8,070	8,426	8,625	16,425	
Incurred losses and loss adjustment expenses	(792)	826	1,559	10,248	2,178	
Calendar year payments for losses and loss adjustment expenses	117	470	1,360	2,448	3,654	
Ending reserves	8,070	8,426	8,625	16,425	14,949	

		Amount (\$)			
Assumed Reinsurance Basis:	2016	2017	2018	2019	2020
Beginning reserves	491	323	558	516	607
Incurred losses and loss adjustment expenses	(153)	255	(36)	103	(20)
Calendar year payments for losses and loss adjustment expenses	15	20	6	12	22
Ending reserves	323	558	516	607	565

		Amount (\$)			
Net of Ceded Reinsurance Basis:	2016	2017	2018	2019	2020
Beginning reserves	9,445	8,369	8,984	9,141	17,032
Incurred losses and loss adjustment expenses	(944)	1,105	1,523	10,351	(2,524)
Calendar year payments for losses and loss adjustment expenses	132	490	1,366	2,460	(303)
Ending reserves	8,369	8,984	9,141	17,032	14,811

B. State the amount of the ending reserves for Bulk + IBNR included in A (Loss & LAE):

	Amount (\$)
Direct Basis	13,000
Assumed Reinsurance Basis	341
Net of Ceded Reinsurance Basis	13,341

C. State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk + IBNR):

	Amount (\$)
Direct Basis	7,474
Assumed Reinsurance Basis	282
Net of Ceded Reinsurance Basis	7,406

D. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses? Yes.

	Amount (\$)				
Direct Basis:	2016	2017	2018	2019	2020
Beginning reserves	89,476	120,268	136,259	135,029	166,363
Incurred losses and loss adjustment expenses	39,596	29,128	8,555	45,631	10,062
Calendar year payments for losses and loss adjustment expenses	8,804	13,137	9,785	14,297	17,624
Ending reserves	120,268	136,259	135,029	166,363	158,801

	Amount (\$)				
Assumed Reinsurance Basis:	2016	2017	2018	2019	2020
Beginning reserves	_	_	_	_	_
Incurred losses and loss adjustment expenses	_	_	_	_	_
Calendar year payments for losses and loss adjustment expenses	_	_	_	_	_
Ending reserves	_	_	_	_	_

	Amount (\$)				
Net of Ceded Reinsurance Basis:	2016	2017	2018	2019	2020
Beginning reserves	86,778	116,017	131,595	128,942	160,057
Incurred losses and loss adjustment expenses	38,043	28,715	7,132	45,412	12,814
Calendar year payments for losses and loss adjustment expenses	8,804	13,137	9,785	14,297	17,071
Ending reserves	116,017	131,595	128,942	160,057	155,800

E. State the amount of the ending reserves for Bulk + IBNR included in D (Loss & LAE):

	Amount (\$)
Direct Basis	135,000
Assumed Reinsurance Basis	_
Net of Ceded Reinsurance Basis	135,000

F. State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk + IBNR):

	Amount (\$)
Direct Basis	79,401
Assumed Reinsurance Basis	_
Net of Ceded Reinsurance Basis	77,900

34. Subscriber Savings Accounts: Not applicable.

35. Multiple Peril Crop Insurance: Not applicable.

36. Financial Guaranty Insurance: Not applicable.

PART 1 - COMMON INTERROGATORIES GENERAL

	Is the rep If yes, cor	rer?		Yes [>	(] No[]	
 	If yes, did official of similar to System R	I the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements ally similar to those required by such Act and regulations?	Yes	[X]	No []	N/A []
,	State regi	ulating? <u>Connecticut</u>				
	•	orting entity publicly traded or a member of publicly traded group?			Yes[]	No [X]
		conse to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	_			
1	reporting	·			Yes[]	No [X]
	•	te of change:	_		10/01/00	
		of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2018			18
•	This date	as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. should be the date of the examined balance sheet and not the date the report was completed or released.	_		12/31/20	18
t	the report	of what date the latest financial examination report became available to other states or the public from either the state of domicile or ting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). department or departments?	_		01/21/20	20
9	Connection	cut Insurance Department financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial				
		t filed with departments?	Yes	[]	No []	N/A [X]
ı	Have all c	of the recommendations within the latest financial examination report been complied with?	Yes	[]	No[]	N/A [X]
t	thereof ur (more tha	e period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination nder common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part an 20 percent of any major line of business measured on direct premiums) of:				
	4.11	sales of new business?			Yes[]	No [X]
	4.12	renewals?			Yes[]	No [X]
	receive cr	e period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, redit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:				
	4.21	sales of new business?			Yes[]	No [X]
	4.22	renewals?			Yes[]	No [X]
		eporting entity been a party to a merger or consolidation during the period covered by this statement? wer is YES, complete and file the merger history data file with the NAIC.			Yes[]	No [X]
ı	result of the	he merger or consolidation. 1		2		3
		Name of Entity		NA Comp Cod	oany	State of Domicile
		Name of Entity		Comp	oany de	
ŀ	by any go	Name of Entity eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? refull information:		Comp Cod	oany de	Domicile
! !	by any go If yes, give	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period?		Comp Cod	de e	Domicile
l 	by any go If yes, giv Does any If yes,	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? If the first transfer of the reporting entity?		Comp Cod	Yes []	No [X]
l 	by any go If yes, give	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? re full information: r foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or		Comp Cod	Yes []	Domicile No [X]
! !	by any go If yes, giv Does any If yes, 7.21	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? re full information: r foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control		Comp Cod	Yes []	No [X]
! !	by any go If yes, giv Does any If yes, 7.21	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? re full information: rforeign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).		Comp Cod	Yes []	No [X]
! !	by any go If yes, giv Does any If yes, 7.21	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? re full information: foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).		Comp Cod	Yes []	No [X]
! !	by any go If yes, giv Does any If yes, 7.21 7.22	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? re full information: foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).		Comp Cod	Yes []	No [X]
! ! !	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? If oreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 2 Nationality Type of Entity mpany a subsidiary of a bank holding company regulated with the Federal Reserve Board?		Comp Cod	Yes[]	No [X] No [X]
! ! !	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? Ye full information: Yoreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 2 Nationality Type of Entity mpany a subsidiary of a bank holding company regulated with the Federal Reserve Board? se to 8.1 is yes, please identify the name of the bank holding company. mpany affiliated with one or more banks, thrifts or securities firms? ponse to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal final y services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance		Comp Cod	Yes[]	No [X] No [X] No [X]
! ! !	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? If oreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 1 2 Nationality Type of Entity mpany a subsidiary of a bank holding company regulated with the Federal Reserve Board? se to 8.1 is yes, please identify the name of the bank holding company. mpany affiliated with one or more banks, thrifts or securities firms? ponose to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal final by services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance on (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.		Comp Cod	Yes[]	No [X] No [X] No [X]
! ! !	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? The full information: In foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). In a corporation of the foreign person or entity (s) (e.g., individual, corporation, government, manager or attorney-in-fact). In a corporation of the foreign person or entity (s) (e.g., individual, corporation, government, manager or attorney-in-fact). In a corporation of the foreign person or entity (s) (e.g., individual, corporation, government, manager or attorney-in-fact). In a corporation of the nationality of its manager or attorney-in-fact). In a corporation or manager or attorney-in-fact and interest or inte	ncial	Comp Coo	Yes[] Yes[] Yes[]	No [X]
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory Corporation What is the	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? Ye full information: Yoreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 2 Nationality Type of Entity mpany a subsidiary of a bank holding company regulated with the Federal Reserve Board? se to 8.1 is yes, please identify the name of the bank holding company. mpany affiliated with one or more banks, thrifts or securities firms? conse to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal final y services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance on (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator. 1 2 Location (City, State) F the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?	ncial 3	Comp Coo 0	Yes[] Yes[] Yes[]	No [X]
	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory Corporation What is the Pricewate	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? To reign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1	ncial 3 -RB	Comp Coo 0	Yes[] Yes[] Yes[]	No [X]
	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory Corporation What is the Pricewate Has the ir as allower	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overnmental entity during the reporting period? re full information: / foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 2 Nationality Type of Entity mpany a subsidiary of a bank holding company regulated with the Federal Reserve Board? se to 8.1 is yes, please identify the name of the bank holding company. mpany affiliated with one or more banks, thrifts or securities firms? ponse to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal final y services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance on (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator. 1 2 1 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ncial 3 -RB	Comp Coo 0	Yes[] Yes[] Yes[]	No [X]
	by any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the resp regulatory Corporation What is the Pricewate Has the ir as allowe If the resp Has the ir	eporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked overmmental entity during the reporting period? *re full information: *re foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? *State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). **1 **Nationality** 1 2 Nationality* **Type of Entity* **manager or attorney-in-fact). **Entity* **manager or attorney-in-fact). **Entity* **Type of Entity* **Type of Ent	ncial 3 -RB	Comp Coor 0	Yes[] Yes[] Yes[]	No [X] No [X] No [X] No [X] No [X]

PART 1 - COMMON INTERROGATORIES

10.5 10.6							
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Matthew S. Mrozek, FCAS, 518 East Broad Street, Columbus, Ohio 43215, officer of affiliate State Automobile Mutual Insurance Company						
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? 12.11 Name of real estate holding company		Yes[]	No [X]			
	12.11 Number of parcels involved			0			
	12.13 Total book/adjusted carrying value	\$		0			
12.2	If yes, provide explanation						
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:						
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?						
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?		Yes[]	No []			
13.3	Have there been any changes made to any of the trust indentures during the year?		Yes[]	No []			
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes[]	No []	N/A []			
14.1	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 [X]	No[]			
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationship	os;					
	(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. 						
14.11	If the response to 14.1 is no, please explain:						
14.2	Has the code of ethics for senior managers been amended?		Yes[X]	No[]			
14.21	If the response to 14.2 is yes, provide information related to amendment(s).		163[X]	NO[]			
	The Nominating and Governance Committee of the Company's Board of Directors annually reviews the Associate Code of Business Conduct, which						
	applicable to all senior managers. In 3Q 2020 the Associate Code of Business Conduct was revised to update and include: New hotline reporting platfor update to the following sections: Financial Reporting, Commitment to Diversity and Inclusion, Discrimination and Harassment, Health and Safety, Busin Entertainment and Gifts. Revision date is August 14, 2020.	<u>rm;</u> ess					
14.3	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes[]	No [X]			
14.31	If the response to 14.3 is yes, provide the nature of any waiver(s).			[]			
45.4							
15.1	Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?		Yes []	No[X]			
15.2	If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of						
	the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.	1					
	1 2 3 Circumstances That Can Trigger		4				
	Routing Number Issuing or Confirming Bank Name the Letter of Credit		Amount				
	0	\$		0			
	BOARD OF DIRECTORS						
16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?		Yes [X]	No []			
17. 18.	Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part		Yes [X]	No []			
10.	of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?		Yes[X]	No []			
	FINANCIAL						
19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?		Yes []	No[X]			
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):						
	20.11 To directors or other officers	\$		0			
	20.12 To stockholders not officers	\$		0			
	20.13 Trustees, supreme or grand (Fraternal only)	\$		0			
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):	œ.		0			
	20.21 To directors or other officers 20.22 To stockholders not officers	Ф		0			
	20.23 Trustees, supreme or grand (Fraternal only)	-		0			
21.1	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation						
	being reporting in the statement?		Yes[]	No [X]			
21.2	If yes, state the amount thereof at December 31 of the current year:			_			
	21.21 Rented from others	\$		0			
	21.22 Borrowed from others 21.23 Leased from others	\$ \$		0			
	21.23 Leased from others 21.24 Other	\$		0			
22.1	Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or	Ψ					
	guaranty association assessments?		Yes[]	No [X]			
22.2	If answer is yes:	•		•			
	22.21 Amount paid as losses or risk adjustment 22.22 Amount paid as expenses	\$ e		0			
	22.22 Amount paid as expenses	ψ					

PART 1 - COMMON INTERROGATORIES

	22.23	Other amounts paid			\$		0
23.1	Does the	reporting entity report any amounts due from parent,	subsidiaries or affiliates on Page 2 of this stat	tement?		Yes [X]	No []
		icate any amounts receivable from parent included in	•		\$		0
		·	-		-		
04.04	\\/II 4	ha akaalaa haanda aand akhaa aasaaniiki a aasaand Daasaah	INVESTMENT				
		he stocks, bonds and other securities owned Decembual possession of the reporting entity on said date (otl				Yes[X]	No []
		full and complete information, relating thereto:	31 3	,			
		ities lending programs, provide a description of the pr is carried on or off-balance sheet (an alternative is to					
24.04	For the r	eporting entity's securities lending program, report an	nount of collateral for conforming programs as	outlined in the Risk-Based Capital Instructions.	. \$		0
24.05	For the r	eporting entity's securities lending program, report an	nount of collateral for other programs.		\$		0
		r securities lending program require 102% (domestic	securities) and 105% (foreign securities) from				
	of the cor		16 11 1 10000		Yes[]	No[]	N/A[X]
		reporting entity non-admit when the collateral receive	· •		Yes[]	No[]	N/A [X]
		reporting entity or the reporting entity's securities lend ecurities lending?	ang agent utilize the master Securities Lendir		Yes[]	No[]	N/A [X]
24.09 I	For the re	porting entity's securities lending program, state the a	amount of the following as of December 31 of	the current year:			
2	24.091	otal fair value of reinvested collateral assets reported	on Schedule DL, Parts 1 and 2:		\$		0
2	24.092	otal book adjusted/carrying value of reinvested collat	eral assets reported on Schedule DL, Parts 1	and 2:	\$		0
:	24.093	otal payable for securities lending reported on the lia	bility page:		\$		0
(of the rep	of the stocks, bonds or other assets of the reporting orting entity or has the reporting entity sold or transfe subject to Interrogatory 21.1 and 24.03.)				Yes[X]	No []
25.2	If yes, sta	te the amount thereof at December 31 of the current	year:				
	25.21	Subject to repurchase agreements			\$		0
	25.22	Subject to reverse repurchase agreements			\$		0
	25.23	Subject to dollar repurchase agreements			\$		0
	25.24	Subject to reverse dollar repurchase agreements			\$		0
	25.25	Placed under option agreements			\$		0
	25.26	Letter stock or securities restricted as sale – excluding	g FHLB Capital Stock		\$	42	23,267
	25.27	FHLB Capital Stock			\$		0
	25.28	On deposit with states			\$		0
	25.29	On deposit with other regulatory bodies			\$		0
	25.30	Pledged as collateral – excluding collateral pledged t	o an FHLB		\$		0
	25.31	Pledged as collateral to FHLB – including assets bac	king funding agreements		\$		0
		Other			\$		0
25.3 I	For categ	ory (25.26) provide the following:					
		1 Nature of Restriction	Des	2 cription		3 Amount	
		Titalia of Notificial	500	on puon	\$	7 tino di it	0
26.1 I	Does the	reporting entity have any hedging transactions report	ed on Schedule DB?			Yes[]	No [X]
26.2	If yes, ha	s a comprehensive description of the hedging program ch a description with this statement.		9?	Yes[]	No []	N/A [X]
Lines 26	.3 throug	h 26.5: FOR LIFE/FRATERNAL REPORTING ENT	TIES ONLY:				
	•	reporting entity utilize derivatives to hedge variable a		results of interest rate sensitivity?		Yes[]	No []
		onse to 26.3 is yes, does the reporting entity utilize:	,	,			
:	26.41	Special accounting provision of SSAP No. 108				Yes[]	No []
2	26.42	Permitted accounting practice				Yes[]	No []
		Other accounting guidance				Yes[]	No []
26.5 I		iding yes to 26.41 regarding utilizing the special acco		ting entity attests to the following:		Yes []	No []
•		reporting entity has obtained explicit approval from t	•				
•		dging strategy subject to the special accounting provis	•				
•		uarial certification has been obtained which indicates erves and provides the impact of the hedging strategy					
		ancial Officer Certification has been obtained which in		•			
	act	Iging Strategy within VM-21 and the Clearly Defined ual day-to-day risk mitigation efforts.					
		preferred stocks or bonds owned as of December 31 e into equity?	or the current year mandatorily convertible in	ιτο equity, or, at the option of the issuer,		Yes[]	No [X]
		te the amount thereof at December 31 of the current	year:		\$. 50 []	0
	•	items in Schedule E-Part 3-Special Deposits, real es		hysically in the reporting entity's	·		
(offices, va	ults or safety deposit boxes, were all stocks, bonds a agreement with a qualified bank or trust company in a Functions, Custodial or Safekeeping Agreements of	nd other securities, owned throughout the cur accordance with Section 1, III - General Exam	rrent year held pursuant to a ination Considerations, F. Outsourcing		Yes[X]	No []
		For agreements that comply with the requirements of				[1]
		1		2			
		Name of Custo	dian(s)	Custodian's Addres			
		JP Morgan Chase Worldwide Securities		4 Chase Metrotech Center, 16th Floor, Brookl	yn, NY 11	245	

29.1

29.2

29.3

30.

30.4

31.1 31.2

31.3

32.1 32.2

33.

34.

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

28.02 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

	Name(s)		Location(s)		Complete Ex	planatior	n(s)		
28.03 28.04	Have there been any changes, including na lf yes, give full and complete information rel	•	ustodian(s) identified in 28.01 durir	ng the current ye	ear?		Ye	s[]	No [X
	1 Old Custodian		2 New Custodian		3 Date of Change		4 Reason		
28.05	Investment management – Identify all investor make investment decisions on behalf of the note as such. ["that have access to the investment decisions on the investment decisions on behalf of the investment decisions on the investment decisions on the investment decisions of the investment decisions of the investment decisions on the investment decisions of the investment decisions of the investment decisions on the investment decisions dec	he reporting entity. F	or assets that are managed interna	ncluding individu ally by employee	als that have the autho	rity ′,			
	Tible as such. [that have access to the in		1 Firm or Individual				2 Affiliation	ı	
	Stateco						Α		
	28.0597 For those firms/individuals listed in (i.e. designated with a "U") manag 28.0598 For firms/individuals unaffiliated wi	e more than 10% of t	he reporting entity's invested asset	ts?			Yes	s[]	No [X
28.06	the total assets under managemer For those firms or individuals listed in the tall	nt aggregate to more	than 50% of the reporting entity's i	nvested assets?		n	Yes	s[]	No [X
	for the table below.		2		3		4	Inve	5 stment
	Out of Desire to Desire North		Nove of Etheroplast 14 of		Land Fall Hards	. / (5)	Registered	Mana Agre	igement eement
	Central Registration Depository Numbe	Stateco	Name of Firm or Individual		Legal Entity Identifie	r (LEI)	With	(IMA	A) Filed
Exchan	e reporting entity have any diversified mutual ge Commission (SEC) in the Investment Comomplete the following schedule:	funds reported in Scl	ection 5 (b) (1)])?	ing to the Securi	ities and			s[]	No [X
	1 CUSIP		2 Name of Mutual Fund				Book/Adjus	3 ted Cai lue	rrying
						\$			0
	9 TOTAL					\$			0
For eac	h mutual fund listed in the table above, comp	ete the following sch	edule: 2		3			4	
	•		_		Amount of Mu	utual Fun		·	
	Name of Mutual Fund (from above table)		Name of Significant Ho of the Mutual Fund		Book/Adjuste Value Attribu Hold	table to t	the	of Val	uation
					\$		0		
² rovide	the following information for all short-term an	d long-term bonds ar	nd all preferred stocks. Do not subs	stitute amortized	value or statement val	ue for fai	ir value. 3		
			Statement (Admitted) Value		Fair Value		cess of Stater alue (-), or Fa Stateme	ir Value	
30.1	Bonds		\$ 34,124,89	2 \$	34,983,326	\$	Otatomo		8,434
30.2 30.3	Preferred Stocks Totals		\$ \$ 34,124,89	0 \$	0 34,983,326	\$ \$		85	0 8,434
	e the sources or methods utilized in determini	ng the fair values:	Ψ στ,12τ,00	Σ Ψ	04,300,020	ĮΨ		- 00	0,707
	services and broker/dealers. e rate used to calculate fair value determined	by a broker or custod	ian for any of the securities in Sche	edule D?			Yes	s[]	No [X
copy) fo	nswer to 31.1 is yes, does the reporting entity or all brokers or custodians used as a pricing s	source?			ectronic		Υe	es[]	No [
	nswer to 31.2 is no, describe the reporting ent ure of fair value for Schedule D:	ity's process for deter	mining a reliable pricing source for	purposes of					
	If the filing requirements of the <i>Purposes and</i> at exceptions:	Procedures Manual o	of the NAIC Investment Analysis Of	ffice been followe	ed?		Ye	s[X]	No [
By self- a.	designating 5GI securities, the reporting entity Documentation necessary to permit a full cr is not available.					y			
b. c.	Issuer or obligor is current on all contracted The insurer has an actual expectation of ulti	mate payment of all o							
By self-	reporting entity self-designated 5GI securitie	ity is certifying the foll	lowing elements of each self-desig	nated PLGI secu	urity:		Ye	s[]	No [X
a. b. c	The security was purchased prior to Januar The reporting entity is holding capital comm The NAIC Designation was derived from the	ensurate with the NA	•	•	RO which is				
c. d.	shown on a current private letter rating held The reporting entity is not permitted to share	by the insurer and av	vailable for examination by state in						
Has the	reporting entity self-designated PLGI securiti	es?	•				Ye	s[]	No [X

PART 1 - COMMON INTERROGATORIES

- 35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 - The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to C January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP e. in its legal capacity as an NRSRO.
 - The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

- By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA. Part 1 or Schedule E. Part 2 36. (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 - The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 - If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at b. the discretion of all involved parties.
 - If the investment is with a related party or affiliate then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review
 - Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the d. criteria in 36.a-36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

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

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

51,005 \$

37 2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Insurance Services Offices, Inc	\$ 34,085

38.1 Amount of payments for legal expenses, if any?

38.2

39.2

7,506

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1		2
Name	l	Amount Paid
Baker & Hostetler LLP	\$	2,002

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? 14

\$

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement

connection with matters before registrative bedies, embers of departments of government daring the period severed by this statement.		
1	2	
Name	Amount Paid	ŀ
American Academy of Actuaries	\$ 7	7

6.4

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT **GENERAL INTERROGATORIES**

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1		ne reporting entity have any direct Medicare Supplement Insurance	e in force?			Yes[]	No [X]
1.2	If yes, i	ndicate premium earned on U.S. business only.		3	\$		0
1.3	What p	ortion of Item (1.2) is not reported on the Medicare Supplement Ins	surance Experience Exhibit?		\$		0
	1.31	Reason for excluding:					
1.4	Indicat	e amount of earned premium attributable to Canadian and/or Other	Alien not included in Item (1.2) above.	<u> </u>	\$		0
1.5	Indicate	e total incurred claims on all Medicare Supplement insurance.			\$		0
1.6	Individ	al policies:					
	Most c	urrent three years:					
	1.61	Total premium earned			\$		0
	1.62	Total incurred claims			\$		0
	1.63	Number of covered lives					0
	All vea	s prior to most current three years:					
	1.64	Total premium earned			\$		0
	1.65	Total incurred claims			\$		0
	1.66	Number of covered lives			Ψ		0
1.7							
1.7		policies:					
		rrent three years:			¢		0
	1.71	Total premium earned			\$		0
	1.72	Total incurred claims			\$		0
	1.73	Number of covered lives					0
	-	rs prior to most current three years:			_		
	1.74	Total premium earned			\$		0
	1.75	Total incurred claims			\$		0
	1.76	Number of covered lives					0
2.	Health	Test:					
			1	D.:	2		
	0.4	Duration No. of the	Current Year	Pric	or Year		
	2.1	Premium Numerator	\$ 0	\$	0	_	
	2.2	Premium Denominator	\$ 10,622,452	\$	9,638,087		
	2.3	Premium Ratio (2.1/2.2)	0.0%			0%_	
	2.4	Reserve Numerator	\$ 69	\$	178		
	2.5	Reserve Denominator	\$ 15,143,112	\$	14,805,833		
	2.6	Reserve Ratio (2.4/2.5)	0.0%		0.0	0%_	
3.1	Did the	reporting entity issue participating policies during the calendar year	ır?			Yes [X]	No []
3.2	If yes,	provide the amount of premium written for participating and/or non-p	participating policies during the calendar year:				
	3.21	Participating policies			\$		0
	3.22	Non-participating policies			\$		0
4.	FOR M	UTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGE	S ONLY:				
	4.1	Does the reporting entity issue assessable policies?				Yes[]	No [X]
	4.2	Does the reporting entity issue non-assessable policies?				Yes [X]	No []
	4.3	If assessable policies are issued, what is the extent of the conting	gent liability of the policyholders?				0.0%
	4.4	Total amount of assessments paid or ordered to be paid during the	he year on deposit notes or contingent premiums.		\$		0
5.	FOR R	ECIPROCAL EXCHANGES ONLY:					
	5.1	Does the exchange appoint local agents?				Yes[]	No []
	5.2	If yes, is the commission paid:					
		5.21 Out of Attorney's-in-fact compensation			Yes[]	No[]	N/A []
		5.22 As a direct expense of the exchange			Yes[]	No []	N/A []
	5.3	What expenses of the exchange are not paid out of the compens	sation of the Attorney-in-fact?				
	5.4	Has any Attorney-in-fact compensation, contingent on fulfillment	of certain conditions, been deferred?			Yes[]	No[]
	5.5	If yes, give full information:					
6.1	What n	rovision has this reporting entity made to protect itself from an exce	essive loss in the event of a catastrophe under a workers' compen-	sation			
0.1		t issued without limit of loss?	source loss in the event of a salada opine and of a workers compone	Jation			
		ne State Auto Group companies writing workers' compensation a					
		s a total of \$7 million coverage in excess of a \$3 million retent resation claim in the workers' compensation and casualty agreemen					
		e workers.	to which provide an additional \$40 million of coverage for eventor	iivoiviiig			
6.2	Descri	be the method used to estimate this reporting entity's probable maxi-	ximum insurance loss, and identify the type of insured exposures of	omprising			
		bable maximum loss, the locations of concentrations of those expo	osures and the external resources (such as consulting firms or con	nputer			
		e models), if any, used in the estimation process: ter modeling is performed quarterly by the Companies' proper	the reinsurance broker on a group basis using the combined	nronerty			
	exposu	res of each State Auto Group company. Natural perils that could	impact the Companies include a New Madrid earthquake, an Al	tlantic or			
	Gulf C	oast hurricane, and severe thunderstorm systems, including tor					
. .		ch (AIR) and Risk Management Solutions (RMS).	A section of the sect				
6.3		rovision has this reporting entity made (such as catastrophic reinsuncentrations of insured exposures comprising its probable maximur		ıı uıe types			
	The Co	ompany is a direct writer of workers' compensation insurance in the		n of the			
	benefit	s statutes in the states in which the Company operates.					

Yes[X] No[]

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated

probable maximum loss attributable to a single loss event or occurrence?

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.5		escribe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its re to unreinsured catastrophic loss:			
7.1	limit the	reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or ilar provisions)?		Yes[]	No [X
7.2		ndicate the number of reinsurance contracts containing such provisions.		163[]	0
7.3	•	oes the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?		Yes[]	
8.1	Has this	s reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss y occur on this risk, or portion thereof, reinsured?		Yes[]	_
8.2	If yes, g	give full information			
9.1	which d surplus than 5%	reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for uring the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the t(s) contain one or more of the following features or other features that would have similar results:			
	(a)	A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;			
	(b)	A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;			
	(c)	Aggregate stop loss reinsurance coverage;			
	(d)	A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;			
	(e)	A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement			
	(f)	to the ceding entity?		Yes[]	No [X
9.2	with the result g and los arrange more up	reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting reater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss is expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling rements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or naffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity mber where:			
	(a)	The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or			
	(b)	Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.		Yes[]	No [X
9.3	If yes to	9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:			
	(a)	The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;			
	(b)	A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and			
	(c)	A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved	l.		
9.4	ceded a	for transactions meeting the requirements of paragraph 36 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the il statement, and either:			
	(a)	Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or			
	(b)	Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?		Yes[]	No [X
9.5		9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated tly for GAAP and SAP.			
9.6	The rep	orting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:			
	(a)	The entity does not utilize reinsurance; or,		Yes[]	No [X
	(b)	The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or		Yes []	No [X
	(c)	The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.		Yes[]	No [X
10.		porting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that			
		ne original entity would have been required to charge had it retained the risks. Has this been done?	Yes [X]	No []	N/A [
11.1 11.2		reporting entity guaranteed policies issued by any other entity and now in force? give full information		Yes[]	No [X
12.1	amoun	porting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the of corresponding liabilities recorded for:	•		•
	12.11	Unpaid losses	\$		0
40.0	12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$		<u> </u>
12.2 12.3		amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? porting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes	φ		
12.4	accepte	orovide the range of interest rates charged under such notes during the period covered by this statement:	Yes[]	No [X]	N/A [
:⊆f	12.41	From			0.0%
	12.42	To			0.0%
12.5		ers of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or			
	promiss unpaid	ory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including losses under loss deductible features of commercial policies?		Yes[]	No [X
12.6	•	tate the amount thereof at December 31 of current year:	¢		0
		Letters of Credit Collateral and other funds	\$ \$		0
	12.02	Obligational and Other Fulliage	Ψ		U

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

13.1	Largest	net aggregate amount ins	ured in any one risk	(excluding	workers'	compensation	1):					\$	7,00	00,000
13.2		y reinsurance contract cor ment provision?	nsidered in the calcu	lation of th	is amount	include an aç	ggre	gate limit of recover	ry wi	thout also including	a		Yes[]	No [X]
13.3		e number of reinsurance of or facultative obligatory of					s, bı	ıt including facultat	ive p	orograms, automatic				3
14.1	Is the re	porting entity a cedant in a	multiple cedant rei	nsurance o	ontract?								Yes [X]	No []
14.2	The Co are calc	ease describe the method mpany's reinsurance trea ulated based on that cont tion to that subject premiu	ties are written to in ract's definition of su	clude mult	iple memb	oers of the Sta	ate A	Auto Group. The to						
14.3	If the an	swer to 14.1 is yes, are the	e methods described	l in item 1	4.2 entirely	contained in	the	respective multiple	ced	ant reinsurance con	tracts?		Yes []	No[X]
14.4	If the an	swer to 14.3 is no, are all	the methods describ	ed in 14.2	entirely co	ontained in wr	itten	agreements?					Yes []	No[X]
14.5	As note premiun	swer to 14.4 is no, please d in #14.2 above, ceded p n base. Although not spe th that company's benefits	oremiums are alloca cified in each contra	act, Statut										
15.1	Has the	reporting entity guarantee	d any financed pren	nium accou	ınts?								Yes []	No [X]
15.2	If yes, gi	ve full information												
16.1		e reporting entity write any	•										Yes[]	No [X]
	if yes, ai	sclose the following inform	nation for each of the	tollowing	types of w	arranty cover	age	3		4	5			
			Direct Incu	Losses rred		ct Losses Unpaid		Direct Written Premium		Direct Premium Unearned	Direct P Eari	remium		
	16.11	Home	\$	0	\$	0	\$	0	\$	0		0		
	16.12	Products	\$	0	\$	0	\$	0	\$		\$	0		
	16.13	Automobile	\$	0	\$	0	\$	0	\$	0	\$	0		
	16.14	Other*	\$	0	\$	0	\$	0	\$		\$	0		
	* Discle	ose type of coverage:									·			
17.1	Does the	e reporting entity include a thorized reinsurance?	mounts recoverable	on unauth	norized rei	nsurance in S	ched	lule F-Part 3 that is	exe	mpt from the statuto	ory provision		Yes[]	No [X]
		but not reported losses or for unauthorized reinsura						ntly renewed are e	xem	pt from the statutory	,			
	17.11	Gross amount of unaut	horized reinsurance	in Schedu	le F-Part	3 exempt from	the	statutory provision	for ı	unauthorized reinsu	rance	\$		0
	17.12	Unfunded portion of Int	errogatory 17.11									\$		0
	17.13	Paid losses and loss ad	djustment expenses	portion of	Interrogate	ory 17.11						\$		0
	17.14	Case reserves portion	of Interrogatory 17.1	1								\$		0
	17.15	Incurred but not reporte	ed portion of Interrog	atory 17.1	1							\$		0
	17.16	Unearned premium por	rtion of Interrogatory	17.11								\$		0
	17.17	Contingent commission	n portion of Interroga	tory 17.11								\$		0
18.1	Do you a	act as a custodian for heal	th savings accounts	?									Yes[]	No [X]
18.2	If yes, p	lease provide the amount	of custodial funds he	eld as of th	e reportin	g date.						\$		0
18.3	Do you a	act as an administrator for	health savings acco	unts?									Yes []	No [X]
18.4	If yes, pl	ease provide the balance	of the funds adminis	stered as c	f the repo	rting date.						\$		0
19.	la tha ra	porting entity licensed or o	harted registered of	unalified a	liaibla or	witing busins	:-	-1110-1-10					Yes [X]	No []

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

Yes [] No []

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	Onlow amounts in whole dollars only, no cents, sin	on porountage				1
		1	2	3	4	5
		2020	2019	2018	2017	2016
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					26,475,465
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					18,291,911
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)			29,777,512	32,127,856	35,669,318
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	22,431	25,578	28,613	34,485	34,777
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6.	Total (Line 35)			59.020.770	68.162.327	80,471,471
	Net Premiums Written (Page 8, Part 1B, Col. 6)	, , , , , ,	,,,,,,,,,	, ,	, , , , ,	,
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	3 715 885	3 694 040	3,676,548	A 358 185	4,512,425
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					2,425,469
_						
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					3,005,148
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)			8,385	8,130	5,307
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					0
12.	Total (Line 35)	11,201,407	10,139,591	9,310,123	9,764,171	9,948,349
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)	(682,525)	(379,348)	(32,937)	(717,945)	(675,251)
14.	Net investment gain (loss) (Line 11)	722,108	848,386	762,052	644,767	937,672
15.	Total other income (Line 15)					23,016
16.	Dividends to policyholders (Line 17)		, , ,	2,644	3,919	2,385
17.	Federal and foreign income taxes incurred (Line 19)					
	Ţ					
16.	Net income (Line 20)	12,511	405,027	787,741	(59,092)	298,587
	Balance Sheet Lines (Pages 2 and 3)					
	(·g· , · ·, · ·,	44,529,579	45,634,186	48,322,039	49,414,190	51,697,859
20.	Premiums and considerations (Page 2, Col. 3):					
	20.1 In course of collection (Line 15.1)			29,452	20,510	25,130
	20.2 Deferred and not yet due (Line 15.2)	3,649	17,034	36,569	151,910	142,752
	20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21.	Total liabilities excluding protected cell business (Page 3, Line 26)	21,184,609	22,365,766	26,061,436	27,999,883	29,980,085
22.	Losses (Page 3, Line 1)					
23.	Loss adjustment expenses (Page 3, Line 3)					
24.	Unearned premiums (Page 3, Line 9)			4,443,657	4,656,502	
	Capital paid up (Page 3, Lines 30 & 31)			0	, ,	
	, , , , , , , , , , , , , , , , , , , ,				0	0
26.	Surplus as regards policyholders (Page 3, Line 37)	23,344,970	23,268,420	22,260,603	21,414,307	21,717,774
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	106,492	(329,679)	(1,373,896)	629,976	(1,938,414)
	Risk-Based Capital Analysis					
28.	Total adjusted capital	23,344,970	23,268,420	22,260,603	21,414,307	21,717,774
29.	Authorized control level risk-based capital	1,247,660	1,180,849	1,203,811	1,177,041	1,106,792
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30.	Bonds (Line 1)	98.0	98.6	98.7	98.2	98.1
	Stocks (Lines 2.1 & 2.2)			1.0	0.9	0.9
31.	,					
32.	Mortgage loans on real estate (Lines 3.1 & 3.2)			0.0	0.0	0.0
33.	Real estate (Lines 4.1, 4.2 & 4.3)				0.0	
34.	Cash, cash equivalents and short-term investments (Line 5)				0.9	
35.	Contract loans (Line 6)				0.0	0.0
36.	Derivatives (Line 7)					0.0
37.	Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38	Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39.	Securities lending reinvested collateral assets (Line 10)			0.0	0.0	0.0
40.	Aggregate write-ins for invested assets (Line 11)	00	00			0.0
41.	Cash, cash equivalents and invested assets (Line 12)					100.0
41.	Investments in Parent, Subsidiaries and Affiliates	100.0	100.0	100.0	100.0	100.0
40	Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)	^	_	_	_	_
42.	Affiliated bonds (Scn. D, Summary, Line 12, Col. 1)	0	0	0	0	
43.	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)	0	0	J0	J0	0
44.	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)	0	0	J0	0	J0
45.	Affiliated short-term investments					
	(subtotals included in Schedule DA, Verification, Column 5, Line 10)	0	0	0	0	
46.	Affiliated mortgage loans on real estate	0	0	0	0	0
47.	All other affiliated					0
48.	Total of above lines 42 to 47					
49.	Total investment in parent included in Lines 42 to 47 above					
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus					
55.	as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0
L	ao rogardo policyriolació (Ellio to above divided by r age 3, col. 1, Ellie 37 x 100.0)	0.0			U.U	

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT FIVE-YEAR HISTORICAL DATA

(Continued)

	(Contin					
		1	2	3	4	5
		2020	2019	2018	2017	2016
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)	22,969	33,526	62,444	98,140	(119,168)
52.	Dividends to stockholders (Line 35)	0	0	0	0	0
53.	Change in surplus as regards policyholders for the year (Line 38)	76,550	1,007,817	846,296	(303,467)	120,703
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	12,091,038	11,751,824	16,073,233	17,351,879	18,507,666
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	4,467,175	5,381,568	6,435,029	6,961,997	10,432,526
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	14,104,204	13,254,916	20,731,812	18,367,077	16,255,205
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	2,231	2,942	673	2,582	3,106
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	356	382	481	372	424
59.	Total (Line 35)	30,665,004	30,391,632	43,241,228	42,683,908	45,198,927
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	2,203,517	2,482,578	2,657,723	2,356,048	2,423,866
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,761,987	1,537,011	1,428,396	1,304,385	1,235,237
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	2,548,696	2,020,065	1,745,495	1,700,662	1,547,288
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	2,231	2,942	673	2,582	3,106
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	356	382	481	372	424
65.	Total (Line 35)	6,516,787	6,042,978	5,832,768	5,364,049	5,209,921
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67.	Losses incurred (Line 2)	60.2	56.8	52.2	59.5	60.1
68.	Loss expenses incurred (Line 3)			12.3	12.7	13.0
69.	Other underwriting expenses incurred (Line 4)	35.9	36.4	35.9	35.2	33.7
70.	Net underwriting gain (loss) (Line 8)	(6.4)	(3.9)	(0.3)	(7.3)	(6.8)
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15					
	divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	34.4	34.7	36.7	35.1	33.4
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	70.5	67.6	64.5	72.2	73.1
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0)	48.0	43.6	41.8	45.6	45.8
	One Year Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(314)	(473)	(612)	(373)	131
75.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100)					
	Two Year Loss Development (\$000 omitted)		, ,	, ,	, ,	
76.	Development in estimated losses and loss expenses incurred 2 years before the					
	current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)	(728)	(895)	(701)	(155)	108
77.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(2.2)	(4.2)	(2.0)	(0.7)	0.5
Щ	(Lille 70 above divided by Fage 4, Lille 21, COI. 2 x 100.0)	(ა.ა)	(4.Z)	(১.८)	L(U./)	0.5

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? If no, please explain:

Yes [] No []

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

	ſ	Premiums Earne	d			Loss and	Loss Expense	Payments				12
Years in Which	1	2	3				and Cost	Adjusting	and Other	10	11	Number
Premiums				Loss Pa	ayments	Containmer	nt Payments		nents			of
Were				4	5	6	7	8	9	Salvage	Total	Claims
Earned and	Direct			Direct		Direct		Direct		and	Net Paid	Reported-
Losses Were	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	62	32	16	3	8	(0)	1	50	XXX
2. 2011	9,519	589	8,930	6,600	231	540	40	715	6	249	7,577	XXX
3. 2012	9,918	1,901	8,016	6,153	1,107	547	44	689	69	249	6,169	XXX
4. 2013	10,016	1,901	8,115	5,226	726	442	31	614	30	228	5,495	XXX
5. 2014	10,141	1,878	8,262	5,060	760	476	46	633	25	238	5,337	XXX
6. 2015	10,391	618	9,773	5,035	76	502	7	717	9	247	6,163	XXX
7. 2016	10,385	447	9,938	5,440	125	471	11	576	1	231	6,349	XXX
8. 2017	10,214	405	9,809	5,352	122	404	3	599	0	254	6,230	XXX
9. 2018	10,023	503	9,520	4,780	167	271	11	620	3	271	5,489	XXX
10. 2019	10,025	412	9,612	5,016	141	195	8	629	3	265	5,688	XXX
11. 2020	10,954	331	10,622	4,261	183	104	1	432	1	148	4,611	XXX
12. Totals	XXX	XXX	XXX	52,984	3,671	3,967	205	6,231	147	2,380	59,159	XXX

										Adiustina	and Other	23	24	25
			Losses	Unpaid		Defer	nse and Cost (Containment U	Inpaid		paid		Total	
			Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	21	22		Net	Number of
		13	14	15	16	17	18	19	20			Salvage	Losses	Claims
		Direct		Direct		Direct		Direct		Direct		and	and	Outstanding-
		and		and		and		and		and		Subrogation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	536	354	192	54	13	2	67	8	20	1	2	410	XXX
2.	2011	32	11	35	2	3	0	13	1	4	0	1	72	XXX
3.	2012	31	5	41	3	4	0	15	1	4	0	1	86	XXX
4.	2013	41	5	61	1	7	2	23	0	5	0	2	128	XXX
5.	2014	94	35	75	1	8	(0)	26	1	8	0	2	172	XXX
6.	2015	116	6	115	2	14	1	47	1	13	0	3	295	XXX
7.	2016	191	6	170	4	20	0	74	2	22	0	4	464	XXX
8.	2017	347	15	315	3	35	0	110	1	38	0	7	824	XXX
9.	2018	548	75	307	14	40	3	141	6	52	0	17	990	XXX
10	. 2019	625	36	472	17	37	2	172	7	87	0	39	1,332	XXX
11	. 2020	1,643	97	1,039	0	52	0	250	0	269	2	144	3,154	XXX
12	. Totals	4,202	644	2,823	102	231	10	938	29	522	4	221	7,928	XXX

			Total Losses and		Loss and	Loss Expense P	orcontago	Nont	abular	34	Not Palar	nce Sheet
			s Expenses Incui			red/Premiums E			count			ter Discount
		26	27	28	29	30	31	32	33	Inter-Company	35	36
		Direct			Direct					Pooling		Loss
		and	0-4-4	Mat	and	0-4-4	NI-4	1	Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	320	90
2	2011.	7,942	293	7,649	83.4	49.7	85.7	0	0	0.50	53	19
3.	2012.	7,484	1,229	6,255	75.5	64.6	78.0	0	0	0.50	64	22
4.	2013.	6,418	795	5,623	64.1	41.8	69.3	0	0	0.50	97	32
5.	2014.	6,379	869	5,510	62.9	46.3	66.7	0	0	0.50	132	40
6	2015.	6,559	101	6,458	63.1	16.4	66.1	0	0	0.50	222	72
7.	2016.	6,963	149	6,814	67.0	33.4	68.6	0	0	0.50	350	114
8	2017.	7,199	145	7,054	70.5	35.8	71.9	0	0	0.50	643	181
9.	2018.	6,759	279	6,480	67.4	55.5	68.1	0	0	0.50	767	224
10	. 2019.	7,233	213	7,020	72.2	51.6	73.0	0	0	0.50	1,044	287
11	. 2020.	8,050	285	7,765	73.5	85.9	73.1	0	0	0.50	2,585	569
12	. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	6,279	1,649

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT

SCHEDULE P - PART 2 - SUMMARY

	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									DEVELO	PMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which Losses Were											One	Two
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Year	Year
1. Prior	3,520	3,398	3,289	3,268	3,206	3,184	3,175	3,168	3,144	3,121	(23)	(47)
2. 2011	6,853	6,881	6,853	7,003	7,025	7,011	6,979	6,951	6,941	6,937	(4)	(14)
3. 2012	XXX	5,519	5,485	5,749	5,776	5,756	5,694	5,660	5,650	5,631	(19)	(29)
4. 2013	XXX	XXX	5,102	5,050	5,143	5,150	5,135	5,084	5,064	5,035	(28)	(49)
5. 2014	XXX	XXX	XXX	4,971	5,004	5,047	4,987	4,943	4,916	4,895	(21)	(48)
6. 2015	XXX	XXX	XXX	XXX	5,871	6,009	5,902	5,837	5,766	5,736	(29)	(100)
7. 2016	XXX	XXX	XXX	XXX	XXX	6,452	6,366	6,266	6,234	6,216	(18)	(50)
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	6,806	6,522	6,436	6,417	(19)	(105)
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,095	5,904	5,810	(94)	(284)
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,366	6,307	(59)	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,068	XXX	XXX
										12. Totals	(314)	(728)

SCHEDULE P - PART 3 - SUMMARY

SCHEDOLL 1 - FART 3 - SOMMART													
			Cumulativ	e Paid Net Loss	ses and Defens	e and Cost Con	tainment Expen	ses Reported a	it Year End (\$0	00 omitted)		11	12
		1	2	3	4	5	6	7	8	9	10		Number of
												Number of	Claims
	Years in											Claims	Closed
	Which											Closed With	Without
Lo	sses Were											Loss	Loss
	Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1	Prior	000	1,124	1,741	2,135	2,360	2,487	2,565	2,646	2,688	2,731	XXX	XXX
2	2011	3,997	5,275	5,907	6,343	6,631	6,744	6,796	6,828	6,854	6,868	XXX	XXX
3	2012	XXX	2,652	3,856	4,514	4,992	5,276	5,393	5,476	5,525	5,549	XXX	XXX
4	2013	XXX	XXX	2,341	3,480	4,107	4,488	4,731	4,838	4,889	4,911	XXX	XXX
5	2014	XXX	XXX	XXX	2,451	3,483	4,063	4,366	4,575	4,688	4,730	XXX	XXX
6	2015	XXX	XXX	XXX	XXX	2,773	4,060	4,675	5,152	5,371	5,454	XXX	XXX
7	2016	XXX	XXX	XXX	XXX	XXX	2,893	4,282	5,024	5,489	5,774	XXX	XXX
8	2017	XXX	XXX	XXX	XXX	XXX	XXX	3,075	4,581	5,181	5,631	XXX	XXX
9	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,092	4,424	4,872	XXX	XXX
10	. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,648	5,062	XXX	XXX
11	. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,181	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

				SCIIL	DULL P	- LWVI .	+ - SOIVIIV	IAIN I			
		Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
		1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred		2011	2012	2012	2014	2015	2016	2017	2018	2010	2020
	icurreu	2011	2012	2013	2014	2015	2016	2017	2010	2019	2020
1.	Prior	1,708	1,125	799	652	502	406	352	285	238	19
2.	2011	1,324	763	322	276	183	156	112	73	56	
3.	2012	XXX	1,428	776	571	337	256	177	114	77	
4.	2013	XXX	XXX	1,432	856	476	331	230	144	108	
5.	2014	XXX	XXX	XXX	1,342	845	491	313	204	139	
6.	2015	XXX	XXX	XXX	XXX	1,725	1,087	607	361	228	1
7.	2016	XXX	XXX	XXX	XXX	XXX	1,997	1,207	643	408	2
8.	2017	XXX	XXX	XXX	XXX	XXX	XXX	1,967	1,110	676	4
9.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,414	820	4
10.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,280	6
11.	2020	XXX	XXX	XXX	XXX	xxx	xxx	XXX	XXX	XXX	1,2

Annual Statement for the year 2020 of the PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

		1	O Di I	Allocated by		5	6	7	8	9
		Active	,	ncluding Policy and ess Return Premiums Policies Not Taken	Dividends Paid or Credited to Policyholders	Direct Losses	0	1	Finance and Service Charges	Direct Premiums Written for Federal Pur-
		Status	Direct Premiums	Direct Premiums	on Direct	(Deducting	Direct Losses	Direct Losses	not Included	chasing Groups
	States, Etc.	(a)	Written	Earned	Business	Salvage)	Incurred	Unpaid	in Premiums	(Incl. in Col. 2)
1.	AlabamaAL	N	0	0	0	0	0	0	0	0
2.	AlaskaAK	N	0	0	0	0	0	0	0	0
3.	ArizonaAZ	N	0	0	0	0	0	0	0	0
4. 5.	ArkansasAR CaliforniaCA	N		0	0	0	0	0	0	0
6.	ColoradoCO	N	٥	0	0	0	0	0	0	
7.	ConnecticutCT	IN	29,624,936	32,638,233	0	18,740,512	18,157,541	22.078.679	110.500	0
8.	DelawareDE	N	0	0	0	0	0	0	0	0
9.	District of ColumbiaDC	N	0	0	0	0	0	0	0	0
10.	FloridaFL	N	0	0	0	0	0	0	0	0
11.	GeorgiaGA	N	0	0	0	0	0	0	0	0
12.	HawaiiHI	N	0	0	0	0	0	0	0	0
13.	IdahoID	N	0	0	0	0	0	0	0	0
14.	IllinoisIL	N	0	0	0	0	0	0	0	0
15.	IndianaIN	N	0	0	0	0	0	0	0	0
16.	lowaIA	N	0	0	0	0	0	0	0	0
17.	KansasKS	N	0	0	0	0	0	0	0	0
18. 19.	KentuckyKY LouisianaLA	N	0	0	0	0	0	0	0	U
20.	MaineME	N	0	0	0	0	0	0	0	U
20.	MarylandMD	N	0	0	0	0	0	0	0	n
22.	MassachusettsMA		5.149.773	5,543,107	0	5,348,333	4,082,321	6,302,242	13.886	0
23.	MichiganMI	N	0	0	0	0	0	0	0	0
24.	MinnesotaMN	N	0	0	0	0	0	0	0	0
25.	MississippiMS	N	0	0	0	0	0	0	0	0
26.	MissouriMO	N	0	0	0	0	0	0	0	0
27.	MontanaMT	N	0	0	0	0	0	0	0	0
28.	NebraskaNE	N	0	0	0	0	0	0	0	0
29.	NevadaNV	N	0	0	0	0	0	0	0	0
30.	New HampshireNH	N	0	0	0	0	0	0	0	0
31.	New JerseyNJ	N	0	0	0	0	0	0	0	0
32.	New MexicoNM	N	0	0	0	0	0	0	0	0
33.	New YorkNY	N	0	0	0	0	0	0	0	0
34.	North CarolinaNC	N	0	0	0	0	0	0	0	0
35. 36.	North DakotaND OhioOH	N	619	615	0	0	39		0	0
37.	OklahomaOK	L	0	0	0		0	0	0	
38.	OregonOR	N		0	0	0	0	0	0	0
39.	Pennsylvania PA	N	0	0	0	0	0	0	0	0
40.	Rhode IslandRI	L	0	0	0	0	125	350,040	0	0
41.	South CarolinaSC	N	0	0	0	0	0	0	0	0
42.	South DakotaSD	N	0	0	0	0	0	0	0	0
43.	TennesseeTN	N	0	0	0	0	0	0	0	0
44.	TexasTX		0	0	0	0	0	0	0	0
45.	UtahUT		0	0	0	0	0	0	0	0
46.	VermontVT	L	0	0	0	0	(413)	1,026	0	0
47.	VirginiaVA	N	0	0	0	0	0	0	0	0
48.	WashingtonWA	N	0	0	0	0	0	0	0	0
49. 50	West VirginiaWV WisconsinWI	N	0	J0	0	0	0	0	0	0
50. 51.	WyomingWY	N	•	0	0	0	•	•	•	0
51. 52.	American SamoaAS	N	0	0	0	0	0	0	0	0
53.	GuamGU		0	0	0	0	0	0	0	0
	Puerto RicoPR	N	0	0	0	0	0	0	0	0
55.	US Virgin IslandsVI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana IslandsMP	N	0	0	0	0	0	0	0	0
57.	CanadaCAN	N	0	0	0	0	0	0	0	0
58.	Aggregate Other AlienOT	XXX	0	0	0	0	0	0	0	0
59.	Totals	XXX	34,775,328	38,181,954	0	24,088,844	22,239,614	28,732,035	124,385	0
FC0-:		100:	-		ILS OF WRITE-IN					
58001.		XXX	0	0	0	0	0	0	0	0
58002.		XXX	0	0	0	0	0	0	0	0
58003.	Summary of remaining write-ins for	XXX	0	0	0	0	0	0	0	U
JUJ30.	Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999	Totals (Lines 58001 thru 58003+									
	Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0
(a)	Active Status Counts:	00 00====	r dominiled DDC	=		D. D. 11.	d: 1 1556			•
	L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG									

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

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

(b) Explanation of Basis of Allocation of Premiums by States, etc. 0

All Lines: the location of the insured risk controls the state code which is used for all statistical records.

R - Registered - Non-domiciled RRGs	0
Q - Qualified - Qualified or accredited reinsurer	0
N - None of the above - Not allowed to write business in the state	52

0

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

PART 1 – ORGANIZATIONAL CHART

ORGANIZATIONAL STRUCTURE OF STATE AUTO HOLDING COMPANY SYSTEM

