



QUARTERLY STATEMENT

As of March 31, 2021
of the Condition and Affairs of the

PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT

NAIC Group Code.....175, 175 (Current Period) (Prior Period)	NAIC Company Code..... 14923	Employer's ID Number..... 06-0487440
Organized under the Laws of CT	State of Domicile or Port of Entry CT	Country of Domicile US
Incorporated/Organized..... March 1, 1887	Commenced Business..... April 6, 1887	
Statutory Home Office	100 Pearl Street, 11th Floor .. Hartford .. CT .. US .. 06103 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	518 East Broad Street .. Columbus .. OH .. US .. 43215 (Street and Number) (City or Town, State, Country and Zip Code)	614-464-5000 (Area Code) (Telephone Number)
Mail Address	518 East Broad Street .. Columbus .. OH .. US .. 43215 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	518 East Broad Street .. Columbus .. OH .. US .. 43215 (Street and Number) (City or Town, State, Country and Zip Code)	614-464-5000 (Area Code) (Telephone Number)
Internet Web Site Address	www.stateauto.com	
Statutory Statement Contact	Zachary James Skidmore (Name) corporateaccounting@stateauto.com (E-Mail Address)	614-917-5995 (Area Code) (Telephone Number) (Extension) 317-715-4519 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Michael Edward LaRocco	President	2. Melissa Ann Centers	Secretary
3. Matthew Robert Pollak	Treasurer	4.	

OTHER

Steven Eugene English	Senior Vice President	Scott Alan Jones	Vice President
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DIRECTORS OR TRUSTEES

Robert Ellison Baker	James Edward Kunk	Michelle Miller Lantow	Michael Edward LaRocco
Peter Browning Migliorato #	Marsha Pasquinely 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.

Michael Edward LaRocco
President

Melissa Ann Centers
Secretary

Matthew Robert Pollak
Treasurer

Subscribed and sworn to before me
This 7th day of May 2021

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

PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	34,400,008	0	34,400,008	34,124,892
2. Stocks:				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	349,094	0	349,094	349,094
3. Mortgage loans on real estate:				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$.....181,331), cash equivalents (\$.....0) and short-term investments (\$.....0).....	181,331	0	181,331	333,019
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives.....	0	0	0	0
8. Other invested assets.....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets.....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	34,930,433	0	34,930,433	34,807,005
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	89,706	0	89,706	121,537
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	20,657	0	20,657	27,982
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....5,342 earned but unbilled premiums).....	5,341	536	4,805	3,649
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	4,898,572	0	4,898,572	5,845,206
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	61,514	0	61,514	61,514
18.2 Net deferred tax asset.....	384,934	0	384,934	338,733
19. Guaranty funds receivable or on deposit.....	988	0	988	927
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	598,133	0	598,133	1,040,562
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	2,385,562	90,548	2,295,014	2,282,464
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	43,375,840	91,084	43,284,756	44,529,579
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	43,375,840	91,084	43,284,756	44,529,579

DETAILS OF WRITE-INS

1101.....	0	0	0	0
1102.....	0	0	0	0
1103.....	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Equities and deposits in pools and associations.....	2,295,014	0	2,295,014	2,282,464
2502. Prepaid expenses.....	90,548	90,548	0	0
2503.....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	2,385,562	90,548	2,295,014	2,282,464

**PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT
LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....1,319,118).....	6,409,935	6,278,715
2. Reinsurance payable on paid losses and loss adjustment expenses.....	1,873,729	1,715,220
3. Loss adjustment expenses.....	1,644,814	1,648,909
4. Commissions payable, contingent commissions and other similar charges.....	194,697	416,868
5. Other expenses (excluding taxes, licenses and fees).....	243,857	192,154
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	125,809	149,642
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
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....16,184,377 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).....	5,523,891	5,500,268
10. Advance premium.....	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders.....	0	0
11.2 Policyholders.....	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions).....	4,062,172	5,301,847
13. Funds held by company under reinsurance treaties.....	0	0
14. Amounts withheld or retained by company for account of others.....	0	0
15. Remittances and items not allocated.....	0	0
16. Provision for reinsurance (including \$.....0 certified).....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0
18. Drafts outstanding.....	0	0
19. Payable to parent, subsidiaries and affiliates.....	17,506	17,547
20. Derivatives.....	0	0
21. Payable for securities.....	0	0
22. Payable for securities lending.....	0	0
23. Liability for amounts held under uninsured plans.....	0	0
24. Capital notes \$.....0 and interest thereon \$.....0.....	0	0
25. Aggregate write-ins for liabilities.....	(36,524)	(36,561)
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	20,059,886	21,184,609
27. Protected cell liabilities.....	0	0
28. Total liabilities (Lines 26 and 27).....	20,059,886	21,184,609
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	0	0
31. Preferred capital stock.....	0	0
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....	0	0
34. Gross paid in and contributed surplus.....	0	0
35. Unassigned funds (surplus).....	23,224,870	23,344,970
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	0	0
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	23,224,870	23,344,970
38. Totals (Page 2, Line 28, Col. 3).....	43,284,756	44,529,579

DETAILS OF WRITE-INS

2501. Retroactive reinsurance reserves - ceded.....	(40,686)	(40,686)
2502. Miscellaneous liabilities.....	4,162	4,125
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	(36,524)	(36,561)
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

Statement for March 31, 2021 of the **PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT**
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$....6,961,762).....	8,546,624	10,278,440	38,181,954
1.2 Assumed..... (written \$....2,786,514).....	2,766,672	2,573,116	10,760,759
1.3 Ceded..... (written \$....6,988,769).....	8,575,854	10,309,134	38,320,261
1.4 Net..... (written \$....2,759,507).....	2,737,442	2,542,422	10,622,452
DEDUCTIONS:			
2. Losses incurred (current accident year \$....2,060,358):			
2.1 Direct.....	2,289,799	5,305,902	22,239,614
2.2 Assumed.....	1,841,186	1,566,970	6,480,450
2.3 Ceded.....	2,294,357	5,327,042	22,325,217
2.4 Net.....	1,836,628	1,545,830	6,394,847
3. Loss adjustment expenses incurred.....	319,885	296,834	1,096,437
4. Other underwriting expenses incurred.....	917,096	911,540	3,813,693
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	3,073,609	2,754,204	11,304,977
7. Net income of protected cells.....	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(336,167)	(211,782)	(682,525)
INVESTMENT INCOME			
9. Net investment income earned.....	151,639	178,842	632,409
10. Net realized capital gains (losses) less capital gains tax of \$....(97).....	(359)	(2,467)	89,699
11. Net investment gain (loss) (Lines 9 + 10).....	151,280	176,375	722,108
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$....145 amount charged off \$....13,748).....	(13,603)	(27,726)	(62,378)
13. Finance and service charges not included in premiums.....	5,173	8,010	22,345
14. Aggregate write-ins for miscellaneous income.....	163	166	952
15. Total other income (Lines 12 through 14).....	(8,267)	(19,550)	(39,081)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(193,154)	(54,957)	502
17. Dividends to policyholders.....	107	231	935
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).....	(193,261)	(55,188)	(433)
19. Federal and foreign income taxes incurred.....	97	(35,728)	(72,950)
20. Net income (Line 18 minus Line 19) (to Line 22).....	(193,358)	(19,460)	72,517
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	23,344,970	23,268,420	23,268,420
22. Net income (from Line 20).....	(193,358)	(19,460)	72,517
23. Net transfers (to) from Protected Cell accounts.....	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....2,323.....	8,738	4,598	22,969
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0	0
26. Change in net deferred income tax.....	48,524	(17,275)	1,883
27. Change in nonadmitted assets.....	3,844	(3,744)	2,235
28. Change in provision for reinsurance.....	0	0	0
29. Change in surplus notes.....	0	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0	0
31. Cumulative effect of changes in accounting principles.....	0	0	0
32. Capital changes:			
32.1 Paid in.....	0	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0	0
32.3 Transferred to surplus.....	0	0	0
33. Surplus adjustments:			
33.1 Paid in.....	0	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0	0
33.3 Transferred from capital.....	0	0	0
34. Net remittances from or (to) Home Office.....	0	0	0
35. Dividends to stockholders.....	0	0	0
36. Change in treasury stock.....	0	0	0
37. Aggregate write-ins for gains and losses in surplus.....	12,152	0	(23,054)
38. Change in surplus as regards policyholders (Lines 22 through 37).....	(120,100)	(35,881)	76,550
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	23,224,870	23,232,539	23,344,970
DETAILS OF WRITE-INS			
0501.	0	0	0
0502.	0	0	0
0503.	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Miscellaneous income (expense).....	166	237	1,230
1402. Governmental fines and penalties.....	(3)	(71)	(278)
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	163	166	952
3701. Prior year correction.....	12,152	0	(23,054)
3702.	0	0	0
3703.	0	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	12,152	0	(23,054)

**PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT
CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	1,527,157	1,152,779	9,617,790
2. Net investment income.....	183,097	254,470	766,450
3. Miscellaneous income.....	(8,268)	(19,550)	(39,082)
4. Total (Lines 1 through 3).....	1,701,986	1,387,699	10,345,158
5. Benefit and loss related payments.....	600,266	3,101,527	5,321,655
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.0	.0	.0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,435,401	1,434,422	4,974,821
8. Dividends paid to policyholders.....	107	231	935
9. Federal and foreign income taxes paid (recovered) net of \$.0 tax on capital gains (losses).....	.0	.0	(58,745)
10. Total (Lines 5 through 9).....	2,035,774	4,536,180	10,238,666
11. Net cash from operations (Line 4 minus Line 10).....	(333,788)	(3,148,481)	106,492
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	12,737	379,828	10,947,195
12.2 Stocks.....	.0	.0	.0
12.3 Mortgage loans.....	.0	.0	.0
12.4 Real estate.....	.0	.0	.0
12.5 Other invested assets.....	.0	.0	.0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.0	.0	.0
12.7 Miscellaneous proceeds.....	.0	.0	.0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	12,737	379,828	10,947,195
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	276,915	.0	10,949,254
13.2 Stocks.....	.0	.0	.0
13.3 Mortgage loans.....	.0	.0	.0
13.4 Real estate.....	.0	.0	.0
13.5 Other invested assets.....	.0	.0	.0
13.6 Miscellaneous applications.....	.0	.0	.0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	276,915	.0	10,949,254
14. Net increase or (decrease) in contract loans and premium notes.....	.0	.0	.0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(264,178)	379,828	(2,059)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	.0	.0	.0
16.2 Capital and paid in surplus, less treasury stock.....	.0	.0	.0
16.3 Borrowed funds.....	.0	.0	.0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.0	.0	.0
16.5 Dividends to stockholders.....	.0	.0	.0
16.6 Other cash provided (applied).....	446,278	3,077,394	103,554
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	446,278	3,077,394	103,554
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(151,688)	308,741	207,987
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	333,019	125,032	125,032
19.2 End of period (Line 18 plus Line 19.1).....	181,331	433,773	333,019
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001 .....	.0	.0	.0

NOTES TO FINANCIAL STATEMENTS**1. 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:

	SSAP #	F/S Page	F/S Line #	Amount (\$)	
				2021	2020
NET INCOME					
1. Patrons Mutual state basis (Page 4, Line 20, Columns 1 & 3)				(193,358)	72,517
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)				(193,358)	72,517
SURPLUS					
5. Patrons Mutual state basis (Page 3, Line 37, Columns 1 & 2)				23,224,870	23,344,970
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)				23,224,870	23,344,970

C. Accounting Policy:

- 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.
- 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-backed securities.

D. 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.

2. Accounting Changes and Corrections of Errors:

No substantial change from December 31, 2020.

3. Business Combinations and Goodwill:

No substantial change from December 31, 2020.

4. Discontinued Operations:

No substantial change from December 31, 2020.

5. 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).
- The Company has not recognized any other than temporary impairments on its loan-backed securities.
- The Company has not recognized any other than temporary impairments on its loan-backed securities.
- 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	(56,793)
2. 12 Months or Longer	—
b. The aggregate related fair value of securities with unrealized losses	
1. Less than 12 Months	913,495
2. 12 Months or Longer	—

- 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: 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.

5. Investments (continued):

- H. Repurchase Agreements Transactions Accounted for as a Sale: Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: Not applicable.
- J. Real Estate: Not applicable.
- K. Investments in Low Income Housing Tax Credits: Not applicable.
- L. Restricted Assets: No substantial change from December 31, 2020.
- 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:

No substantial change from December 31, 2020.

7. Investment Income:

No substantial change from December 31, 2020.

8. Derivative Instruments:

No substantial change from December 31, 2020.

9. Income Taxes:

No substantial change from December 31, 2020.

10. Information Concerning Parent, Subsidiaries and Affiliates:

No substantial change from December 31, 2020.

11. Debt:

No substantial change from December 31, 2020.

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

A. Defined Benefit Plan:

4. The amount of net periodic benefit cost recognized:

State Auto P&C sponsors a defined benefit plan and a postretirement health care benefit plan.

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

No substantial change from December 31, 2020.

14. Liabilities, Contingencies and Assessments:

No substantial change from December 31, 2020.

15. Leases:

No substantial change from December 31, 2020.

16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk:

No substantial change from December 31, 2020.

17. Sale, Transfer and Servicing of Financial Instruments and Extinguishments of Liabilities:

No substantial change from December 31, 2020.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans:

No substantial change from December 31, 2020.

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

No substantial change from December 31, 2020.

20. Fair Value Measurement:

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value or Net Asset 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 one equity security, NAMIC, which is not publicly traded. A nationally recognized pricing service 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.

20. Fair Value Measurement (continued):

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.

1. 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 (\$)				
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Description for each class of asset or liability					
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	—	—	—	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 March 31, 2021.
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 a nationally recognized pricing service to estimate fair value measurements for its fixed maturities.

March 31, 2021:

Type of Financial Instrument	Amount (\$)						
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	34,634,109	34,400,008	—	34,634,109	—	—	—
Common stocks	349,094	349,094	349,094	—	—	—	—
Cash, cash equivalents, and short-term investments	181,331	181,331	181,331	—	—	—	—

December 31, 2020:

Type of Financial Instrument	Amount (\$)						
	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	—	—	—	—

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 in 2020 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.

22. Events Subsequent:

Subsequent events have been considered through May 7, 2021 for the statutory statements issued on May 7, 2021.

23. Reinsurance:

No substantial change from December 31, 2020.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination:

No substantial change from December 31, 2020.

25. Changes in Incurred Losses and Loss Adjustment Expenses:

- A. Incurred losses and loss adjustment expenses attributable to prior accident years have decreased approximately \$234,893 during 2021 year-to-date. This decrease is primarily the result of subsequent reserve reviews using more mature claim data. Of this favorable development, Middle Market Commercial business accounts for \$87,134, Workers' Compensation accounts for \$86,412, Small Commercial Package accounts for \$20,324 and Homeowners accounts for \$16,133. Favorable development in these segments was partially offset by unfavorable development in Personal Auto of \$13,954.

26. Intercompany Pooling Arrangements:

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 March 31, 2021, 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	281,469,684	192,726,691	88,742,993
Milbank	77,266,188	67,330,890	9,935,298
SA Wisconsin	—	1,310,732	(1,310,732)
SA Ohio	—	4,657,003	(4,657,003)
Meridian Security	—	99,194,850	(99,194,850)
Patrons Mutual	2,759,507	6,756,886	(3,997,379)
Rockhill	—	15,515	(15,515)
Plaza	—	838,185	(838,185)
American Compensation	—	11,722,704	(11,722,704)
Bloomington Compensation	—	518,661	(518,661)

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at March 31, 2021, between each State Auto Pool participant and State Auto Mutual:

	Amount (\$)	
	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	190,000,060	107,926,021
Milbank	52,156,879	40,874,038
SA Wisconsin	—	801,375
SA Ohio	—	2,612,187
Meridian Security	—	105,749,220
Patrons Mutual	1,862,746	4,880,742
Rockhill	—	22,522,074
Plaza	—	5,985,049
American Compensation	—	9,879,794
Bloomington Compensation	—	1,267,627

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 March 31, 2021:

	Amount (\$)	
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	—	22,487,778
Milbank	—	2,356,765
SA Wisconsin	509,708	—
SA Ohio	2,040,694	—
Meridian Security	—	6,443,011
Patrons Mutual	598,133	—
Rockhill	—	28,403,620
Plaza	—	4,304,063
American Compensation	1,783,240	—
Bloomington Compensation	—	694,147

27. Structured Settlements:

No substantial change from December 31, 2020.

28. Health Care Receivables:

No substantial change from December 31, 2020.

29. Participating Policies:

No substantial change from December 31, 2020.

30. Premium Deficiency Reserves:

No substantial change from December 31, 2020.

31. High Deductibles:

No substantial change from December 31, 2020.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses:

No substantial change from December 31, 2020.

33. Asbestos/Environmental Reserves:

No substantial change from December 31, 2020.

34. Subscriber Savings Accounts:

No substantial change from December 31, 2020.

35. Multiple Peril Crop Insurance:

No substantial change from December 31, 2020.

36. Financial Guaranty Insurance:

B. Schedule of Insured Financial Obligations: Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
	0	

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2018
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/21/2020

6.4 By what department or departments?
Connecticut Insurance Department

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

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

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$	0	\$ 0
	0	0
	0	0
	0	0
	0	0
\$	0	\$ 0
\$	0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
- If no, attach a description with this statement.

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

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase Worldwide Securities	4 Chase Metrotech Center, 16th Floor, Brooklyn, NY 11245

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Stateco	A

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes No

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

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

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

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The security was purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

**PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT
GENERAL INTERROGATORIES (continued)**

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A []
If yes, attach an explanation.

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

- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

- 3.2 If yes, give full and complete information thereto:

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

- 4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent 0.090%

5.2 A&H cost containment percent 0.000%

5.3 A&H expense percent excluding cost containment expenses (914.740)%

- 6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

- 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []

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

**PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT
SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
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NONE

PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	N	0	0	0	0	0	0
2. Alaska.....AK	N	0	0	0	0	0	0
3. Arizona.....AZ	N	0	0	0	0	0	0
4. Arkansas.....AR	N	0	0	0	0	0	0
5. California.....CA	N	0	0	0	0	0	0
6. Colorado.....CO	N	0	0	0	0	0	0
7. Connecticut.....CT	L	5,924,391	6,940,676	3,855,324	6,756,468	20,161,344	19,765,834
8. Delaware.....DE	N	0	0	0	0	0	0
9. District of Columbia.....DC	N	0	0	0	0	0	0
10. Florida.....FL	N	0	0	0	0	0	0
11. Georgia.....GA	N	0	0	0	0	0	0
12. Hawaii.....HI	N	0	0	0	0	0	0
13. Idaho.....ID	N	0	0	0	0	0	0
14. Illinois.....IL	N	0	0	0	0	0	0
15. Indiana.....IN	N	0	0	0	0	0	0
16. Iowa.....IA	N	0	0	0	0	0	0
17. Kansas.....KS	N	0	0	0	0	0	0
18. Kentucky.....KY	N	0	0	0	0	0	0
19. Louisiana.....LA	N	0	0	0	0	0	0
20. Maine.....ME	N	0	0	0	0	0	0
21. Maryland.....MD	N	0	0	0	0	0	0
22. Massachusetts.....MA	L	1,036,772	1,271,234	581,567	1,161,414	6,072,904	7,852,105
23. Michigan.....MI	N	0	0	0	0	0	0
24. Minnesota.....MN	N	0	0	0	0	0	0
25. Mississippi.....MS	N	0	0	0	0	0	0
26. Missouri.....MO	N	0	0	0	0	0	0
27. Montana.....MT	N	0	0	0	0	0	0
28. Nebraska.....NE	N	0	0	0	0	0	0
29. Nevada.....NV	N	0	0	0	0	0	0
30. New Hampshire.....NH	N	0	0	0	0	0	0
31. New Jersey.....NJ	N	0	0	0	0	0	0
32. New Mexico.....NM	N	0	0	0	0	0	0
33. New York.....NY	N	0	0	0	0	0	0
34. North Carolina.....NC	N	0	0	0	0	0	0
35. North Dakota.....ND	N	0	0	0	0	0	0
36. Ohio.....OH	L	599	619	0	0	20	12
37. Oklahoma.....OK	N	0	0	0	0	0	0
38. Oregon.....OR	N	0	0	0	0	0	0
39. Pennsylvania.....PA	N	0	0	0	0	0	0
40. Rhode Island.....RI	L	0	0	0	0	350,013	349,865
41. South Carolina.....SC	N	0	0	0	0	0	0
42. South Dakota.....SD	N	0	0	0	0	0	0
43. Tennessee.....TN	N	0	0	0	0	0	0
44. Texas.....TX	N	0	0	0	0	0	0
45. Utah.....UT	N	0	0	0	0	0	0
46. Vermont.....VT	L	0	0	0	0	661	1,471
47. Virginia.....VA	N	0	0	0	0	0	0
48. Washington.....WA	N	0	0	0	0	0	0
49. West Virginia.....WV	N	0	0	0	0	0	0
50. Wisconsin.....WI	N	0	0	0	0	0	0
51. Wyoming.....WY	N	0	0	0	0	0	0
52. American Samoa.....AS	N	0	0	0	0	0	0
53. Guam.....GU	N	0	0	0	0	0	0
54. Puerto Rico.....PR	N	0	0	0	0	0	0
55. US Virgin Islands.....VI	N	0	0	0	0	0	0
56. Northern Mariana Islands.....MP	N	0	0	0	0	0	0
57. Canada.....CAN	N	0	0	0	0	0	0
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....	XXX	6,961,762	8,212,529	4,436,892	7,917,881	26,584,942	27,969,287

DETAILS OF WRITE-INS

58001.....	XXX	0	0	0	0	0	0
58002.....	XXX	0	0	0	0	0	0
58003.....	XXX	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page....	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	XXX	0	0	0	0	0	0

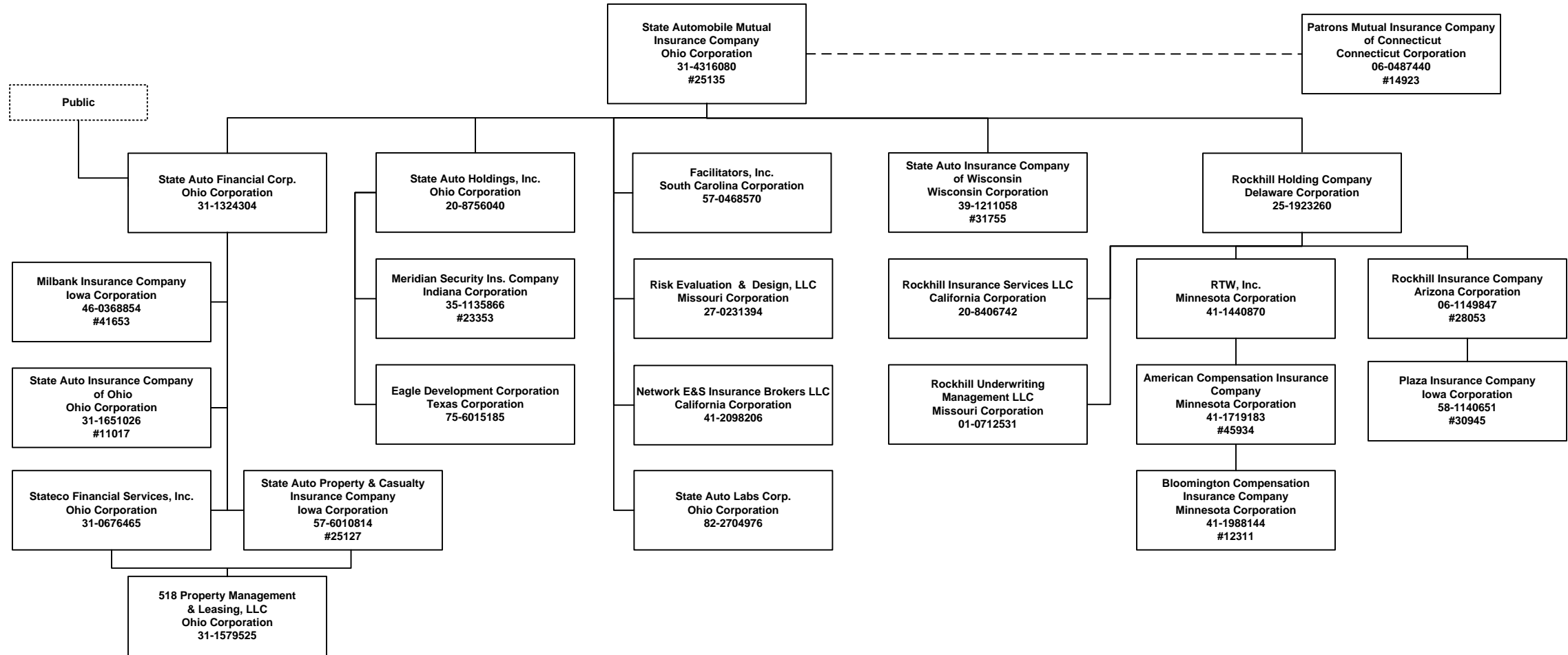
(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	5	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....	0	N - None of the above - Not allowed to write business in the state.....	52

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



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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
175..	State Auto Group.....	45934..	41-1719183..	.....0	.....0		American Compensation Insurance Company...	MN.....	RE.....	RTW, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	12311..	41-1988144..	.....0	.....0		Bloomington Compensation Insurance Company	MN.....	DS.....	American Compensation Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	23353..	35-1135866..	.....0	.....0		Meridian Security Insurance Company.....	IN.....	IA.....	State Auto Holdings, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	41653..	46-0368854..	.....0	.....0		Milbank Insurance Company.....	IA.....	IA.....	State Auto Financial Corporation.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	14923..	06-0487440..	.....0	.....0		Patrons Mutual Insurance Company of Connecticut	CT.....	IA.....	State Automobile Mutual Insurance Company.	Board.....	.....0.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	30945..	58-1140651..	.....0	.....0		Plaza Insurance Company.....	IA.....	IA.....	Rockhill Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	28053..	06-1149847..	.....0	.....0		Rockhill Insurance Company.....	AZ.....	IA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	11017..	31-1651026..	.....0	.....0		State Auto Insurance Company of Ohio.....	OH.....	IA.....	State Auto Financial Corporation.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	31755..	39-1211058..	.....0	.....0		State Auto Insurance Company of Wisconsin...	WI.....	IA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	25127..	57-6010814..	.....0	.....0		State Auto Property & Casualty Insurance Company	IA.....	IA.....	State Auto Financial Corporation.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
175..	State Auto Group.....	25135..	31-4316080..	.....0	.....0		State Automobile Mutual Insurance Company...	OH.....	UIP.....	Members.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	31-1579525..	.....0	.....0		518 Property Management & Leasing, LLC.....	OH.....	NIA.....	State Auto Property & Casualty Insurance Company	Management.....	.....0.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	75-6015185..	.....0	.....0		Eagle Development Corporation.....	TX.....	NIA.....	State Auto Holdings, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	57-0468570..	.....0	.....0		Facilitators, Inc.....	SC.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	41-2098206..	.....0	.....0		Network E&S Insurance Brokers, LLC.....	CA.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	27-0231394..	.....0	.....0		Risk Evaluation & Design, LLC.....	MO.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	25-1923260..	.....0	...1347161		Rockhill Holding Company.....	DE.....	UIP.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....Y.....	0.....
0.....	State Auto Group.....	0.....	20-8406742..	.....0	.....0		Rockhill Insurance Services LLC.....	CA.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	01-0712531..	.....0	.....0		Rockhill Underwriting Management LLC.....	MO.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	41-1440870..	.....0	...915781		RTW, Inc.....	MN.....	UDP.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....N.....	0.....
0.....	State Auto Group.....	0.....	31-1324304..	.....0	...874977	NASDAQ.....	State Auto Financial Corporation.....	OH.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...58.900	State Automobile Mutual Insurance Company.	....Y.....	0.....
0.....	State Auto Group.....	0.....	82-2704976..	.....0	.....0		State Auto Labs Corp.....	OH.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....Y.....	0.....
0.....	State Auto Group.....	0.....	20-8756040..	.....0	.....0		State Auto Holdings, Inc.....	OH.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	....Y.....	0.....
0.....	State Auto Group.....	0.....	31-0676465..00		Stateco Financial Services, Inc.....	OH.....	NIA.....	State Auto Financial Corporation.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.N.....	0.....

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**PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT
PART 1 - LOSS EXPERIENCE**

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....	406,385	(231,677)	(57.009)	77.651
2. Allied lines.....	416,124	81,373	19.555	8.883
3. Farmowners multiple peril.....	723,941	(117,041)	(16.167)	2.582
4. Homeowners multiple peril.....	2,111,462	360,971	17.096	13.770
5. Commercial multiple peril.....	1,994,152	524,350	26.294	40.447
6. Mortgage guaranty.....	.0	.0	0.000	0.000
8. Ocean marine.....	.0	.0	0.000	0.000
9. Inland marine.....	73,532	(29,708)	(40.402)	(3.787)
10. Financial guaranty.....	.0	.0	0.000	0.000
11.1. Medical professional liability - occurrence.....	.0	.0	0.000	0.000
11.2. Medical professional liability - claims-made.....	.0	.0	0.000	0.000
12. Earthquake.....	11,690	.0	0.000	0.000
13. Group accident and health.....	.0	.0	0.000	0.000
14. Credit accident and health.....	.0	.0	0.000	0.000
15. Other accident and health.....	.0	.0	0.000	0.000
16. Workers' compensation.....	257,839	60,152	23.329	49.175
17.1 Other liability-occurrence.....	506,630	955,313	188.562	153.370
17.2 Other liability-claims made.....	30,641	.0	0.000	0.000
17.3 Excess workers' compensation.....	.0	.0	0.000	0.000
18.1 Products liability-occurrence.....	18,548	3,139	16.923	110.122
18.2 Products liability-claims made.....	.0	.0	0.000	0.000
19.1, 19.2 Private passenger auto liability.....	941,360	391,895	41.631	163.911
19.3, 19.4 Commercial auto liability.....	412,823	91,061	22.058	11.923
21. Auto physical damage.....	604,377	197,416	32.664	32.455
22. Aircraft (all perils).....	.0	.0	0.000	0.000
23. Fidelity.....	3,163	243	7.683	8.039
24. Surety.....	.0	.0	0.000	0.000
26. Burglary and theft.....	293	(121)	(41.255)	1.393
27. Boiler and machinery.....	33,663	2,434	7.230	(3.239)
28. Credit.....	.0	.0	0.000	0.000
29. International.....	.0	.0	0.000	0.000
30. Warranty.....	.0	.0	0.000	0.000
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	.0	.0	0.000	0.000
35. Totals.....	8,546,624	2,289,799	26.792	51.622
DETAILS OF WRITE-INS				
3401.....	.0	.0	0.000	0.000
3402.....	.0	.0	0.000	0.000
3403.....	.0	.0	0.000	0.000
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	.0	.0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	.0	.0	0.000	0.000

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....	351,537	351,537	381,877
2. Allied lines.....	353,209	353,209	387,966
3. Farmowners multiple peril.....	563,216	563,216	540,212
4. Homeowners multiple peril.....	1,567,472	1,567,472	1,869,837
5. Commercial multiple peril.....	1,693,176	1,693,176	2,142,557
6. Mortgage guaranty.....	.0	.0	.0
8. Ocean marine.....	.0	.0	.0
9. Inland marine.....	53,747	53,747	62,888
10. Financial guaranty.....	.0	.0	.0
11.1. Medical professional liability - occurrence.....	.0	.0	.0
11.2. Medical professional liability - claims made.....	.0	.0	.0
12. Earthquake.....	20,217	20,217	25,373
13. Group accident and health.....	.0	.0	.0
14. Credit accident and health.....	.0	.0	.0
15. Other accident and health.....	.0	.0	.0
16. Workers' compensation.....	256,117	256,117	103,667
17.1 Other liability-occurrence.....	478,782	478,782	594,381
17.2 Other liability-claims made.....	19,731	19,731	31,551
17.3 Excess workers' compensation.....	.0	.0	.0
18.1 Products liability-occurrence.....	15,505	15,505	15,597
18.2 Products liability-claims made.....	.0	.0	.0
19.1 19.2 Private passenger auto liability.....	759,685	759,685	1,019,591
19.3 19.4 Commercial auto liability.....	324,938	324,938	370,369
21. Auto physical damage.....	477,100	477,100	634,855
22. Aircraft (all perils).....	.0	.0	.0
23. Fidelity.....	2,461	2,461	3,499
24. Surety.....	.0	.0	.0
26. Burglary and theft.....	493	493	1,070
27. Boiler and machinery.....	24,377	24,377	27,238
28. Credit.....	.0	.0	.0
29. International.....	.0	.0	.0
30. Warranty.....	.0	.0	.0
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	.0	.0	.0
35. Totals.....	6,961,762	6,961,762	8,212,529
DETAILS OF WRITE-INS			
3401.....	.0	.0	.0
3402.....	.0	.0	.0
3403.....	.0	.0	.0
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	.0	.0	.0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2021 Loss and LAE Payments on Claims Reported as of Prior Year-End	2021 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2021 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2018 + Prior.....	1,578	1,864	3,442	241	9	250	1,472	11	1,533	3,016	135	(311)	(176)
2. 2019.....	633	699	1,332	144	5	149	558	13	577	1,148	69	(104)	(35)
3. Subtotals 2019 + Prior.....	2,211	2,563	4,774	385	14	399	2,030	24	2,110	4,164	204	(415)	(211)
4. 2020.....	1,613	1,541	3,154	724	93	817	1,196	90	1,026	2,312	307	(332)	(25)
5. Subtotals 2020 + Prior.....	3,824	4,104	7,928	1,109	107	1,216	3,226	114	3,136	6,476	511	(747)	(236)
6. 2021.....	XXX	XXX	XXX	XXX	813	813	XXX	815	763	1,578	XXX	XXX	XXX
7. Totals.....	3,824	4,104	7,928	1,109	920	2,029	3,226	929	3,899	8,054	511	(747)	(236)
8. Prior Year-End's Surplus As Regards Policyholders	23,345												
											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1.13.4 %	2.(18.2)%	3.(3.0)%
													Col. 13, Line 7 Line 8
													4.(1.0)%

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Statement for March 31, 2021 of the **PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
- 4.

Bar Code:



NONE

Statement for March 31, 2021 of the **PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.0	.0
2.2 Additional investment made after acquisition.....	.0	.0
3. Current year change in encumbrances.....	.0	.0
4. Total gain (loss) on disposals.....	.0	.0
5. Deduct amounts received on disposals.....	.0	.0
6. Total foreign exchange change in book/adjusted carrying value.....	.0	.0
7. Deduct current year's other-than-temporary impairment recognized.....	.0	.0
8. Deduct current year's depreciation.....	.0	.0
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.0	.0
10. Deduct total nonadmitted amounts.....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10).....	.0	.0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.0	.0
2.2 Additional investment made after acquisition.....	.0	.0
3. Capitalized deferred interest and other.....	.0	.0
4. Accrual of discount.....	.0	.0
5. Unrealized valuation increase (decrease).....	.0	.0
6. Total gain (loss) on disposals.....	.0	.0
7. Deduct amounts received on disposals.....	.0	.0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	.0	.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	.0	.0
10. Deduct current year's other-than-temporary impairment recognized.....	.0	.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Total valuation allowance.....	.0	.0
13. Subtotal (Line 11 plus Line 12).....	.0	.0
14. Deduct total nonadmitted amounts.....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14).....	.0	.0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.0	.0
2.2 Additional investment made after acquisition.....	.0	.0
3. Capitalized deferred interest and other.....	.0	.0
4. Accrual of discount.....	.0	.0
5. Unrealized valuation increase (decrease).....	.0	.0
6. Total gain (loss) on disposals.....	.0	.0
7. Deduct amounts received on disposals.....	.0	.0
8. Deduct amortization of premium and depreciation.....	.0	.0
9. Total foreign exchange change in book/adjusted carrying value.....	.0	.0
10. Deduct current year's other-than-temporary impairment recognized.....	.0	.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Deduct total nonadmitted amounts.....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12).....	.0	.0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	34,473,985	34,369,882
2. Cost of bonds and stocks acquired.....	276,915	10,949,254
3. Accrual of discount.....	75,685	293,760
4. Unrealized valuation increase (decrease).....	11,061	29,074
5. Total gain (loss) on disposals.....	(456)	160,006
6. Deduct consideration for bonds and stocks disposed of.....	12,737	10,947,195
7. Deduct amortization of premium.....	75,352	380,796
8. Total foreign exchange change in book/adjusted carrying value.....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized.....	.0	.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	.0	.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	34,749,101	34,473,985
12. Deduct total nonadmitted amounts.....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12).....	34,749,101	34,473,985

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	29,421,960	0	13,193	3,098	29,411,865			29,421,960
2. NAIC 2 (a).....	4,702,932	276,915	0	8,296	4,988,143			4,702,932
3. NAIC 3 (a).....	0	0	0	0	0			0
4. NAIC 4 (a).....	0	0	0	0	0			0
5. NAIC 5 (a).....	0	0	0	0	0			0
6. NAIC 6 (a).....	0	0	0	0	0			0
7. Total Bonds.....	34,124,892	276,915	13,193	11,394	34,400,008	0	0	34,124,892
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0			0
9. NAIC 2.....	0	0	0	0	0			0
10. NAIC 3.....	0	0	0	0	0			0
11. NAIC 4.....	0	0	0	0	0			0
12. NAIC 5.....	0	0	0	0	0			0
13. NAIC 6.....	0	0	0	0	0			0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	34,124,892	276,915	13,193	11,394	34,400,008	0	0	34,124,892

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

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**Sch. DA - Pt. 1
NONE**

**Sch. DA - Verification
NONE**

**Sch. DB - Pt. A - Verification
NONE**

**Sch. DB - Pt. B - Verification
NONE**

**Sch. DB - Pt. C - Sn. 1
NONE**

**Sch. DB - Pt. C - Sn. 2
NONE**

**Sch. DB - Verification
NONE**

**Sch. E - Pt. 2 Verification
NONE**

**Sch. A Pt. 2
NONE**

**Sch. A Pt. 3
NONE**

**Sch. B - Pt. 2
NONE**

**Sch. B - Pt. 3
NONE**

**Sch. BA - Pt. 2
NONE**

**Sch. BA - Pt. 3
NONE**

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - SVO Identified Funds									
464287 24 2	ISHARES:IBOXX \$IG CORP.....		02/24/2021.....	BAIRD (ROBERT W.) & CO. INC.....		276,915	0	0	2.A.....
8099999	Total - Bonds - SVO Identified Funds.....					276,915	0	0	XXX
8399997	Total - Bonds - Part 3.....					276,915	0	0	XXX
8399999	Total - Bonds.....					276,915	0	0	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					276,915	XXX	0	XXX

QE04

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Special Revenue and Special Assessment																					
3137FW WD 8	FHR 5020 BA - CMO/RMBS.....		03/01/2021	Paydown.....		12,737	12,737	13,203	13,196	0	(3)	0	(3)	0	13,193	0	(456)	(456)	43	09/25/2050	1.A
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					12,737	12,737	13,203	13,196	0	(3)	0	(3)	0	13,193	0	(456)	(456)	43	XXX	XXX
8399997	Total - Bonds - Part 4.....					12,737	12,737	13,203	13,196	0	(3)	0	(3)	0	13,193	0	(456)	(456)	43	XXX	XXX
8399999	Total - Bonds.....					12,737	12,737	13,203	13,196	0	(3)	0	(3)	0	13,193	0	(456)	(456)	43	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					12,737	XXX	13,203	13,196	0	(3)	0	(3)	0	13,193	0	(456)	(456)	43	XXX	XXX

QE05

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount or interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
JPMorgan - Trust..... Columbus, OH 43215.....		.....0.000	.....0	.....0	.....213,303	.....28,690	.....132,097	XXX
PNC Bank Premium Deposits..... Columbus, OH 43215.....		.....0.000	.....0	.....0	.....138,104	.....49,234	.....49,234	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....351,406	.....77,924	.....181,331	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....351,406	.....77,924	.....181,331	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....351,406	.....77,924	.....181,331	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
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NONE



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For the Period Ended March 31, 2021

NAIC Group Code.....175

NAIC Company Code.....14923

Company Name: PATRONS MUTUAL INSURANCE COMPANY OF CONNECTICUT

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

1. Monoline Policies

1 Direct Written Premiums	2 Direct Earned Premiums	3 Direct Losses Incurred
.....0	.....0	.....0

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes No
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes No
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies:
 - 2.31 Amount quantified: \$.....771
 - 2.32 Amount estimated using reasonable assumptions: \$.....0
- 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverages provided in CMP packaged policies: \$.....0